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# FPwatch Myanmar 2016 Outlet Survey Dissemination

## Background

In 2016, FPwatch, a project of Population Services International (PSI), implemented a family planning outlet survey in the national private sector of Myanmar to investigate the availability, price and market share of contraceptive commodities and services. The study results were presented at a dissemination event in Nay Pyi Daw on February 8, 2017. Findings included the private sector readiness and capacity to deliver modern contraceptive methods and services in the selected zones. This evidence is key to help inform national strategies and policies aimed at achieving the FP2020 commitments.

## Overview

The Myanmar 2016 Outlet Survey Dissemination Event was held on February 8th, 2017 at the Mingalar Thiri Hotel in Nay Pyi Daw, Myanmar. Daw Aye Aye Sein, Deputy Director of the Department of Public Health, gave the keynote address and Mr. Barry Whittle, Senior Country Representative at PSI/Myanmar gave the welcome address and presented on the importance of FPwatch to Myanmar. Data from the 2016 FPwatch outlet survey were shared. 36 event participants from 8 leading government departments and nonprofit institutions discussed the findings and developed relevant key action points in the areas of contraceptive availability, quality and choice. The audience also explored suggestions and considerations for potential future rounds of FPwatch. This document summarizes the event and its key outcomes.

## Event Objectives

To understand the current contraceptive market landscape and to identify key recommendations to inform family planning strategies in Myanmar.

Specific meeting objectives include:

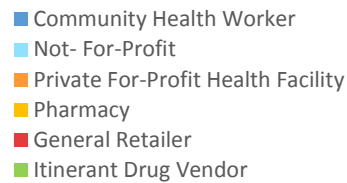
1. To present the FPwatch survey methodological approach
2. To discuss key findings of the 2016 survey regarding outlet availability, price, market share and service readiness in the contraceptive market.
3. To summarize what the evidence shows in the context of national policy and on-going strategies to address the family planning access.
4. To develop recommendations and suggested strategies and priority areas for funding based on the evidence provided by the outlet survey.



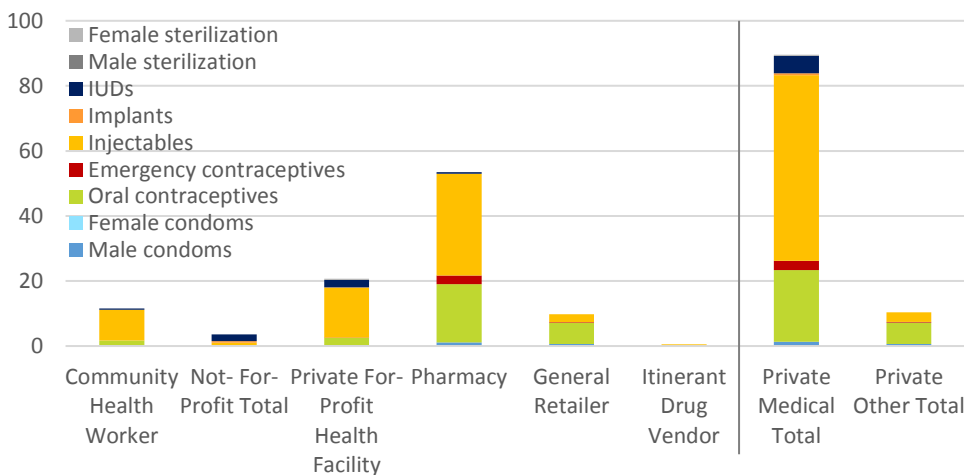
## FPwatch Study Results

The 2016 FPwatch Myanmar findings are detailed in a comprehensive report\*, which includes the complete study methodology and sampling, along with full tables and graphs for each indicator. The abridged results were presented to event participants, and are summarized below.

**Private Market Composition:** Over-the-counter outlet types dominated Myanmar's private market composition; 42% of outlets were general retailers and a quarter were pharmacies. Community health workers (CHWs) and private for-profit facilities made up 16% and 15% of the market, respectively. Itinerant drug vendors comprised just 2% of the market.

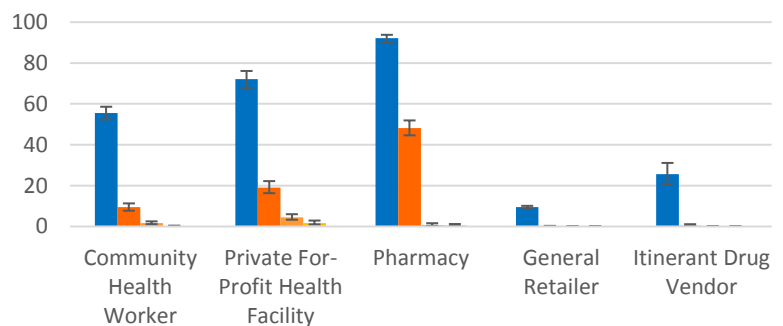


N = 6,680



**Private Market share:** As a proportion of the total volume of CYP for all methods in the private sector, private medical outlets (CHWs, not-for-profits, private health facilities and pharmacies) accounted for 90% of the total volume of CYP, with a large proportion attributable to pharmacies (50%). Injectables (60%), and oral contraceptives (29%) were the primary contributors of CYPs across outlet types and in total. Together, IUDs, implants and sterilizations accounted for 6% of the total private sector market share volume of CYP.

**Method diversity:** More than half of CHWs, private for-profit facilities and not-for-profits along with over 90% of pharmacies had at least one modern contraceptive method available. Fewer than 1 in 10 general retailers had at least one modern method available. While almost half of pharmacies and not-for-profits had three or more methods available, less than 20% of all other outlet types offered three or more methods.



**Price:** The median price per CYP in private outlets for injectables and oral contraceptives, the largest market share contributors in Myanmar, was \$3.30 USD per CYP and \$6.19 USD per CYP, respectively. Median price for female sterilization was considerably higher in the private sector at \$16.02 USD per CYP. The most cost-efficient method in the private sector was IUDs at \$0.90 USD per CYP. Prices did not vary much between strata and specific outlet types.

**Service readiness:** Over two-thirds of CHWs offered contraceptive injection services but only about one-quarter of those were found to be service ready, often lacking training, credentials, and commodities to provide this service. For LARC/PM services, few private facilities met service readiness criteria for offering the service, with the exception of female sterilizations, which were challenging to estimate due to low sample size. Availability of services tended to be highest in urban areas compared to metro and rural areas.

\*Available at: [http://www.actwatch.info/sites/default/files/content/publications/attachments/Myanmar%20Findings%20Brief\\_Final.pdf](http://www.actwatch.info/sites/default/files/content/publications/attachments/Myanmar%20Findings%20Brief_Final.pdf)

### Key Takeaways

Event participants were asked to discuss action items as they relate to strategies to achieve Universal Access to Contraception (UAC). Participants also brainstormed study improvement ideas for potential future rounds of FPwatch. The action items discussed are highlighted below:

#### Universal Access to Contraceptive Methods

- A public-private partnership approach should be applied in the distribution of commodities and for technical support for training/on-job training of contraceptive methods.
- It is necessary to strengthen the LMIS system of procuring FP commodities for the Maternal and Reproductive Health Department (Ministry of Health and Sports) and to strengthen human resources and technical competency with support from international organizations.
- Training should be designed/redesigned for both public and private providers, especially around offering LARCs. Different components of training should be considered, including curriculum development, training centres, maintenance of quality control, and presence of a regulatory authority.
- It is necessary to construct clear policy and guidelines/manuals for different levels of public providers; consider the application of these guidelines in facilities.
- Demand generation or informed choice for FP methods, especially LARCs, is also necessary in Myanmar. Promotion of LARC methods within communities should be considered.
- For better coverage of all geographic areas in Myanmar, the role of ethnic health organizations (EHOs) is critical. EHOs should be encouraged to engage in projects like FPwatch.
- Registrations, rules and regulations should be reconsidered for pharmacies, informal providers, itinerant drug vendors and traditional birth attendants.
- A better payment scheme should be introduced to reduce out-of-pocket payment for contraceptive services.



Dr. Yin Yin Htun Ngwe (Senior Public Health Officer (MNCH), 3MDG Fund)

## Summary of Action Items



A participant from JPHIEGO discussed on action items during Group Work Activity

### The Future of FPwatch:

- For future rounds of FPwatch Survey, it is suggested to include public sector facilities/outlets to reflect the whole country market situation of Myanmar
- In order to design the programs more effectively and efficiently, FPwatch should consider stratification in the next survey round by states/divisions or regions.
- The next round of FPwatch should be conducted 2-3 years after 2016 to examine the market situation differences; at least one survey round is recommended before 2020.
- Definitions of community health workers should be further discussed with the Maternal and Reproductive Health Department of the Ministry of Health and Sports.



Event participants discuss action items based on the FPwatch Myanmar results

## Event Activities

The event featured: 1) An introduction and overview of the current family planning activities and goals in Myanmar; 2) A presentation of the FPwatch 2016 Outlet Survey Findings; and 3) An audience-focused discussion session to generate action points from the FPwatch data. Additional detail from the day is shown below.

| Agenda  |   |
|---|---|
| Activity  | Facilitator   |
| 1. Keynote Address  | Daw Aye Aye Sein, Deputy Director General - Department of Public Health, Ministry of Health and Sports, Myanmar |
| 2. Welcome address: What is FPwatch and why it is important to Myanmar?   | Barry Whittle, Senior Country Representative PSI/Myanmar  |
| 3. Remarks by Donors  | 3MDG & UNFPA  |
| 4. Introductions and Objectives of Discussion   | Dr. Bryan Shaw, PSI-DC and FPwatch  |
| 5. Presentation: How is the outlet survey implemented: FPwatch objectives, methods and sample                         | Dr. Bryan Shaw  |
| 6. Presentation: What does the contraceptive landscape look like? Availability, price, market share of contraceptives | Dr. Bryan Shaw<br>Dr. May Me Thet, Deputy Director (Research) PSI/Myanmar                                       |
| 7. Presentation: Service readiness of family planning   | Dr. May Me Thet   |
| 8. Action points discussion   | Dr. Bryan Shaw and Group moderators   |
| 9. Summary, implications and next steps/Closing Remarks   | PSI/Myanmar   |

### Organizations represented

PSI Myanmar, Myanmar Department of Public Health, JHPIEGO, Ipas, Three Millenium Development Goal Fund (3MDG), Marie Stopes International (MSI), the United Nations Population Fund (UNFPA), Pathfinder International

### **Attendees: 36**

- FPwatch: 1
- Government Departments (Department of Public Health, Department of Medical Science, Public Health, Nay Pyi Daw Council): 9
- INGOs: 10
- PSI/PSI Myanmar: 16

FPwatch findings on the family planning market suggest that there is potential to expedite progress toward FP2020 commitments, providing increased access and choice to women in Myanmar.

*Learn more at [FPwatch.info](http://FPwatch.info)*



Dr. Tin Maung Chit (RH Program Analyst, UNFPA)