Project Overview

Strategic Purchasing Project

Community Partners International (CPI) is leading a pilot project with the Karen Ethnic Health Organizations Consortium (KEHOC) to model a new approach to health financing for ethnic health organizations (EHOs) in Myanmar. The intention for this pilot is to develop the future financing agreements that can enable EHOs to independently and sustainably deliver services to ethnic minorities in Myanmar. It will also inform future Myanmar government use of non-state health providers to reach its 2030 target of universal health coverage.

Working with a pilot group of four community-based clinics in Bago Region and Kayin State, CPI will invest in a package of primary and public health services serving approximately 10,000 people living in 31 villages. Through service-level data and on-site verification, CPI will identify service gaps and generate evidence to evaluate whether services have been delivered as agreed.

At a Glance

Donor(s): Access to Health Fund, Swiss Agency for Development and Cooperation and Community Partners International
Project Duration: January 2018 - December 2020
Geographic Coverage: Bago Region - Shwegyin township | Kayin State - Kawkareik Kyainseikgyi, and Myawaddy townships
Impact Focus: Health systems strengthening
Implementing Partner(s): Karen Ethnic Health Organizations Consortium

www.cpintl.org  info@cpintl.org
Strategy and Activities

Myanmar’s National Health Plan (NHP) 2017-2021 acknowledges the need to engage Ethnic Health Organizations (EHOs) in order to achieve universal health coverage in Myanmar. This pilot project introduces strategic purchasing of health services from EHOs in alignment with the NHP and the Myanmar Ministry of Health and Sports (MoHS)’ Annual Operational Plan (AOP) to examine the practical implications for both the purchasing body and the provider of services (the EHOs). This process of purchasing health services from EHOs can also promote trust between non-state and state agencies, resulting in people’s better access to health care services without financial hardship, a more robust and resilient peace process, and prosperity of citizens. This implementation research can help guide Myanmar health policy and health financing reforms.

CPI and KEHOC formed a steering committee to act as a purchaser for the pilot. The Steering Committee purchases an identified package of health services from the provider network selected, i.e. KEHOC, using a capitation payment method (paying a flat rate per person that the services are purchased for, aiming to incentivize prevention, efficient use of funding and equity). Additionally, a series of targeted incentives are being tested to understand their impacts. The flow diagram below explains how this strategic purchasing relationship operates:

The pilot project consists of two phases: (1) a Preparatory phase from January to June 2018 and, (2) an Implementation phase from July 2018 to December 2020. As the project moves forward, CPI will publish a series of learning briefs summarizing progress and lessons learned. The experience and evidence gathered during this project can help to inform the development of future financing agreements between ethnic health providers and health service purchasing entities. This would represent an important step forward in aligning health services and systems while maintaining the autonomy of ethnic health providers, and active cooperation between these stakeholders, all of which will be crucial in the shared goal to achieve health for all in Myanmar.

Supported by:

www.cpintl.org  info@cpintl.org