Equity and the Sun Quality Health Private Provider Social Franchise:

Comparative analysis of patient survey data and a nationally representative survey

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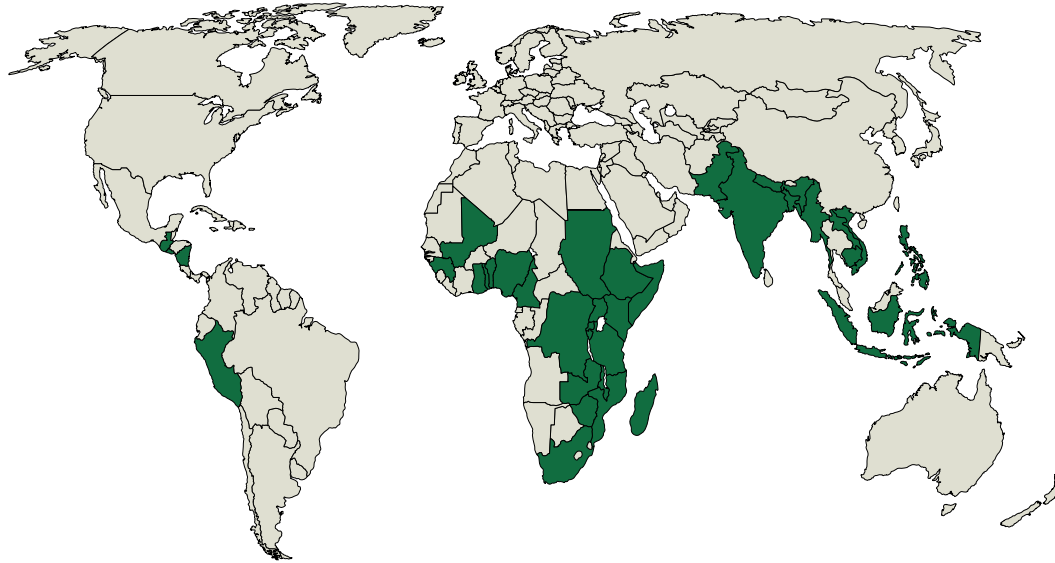May Sudhinaraset

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Tin Aung

Myanmar Context

- Myanmar has a high burden of TB.

- Private sector is heavily utilized by poor populations in Myanmar, and strategies are in place to engage the private sector in national TB control, treatment, and diagnosis.

- Sun Quality Network (SQH) provide TB care since 2004

- There is lack of data and studies, however, on the socioeconomic profile of franchise clinic patients vs. the general TB population.
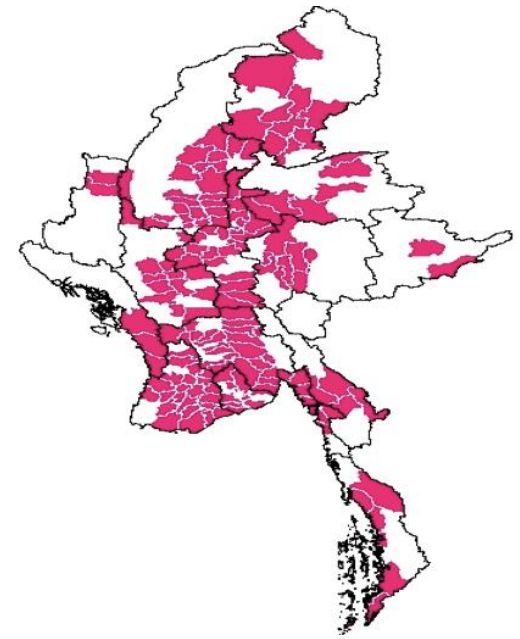
Social Franchising Goals

Goals

Health Impact	Improving population health
Equity	Enabling the poorest to access services
Quality	Assuring adherence to well-defined standards
Health Market Expansion	Deliver services that would otherwise not be given
Cost-effectiveness	Services at equal or lower cost to alternatives

Objective

This study compares the wealth distribution of the general TB population to SQH TB patients to assess whether the franchise reaches the poor.

Methods

- **Data Sources:** 1) Myanmar's first nationally-representative TB prevalence study conducted in 2009 through the National TB Programme, and 2) client exit interviews from TB patients of SQH clinics conducted through PSI/Myanmar.

- **Sample:** In total, 1,114 individuals were included in the study, including 739 from the national sample and 375 from the SQH sample.

- **Analysis:** Wealth quintiles were constructed using principal components analysis (PCA). Chi^2 tests were used to test for differences across groups.

Table 1. Demographic Characteristics

	National TB Participant (n=739)	SQH Clinic Participant (n=345)	Total (N=1114)	Chi2, P-Value
Urban	25.4	52.3	34.4	80.0, 0.000
Rural	74.6	47.7	65.6	
Age Group				
				231.5,
15-24	5.1	38.1	16.2	0.000
25-34	13.4	17.6	14.8	
35-44	18.8	15.2	17.6	
45-54	22.7	12	19.1	
55-64	17.4	9.9	14.9	
65+	22.6	7.2	17.4	
Gender				2.9, 0.087
Male	64.7	59.5	62.9	
Highest Education Level				50.8, 0.000
Illiterate	31.5	15.9	27.6	
Primary	34.6	27.8	32.9	
Secondary	29.4	43.7	33	
College/Grad	4.4	12.7	6.5	

Results

Table 3 Distribution of wealth quartiles, by sample and rural/urban residence

	Rural				Urban			
	National	SQH	Total	Chi-2, p-value	National	SQH	Total	Chi-2, p-value
Poorest	30.8%	32.4%	31.2%	7.47, p = 0.058	27.3%	35.2%	31.3%	13,50, p = 0.004
Poor	20.1%	15.6%	19%		21.4%	20.9%	21.1%	
Rich	27.5%	21.8%	26.1%		18.7%	26.5%	22.7%	
Richest	21.6%	30.2%	23.7%		32.6%	17.3%	24.8%	

Montagu et al., 2013

Limitations of Data

- Selection bias:
  - Clinic-data includes treatment-seekers; national prevalence study participants not necessarily undergoing treatment (0.16% currently undergoing treatment)
  - Not capturing pediatric TB patients in the national survey (inclusion criteria included only those older than 15 years of age)

- Limited asset variables (10 items)

Conclusions

- PSI franchised clinics in Myanmar are reaching poor populations of TB patients in urban areas

- More efforts are needed in order to reach the most vulnerable in rural areas

- An innovative health service delivery model is needed to reach rural populations, who represent 75% of all TB-infected individuals.

THANK YOU!