

ABSTRACT

Healthcare provider payments: Acceptance and preferences of Myanmar general practitioners

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Keywords: Myanmar, General Practitioners, Strategic Purchasing, Provider Payment Methods, Capitation, Fee-for-service, Salary, Performance-based Payments

Universal Health Coverage (UHC), or people's access to quality essential health services without financial hardship, is one of the sustainable development goals for UN member countries to achieve by 2030. However, progress towards UHC has been uneven globally due to weaknesses in health financing. Although high-income countries such as New Zealand have been practising UHC for decades, it remains challenging for low-to-middle income countries to meet the goal in time. Myanmar, a Southeast Asian nation now on the verge of becoming a failed state due to the military coup, has struggled to restructure its healthcare financing mechanisms, especially in purchasing health services from private providers. Previous literature is biased to the Global North, with limited reference to Southeast Asia and little research focused on providers' perceptions, attitudes, and beliefs prior to introducing nationwide strategic purchasing payment mechanisms. These research gaps created an opportunity to investigate the relationships between General Practitioners' (GPs) socio-demographic characteristics and clinic services profile and their perceptions on payment methods. This research sought to examine Myanmar GPs' acceptance of, and preferences for, four major healthcare payment methods. A cross-sectional study was used, recruiting 622 participants with a convenience sampling method. A Qualtrics online survey was disseminated to Myanmar GPs through three different channels. The research showed that performance-based payment was the most acceptable and preferred payment method, followed by fee-for-service. Salary payments were reported as the least acceptable and preferred payment type, while findings on capitation were inconclusive. Despite the potential for this research to inform strategic purchasing arrangements in Myanmar, the scope for applying these findings, as initially intended, is not realistic in the immediate future because of the current political turmoil. In this context, the study's results provide valuable insights into the possible role of alternative provider payment architectures, particularly during public health

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