Role of private sector in Myanmar’s health care system: Implications for health sector reform

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Main sources of health care in Myanmar:

- Public health facilities
- Private care Providers
- NGOs

Private providers are involved in the provision of ambulatory care in some townships and institutional care in large cities.
The Government of Myanmar and development partners considering various compulsory and voluntary social health insurance schemes and social assistance programs in order to achieve universal health coverage.

The options being considered include:

- Increased tax-based financing,
- Township-based health protection scheme,
- Expansion of social health insurance and private health insurance.
Increased tax based financing - 4 fold higher (330 Tsp)

2012

Health Equity Fund

Township Based Health Protection Scheme

MCH Voucher Scheme

Trust Fund (330 Tsp)

Private Health Insurance

50%

Health Insurance Law

Expansion of Social Health Insurance

Social Assistants given by CBOs

2022
Policy-makers need to understand the role and relative importance of public-and-private-sector health care providers in the design, resource allocation and implementation of universal health coverage strategies.
Objective:

To assess the importance of private sector in providing outpatient and inpatient services for the treatment of common illnesses and hospitalisation

Methods:

A cross-sectional survey was conducted in two townships of Myanmar in 2011

Data were collected from 1,382 households with a population of 7,896 on out-of-pocket expenditure
Data Collection:

Use of public and private health facilities for common illnesses and hospitalisation

Expenditure for related health care

Data Analysis:

Descriptive Analysis

Care seeking by sources of care
Average expenditure for different categories
Findings

For most recent episode of a common illness

61% of survey respondents reported seeing health care providers and 47% of them sought care from private clinics.

About 2.4% of the study population was hospitalised and private sector was the source of 28.7% of all hospital admissions.
Utilization of health services for common illness by type of facility (1,569 cases)

- Private Clinic: 47%
- Home: 24%
- Public Hospital: 9%
- RHC: 6%
- Sub-RHC: 11%
- MCH: 1%
- Traditional: 2%
## Common illnesses (out-patient)
### Mean expenses per visit (Kyat)

<table>
<thead>
<tr>
<th></th>
<th>Transportation (round trip)</th>
<th>Consultation &amp; drugs</th>
<th>Other cost (Tests/meals)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>142 (3.8%)</td>
<td>3096 (83)</td>
<td>455 (13.2)</td>
<td>3693</td>
</tr>
<tr>
<td>Hospital</td>
<td>8336 (41)</td>
<td>10863 (53)</td>
<td>1019 (16)</td>
<td>20218</td>
</tr>
<tr>
<td>RHC</td>
<td>1031 (32)</td>
<td>1349 (42)</td>
<td>824 (26)</td>
<td>3204</td>
</tr>
<tr>
<td>Sub RHC</td>
<td>2638 (54)</td>
<td>1874 (39)</td>
<td>3397 (7)</td>
<td>4849</td>
</tr>
<tr>
<td>MCH Centre</td>
<td>2463 (56)</td>
<td>1357 (31)</td>
<td>571 (13)</td>
<td>4391</td>
</tr>
<tr>
<td>Traditional Medicine</td>
<td>3534 (30)</td>
<td>6630 (57)</td>
<td>1474 (13)</td>
<td>11638</td>
</tr>
<tr>
<td>Private clinic</td>
<td>4715 (33)</td>
<td>9020 (62)</td>
<td>698 (5)</td>
<td>14433</td>
</tr>
</tbody>
</table>

1 USD = 974 Kyats, July 2013
Mean cost per hospitalization (Kyat) and number of admissions

<table>
<thead>
<tr>
<th></th>
<th>Township hospital</th>
<th>Station Hospital</th>
<th>District Hospital</th>
<th>Yangon General Hospital</th>
<th>Private Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>47</td>
<td>46</td>
<td>10</td>
<td>19</td>
<td>49</td>
</tr>
<tr>
<td>Consultation</td>
<td>9021</td>
<td>0</td>
<td>16167</td>
<td>4545</td>
<td>117956</td>
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<tr>
<td>Drugs</td>
<td>90714</td>
<td>78456</td>
<td>169500</td>
<td>567062</td>
<td>217158</td>
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<tr>
<td>Investigation fees</td>
<td>2676</td>
<td>1355</td>
<td>0</td>
<td>123045</td>
<td>21197</td>
</tr>
<tr>
<td>Surgical fees</td>
<td>51054</td>
<td>20455</td>
<td>6667</td>
<td>13636</td>
<td>95697</td>
</tr>
<tr>
<td>Meals (patient)</td>
<td>10737</td>
<td>16286</td>
<td>10333</td>
<td>11317</td>
<td>23129</td>
</tr>
<tr>
<td>Gift/Donation</td>
<td>5890</td>
<td>6121</td>
<td>5000</td>
<td>10800</td>
<td>5711</td>
</tr>
<tr>
<td>Transportation</td>
<td>11019</td>
<td>125683</td>
<td>397250</td>
<td>922858</td>
<td>782685</td>
</tr>
<tr>
<td>Others</td>
<td>3361</td>
<td>1701</td>
<td>667</td>
<td>57318</td>
<td>15813</td>
</tr>
</tbody>
</table>

1 USD = 974 Kyats, July 2013
Consultations at hospitals, private clinics and with traditional medicine practitioners were found to be the most expensive since these facilities are located only at the township level.

Average cost of outpatient services for common illness was USD 23.78 and USD 16.98 for the public and the private sectors respectively.

Average hospitalization cost per discharge, however, was much higher for the private sector (USD 920.9) than that in the public sector (USD 249.87).
Conclusions

In Myanmar private sector plays an important role in health care delivery and a significant proportion of total health expenses is due to out-of-pocket expenses

Achieving universal health coverage will probably be more effective and efficient if the Government considers inclusion of vibrant private sector in planning health care provision and delivery for the population

The findings have implications in health financing and health systems policy-making and particularly in the health systems strengthening in Myanmar
Acknowledgement

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Thank You