
PRIVATE SECTOR HEALTHCARE

MYANMAR

EVIDENCE FROM THE 'SUN' SOCIAL FRANCHISE



BILL & MELINDA
GATES foundation

 UCSF GLOBAL HEALTH SCIENCES
THE GLOBAL HEALTH GROUP
From evidence to action

 JOHN'S HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH
Promoting Health, Saving Lives—Millions at a Time

TABLE OF CONTENTS

03



04

05



10



11

PSI-Myanmar's Program

Population Services International (PSI) is the world's largest social marketing organization. It improves health outcomes in developing countries by mobilizing the private sector to make markets work for the poor and vulnerable. PSI has worked in Myanmar since 1995 and is one of the largest providers of health products and services in the country. It has four channels of delivery and works in six health areas:

-  HIV/AIDS & STIs
-  Malaria
-  Tuberculosis
-  Reproductive Health
-  Pneumonia
-  Diarrhea

An essential component of PSI/Myanmar's social marketing strategy is its social franchising network of private healthcare providers. Social franchising aims to deliver equitable, at-scale and quality healthcare to low-income and vulnerable populations through cost effective delivery mechanisms. PSI/Myanmar's Sun Quality network is comprised of Sun Quality Health (SQH), which serves urban and peri-urban areas, and Sun Primary Health (SPH), which serves rural regions. For providers, this model of healthcare offers trainings, subsidized products, quality assurance, common branding, and demand generation activities. For the Myanmar people, it expands their choice of qualified providers who can address their most pressing health needs and are accessible in their communities.

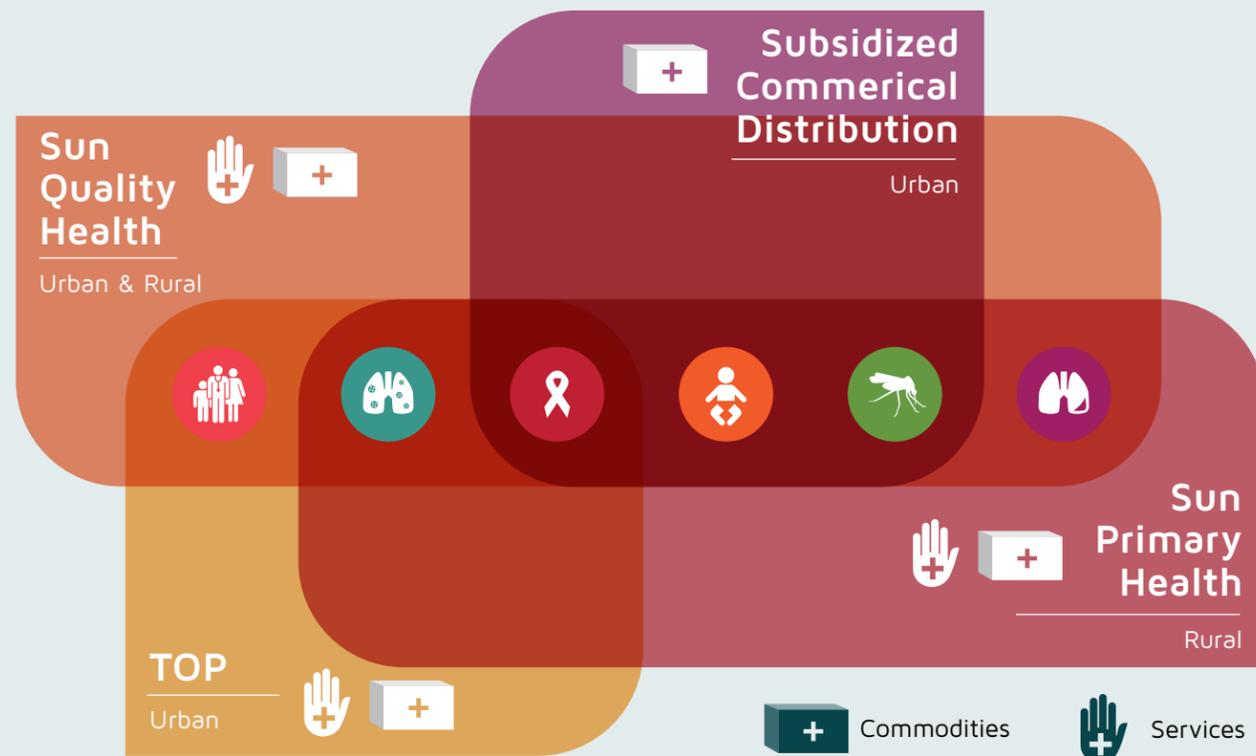
There is growing evidence that social franchising improves access to high-quality services in low-income communities and that it strengthens the private health sector. However, until now, there has been a lack of evidence about how these programs impact health outcomes and their cost.

This report showcases results from four studies led by researchers from PSI, the University of California, San Francisco (UCSF), and Johns Hopkins University, which demonstrate how social franchising networks, like the Sun Quality Network, improve the quality of health service delivery and health outcomes at-scale, cost effectively and equitably. As an evidence-based model, social franchising puts high quality healthcare within the reach of people in need around the world.

All photos courtesy of Piers Benatar

Citation: "Montagu, D., Longfield, K., Briegleb, C., Aung, T. (2013). Private Sector Healthcare in Myanmar: Evidence from the 'Sun' Social Franchise. PSI & UCSF. Retrieved from <http://www.psi.org/publications/private-sector-healthcare-evidence-sun-social-franchise>

OUR APPROACH: FOUR CHANNELS OF DELIVERY TO MAXIMIZE COVERAGE



PSI SOCIAL FRANCHISES

Social franchising uses commercial franchising strategies to respond to the health needs of communities. It builds on the existing private sector infrastructure and strengthens the capacity of private clinics, pharmacies, and community providers to deliver quality services.



Sun Quality Health

Founded 2001

OPERATING IN
207/325
TOWNSHIPS **1,525**
PROVIDERS



Sun Primary Health

Founded 2008

OPERATING IN
74/325
TOWNSHIPS **1,850**
PROVIDERS



Subsidized Commercial Distribution

Founded 1996

OPERATING IN
271/325
TOWNSHIPS

Basic health products available in retail outlets including village stores, pharmacies, kiosks, and drug stores



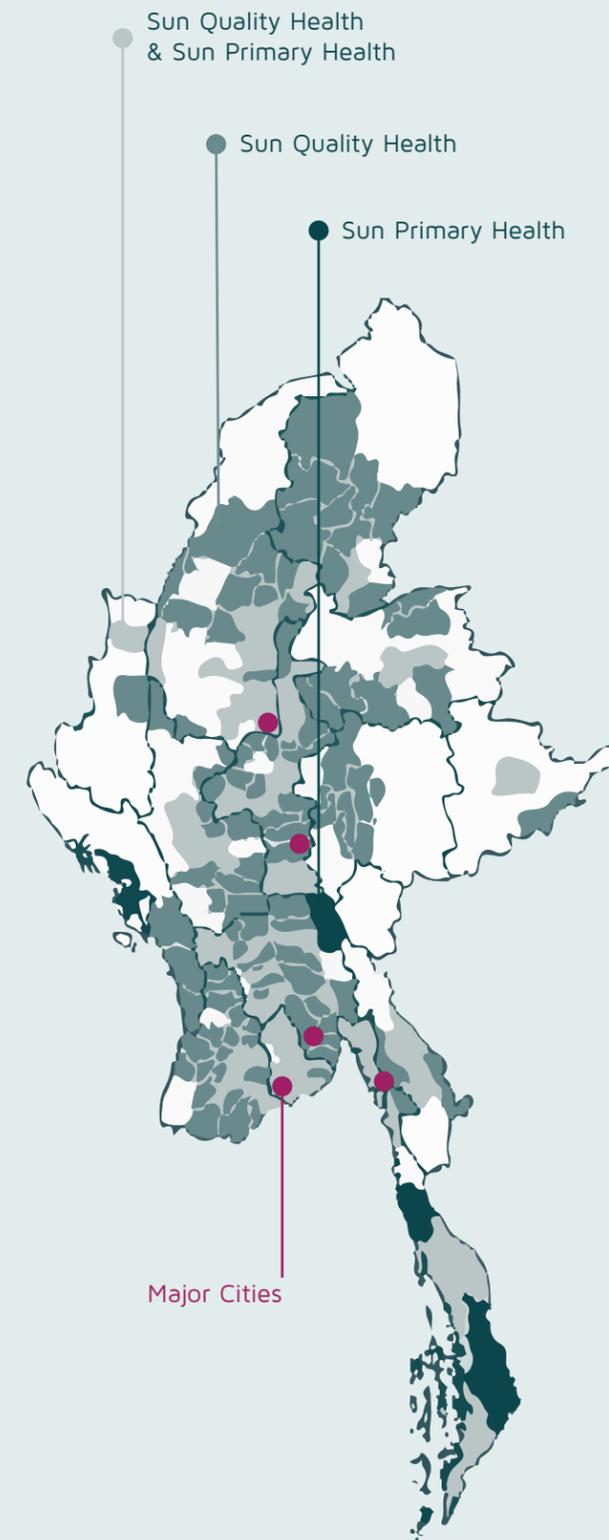
TOP

Founded 2004

OPERATING IN
18 CITIES

Drop-in centers and clinics for men who have sex with men (MSM), transgender women, and female sex workers (FSW)

COVERAGE OF PSI SOCIAL FRANCHISES



PSI MYANMAR SUN NETWORK 2012 CONTRIBUTIONS



56,000

Sexually transmitted infection (STI) treatments



23,900

Tuberculosis (TB) treatments (16% of national TB treatments)



1,500,000

Reproductive health consultations (13% of national family planning service provision)



267,000

Diarrhea treatments



60,000

Malaria treatments for life threatening (falciparum) malaria



264,000

Acute respiratory infection (ARI) treatments for children under five



11,000

Provider initiated testing and counseling sessions

+ Health Impact

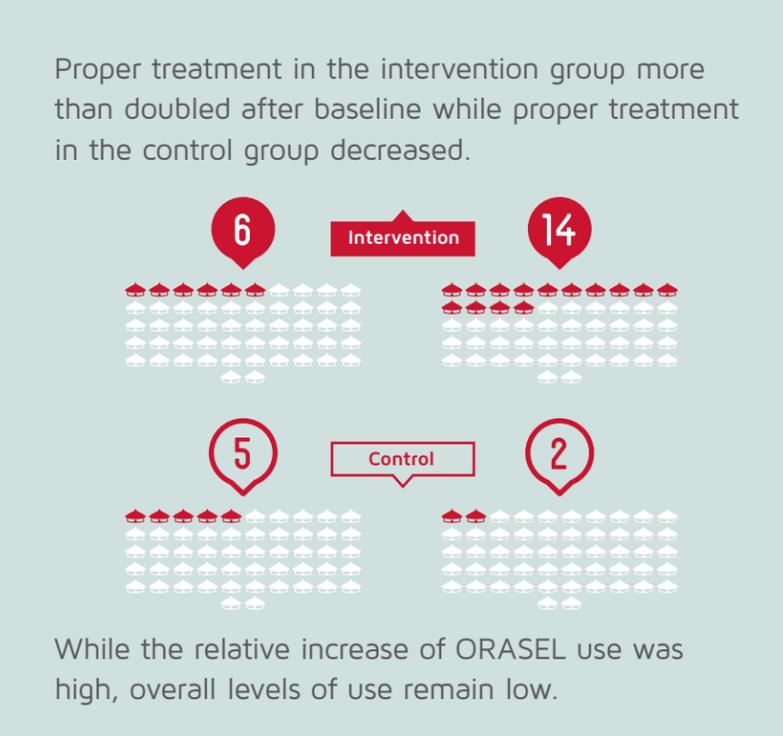
Can an expanded social franchising program improve appropriate treatment of childhood diarrhea in rural Myanmar?

While preventable and treatable, diarrhea is a global leading cause of morbidity and mortality among children under five. Most diarrhea can be treated at home with Oral Rehydration Solution (ORS) + zinc, branded ORASEL by PSI/Myanmar, which helps reduce diarrhea duration, episodes, recurrence and related morbidity. Adoption of the treatment, however, can be challenging. PSI established a supply network to maintain stocks of ORASEL in communities and trained local SPH providers on the education, prevention, treatment and referral of diarrhea, who sold ORASEL at a low, subsidized cost of 200 kyats (~US 7 cents). Researchers conducted a community-level randomized control trial to test whether the SPH network successfully increased the use of ORASEL for diarrhea treatment in children under five.

Results

THE SPH NETWORK INCREASED OPTIMAL TREATMENT OF CHILDHOOD DIARRHEA WITH ORS AND ZINC IN RURAL MYANMAR

THERE IS STILL WORK TO BE DONE TO INCREASE USE TO OPTIMAL LEVELS



Current Controlled Trials. 2011. Identifier ISRCTN73606238. Evaluating the impact of a training and social franchising program in addressing the prevention and treatment of diarrhea and pneumonia in Children Under 5 (CU5) among the poor in rural areas of Myanmar. Available from: <http://www.controlled-trials.com/ISRCTN73606238>. Accessed 29 May 2013.

✓ Quality

What is the quality of SPH providers' care after training and can it be maintained?

All SPH providers must complete a comprehensive training program, which covers basic community health services, including the correct diagnosis and treatment of malaria. SPH providers are the principal source of care in many rural villages. Assuring that SPH providers give high quality care is critical to ensure that communities receive reliable health services.

For this study, researchers developed and applied a method called Observed Simulated Patient. To test the capacity of SPH providers to detect and treat pediatric malaria, researchers tested their skills right before training and at 6- and 12-month intervals after training to determine if improvements in provider quality were sustained.

Results

SPH PROVIDERS' ABILITY TO CORRECTLY DIAGNOSE & TREAT PEDIATRIC MALARIA IMPROVED

IMPROVEMENTS WERE MAINTAINED AFTER 6 AND 12 MONTHS



Aung T, McFarland W, Longfield K, Sudhinaraset M, Montagu D. "Measuring the Quality of Private Providers in Myanmar: a cohort study." Beijing, China. Health Systems Research Global Symposium. November 2012. Conference Presentation.

Aung T, Montagu D, Schlein K, Khine TM, McFarland W (2012) Validation of a New Method for Testing Provider Quality in Rural Settings in Low- and Middle-Income Countries: The Observed Simulated Patient. PLoS ONE 7(1).

\$ Cost Effectiveness

What are the costs of managing acute diarrhea with distribution of ORASEL through the SPH franchise?

ORS + zinc kits, such as ORASEL, have been shown to have significant impact on reducing diarrhea. To date, no one has tested the effectiveness or cost effectiveness of promoting ORASEL through a distribution channel like the SPH network.

Researchers used data from the randomized control trial to analyze the cost effectiveness of distributing ORASEL through the SPH franchise. Costs were calculated for the first year of the program including 1) donor costs for the launch, distribution, subsidy and administration on of the program; 2) provider retail costs; and 3) client out-of-pocket costs.

Results

SPH

IS A COST EFFECTIVE METHOD FOR IMPROVING DIARRHEA TREATMENT IN RURAL MYANMAR

\$431 PER DALY

Preliminary results show that having SPH providers distribute ORASEL costs \$431 per DALY (Disability-Adjusted Life Year) averted

< 50%

This is less than half of the Myanmar GDP per capita, which means that distributing ORASEL through SPH providers is *good value for money*

▼ COSTS

As the SPH program matures over time, ORASEL distribution will become even more cost effective

Bishai D, Sachathep K, LeFevre A, Thant HNN, Zaw M, Montagu D. "Determining the Cost Effectiveness of Managing Acute Diarrhea through Social Franchising of ORASEL Kits." Seattle, USA. Global Health Metrics & Evaluation Conference. Anticipated June 2013. Conference Presentation.

Equity

Does the SQH network achieve its equity goal of serving the poor?

In 2010 tuberculosis (TB) caused 2.5 million deaths worldwide. TB is a serious problem in Myanmar, which is recognized by the World Health Organization as one of 22 "High Burden Countries" for the disease. Since 2004 the SQH franchise network has been providing TB care in Myanmar. Using the WHO-recommended Directly Observed Treatment (DOTS) strategy, network doctors have registered more than 47,200 TB cases and successfully treated 83% of cases seen.

Researchers used data from SQH clinics and Myanmar's first nationally representative TB prevalence survey to compare the wealth of SQH patients to the wealth of all TB-active individuals across the country.

Results

SQH PROVIDERS SUCCESSFULLY REACH LOW-INCOME TB PATIENTS IN URBAN AREAS

BUT EFFORTS LIKE SPH ARE NEEDED TO REACH THE RURAL POOR

SQH providers serve a predominately urban population since most doctors have practices in urban areas.




25%

of SQH TB patients were in the lowest wealth quintile

vs

16.6%

of TB patients in the national sample

Montagu D, Sudhinaraset M, Lwin T, Onozaki I, Win Z, Aung T (2013) Equity and the Sun Quality Health Private Provider Social Franchise: comparative analysis of patient survey data and a nationally representative TB prevalence survey. International Journal for Equity in Health 12(5).



Social Franchising has grown rapidly in the past 15 years around the world. It addresses a widely recognized gap in accessibility and quality-assured services for the poor.

For implementers like PSI, many of the benefits of social franchising have been self-evident. Since private providers are the main source of medical care for low-income populations, social franchising programs offer diagnosis and care for critical services like family planning, and deadly diseases like tuberculosis and malaria. The quantification of that health impact, and the cost to achieve it, has been missing, until now.

The studies in this report have provided the first clear and rigorous measures of social franchising’s impact on: the quality of care offered by network providers; the wealth of the clients being served; the impact on population health; and the cost to achieve that impact.

Now with clear evidence for equity, quality, impact, and cost effectiveness of social franchising in Myanmar, future program and research must focus on optimizing social franchise delivery in different contexts and on building upon linkages between franchised private providers and the broader government and private actors that make up the total health system.

Backed by evidence in this report, social franchising has moved from an experimental mode of delivering care to a proven and effective model. The studies from Myanmar provide a foundation to improve programs and practices that will affect the lives of millions of people for whom the private health sector is the preferred or only source of healthcare.



PSI is an organization that makes decisions based on evidence. We use research to design, monitor and evaluate our programs; estimate the health impact of interventions; assess value for money and improve intervention cost effectiveness; and evaluate the health of the markets PSI works to strengthen. Our global research team is comprised of approximately 200 researchers, which includes the team of 19 based in Myanmar who supported the studies in this report.



The Global Health Group at UCSF is an action tank committed to objective world-class research on topics that affect health. Our Private Sector Healthcare Initiative (PSHi) is entirely focused on exploring root issues related to the private financing and provision of healthcare – the largest and least understood component of most health systems in low- and middle-income countries. We conduct high caliber research on all issues of private provision and demand for care, and on the effectiveness of interventions that seek to improve or leverage private delivery of healthcare.



Johns Hopkins Bloomberg School of Public Health is the largest and oldest degree granting institution for research and training in public health in the United States of America. The school maintains a health economics research unit with 10 faculty engaged in economic evaluation and analysis to solve public health problems around the world.

This report outlines how PSI is reaching those most in need, especially in rural Myanmar, where healthcare options are limited or nonexistent.



Health Impact



Quality



Cost Effectiveness



Equity

Donate to PSI

www.psi.org

94.5 cents of every dollar raised directly supports PSI programs.

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