

Lives in Transition: Responsive Health Service Delivery for Displaced and Conflict-Affected Communities in Myanmar

Han Win Htat, Sun Community Health



BACKGROUND:

Post-2021 Crisis Collapse: The 2021 political crisis in Myanmar triggered widespread conflict, deeply fracturing the health system and contributing to the attrition of public health workers.

Vulnerable Populations at Risk: Migrants and internally displaced persons (IDPs) face increasing health risks, exacerbated by limited-service access, mobility restrictions, and infrastructure damage.

Strategic Purchasing: In 2023, SCH launched a responsive health service project aimed at delivering adaptable care across conflict-affected townships. By leveraging strategic purchasing, the intervention contracted private clinics to ensure continuity of primary care delivery under volatile and resource-constrained conditions.

METHODOLOGY:

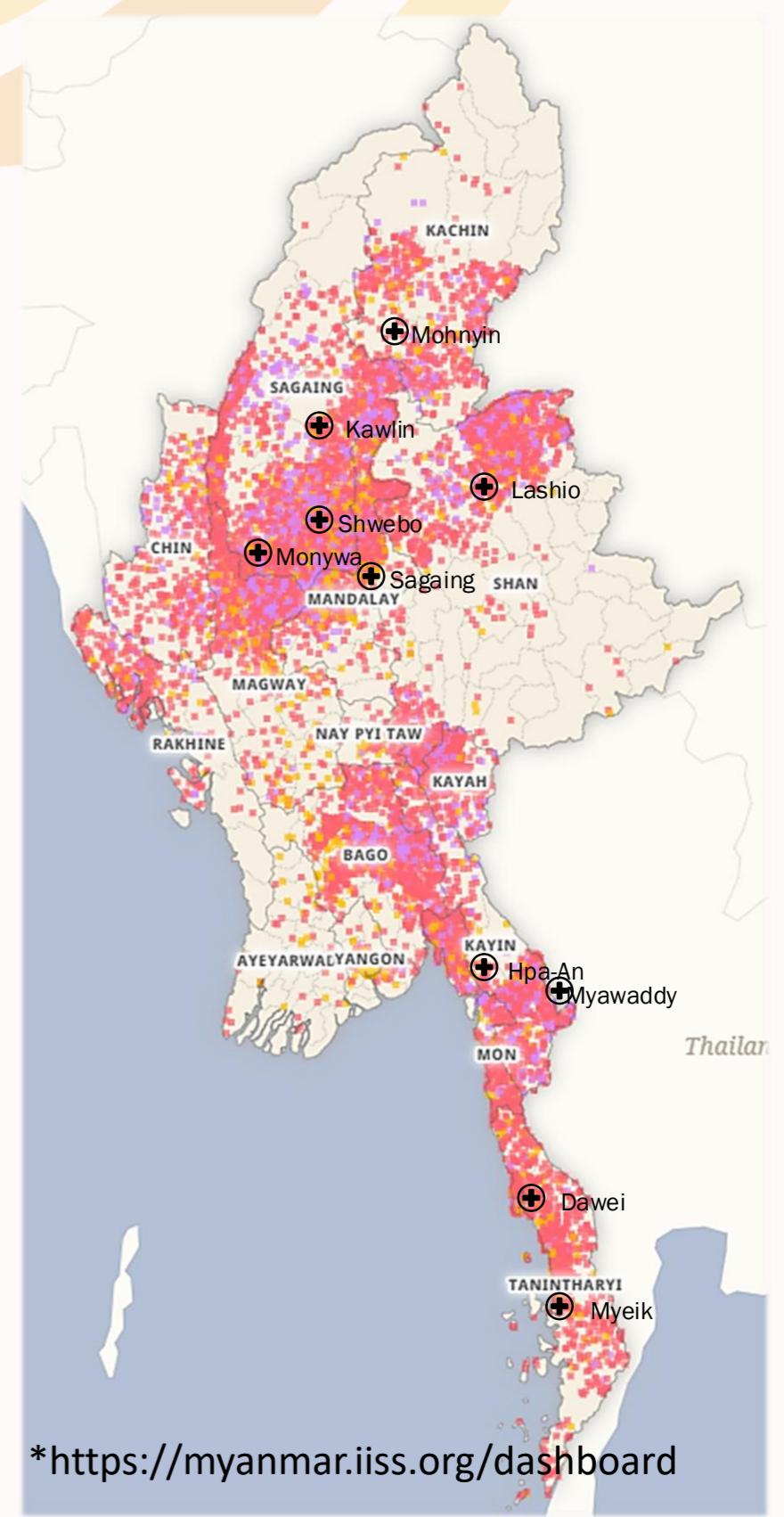
Study Period and Scope: The project ran from March to December 2023, covering ten private clinics across ten conflict-affected townships in five Myanmar regions.

Observational Implementation Study: Utilization metrics were tracked through routine service delivery without intervention, allowing insights from real-world implementation.

Mixed-Methods Approach: Quantitative data was supplemented by qualitative interviews with 10 doctors, 10 assistants, and 30 clients at endline.

Conflict Mapping Overlay: Service data were spatially overlaid with 2023 ACLED violence-event and fatality data to assess conflict impact on access.

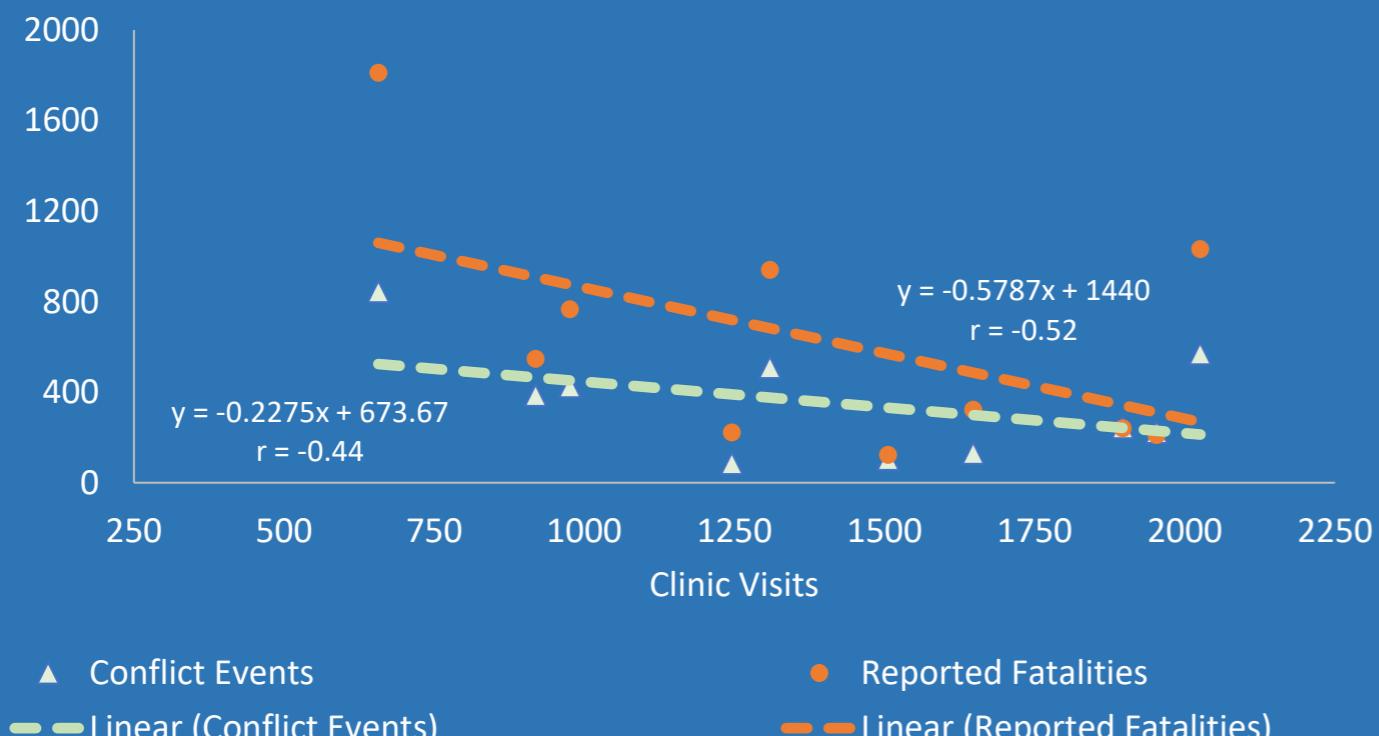
Conflict Events* & Clinic Locations



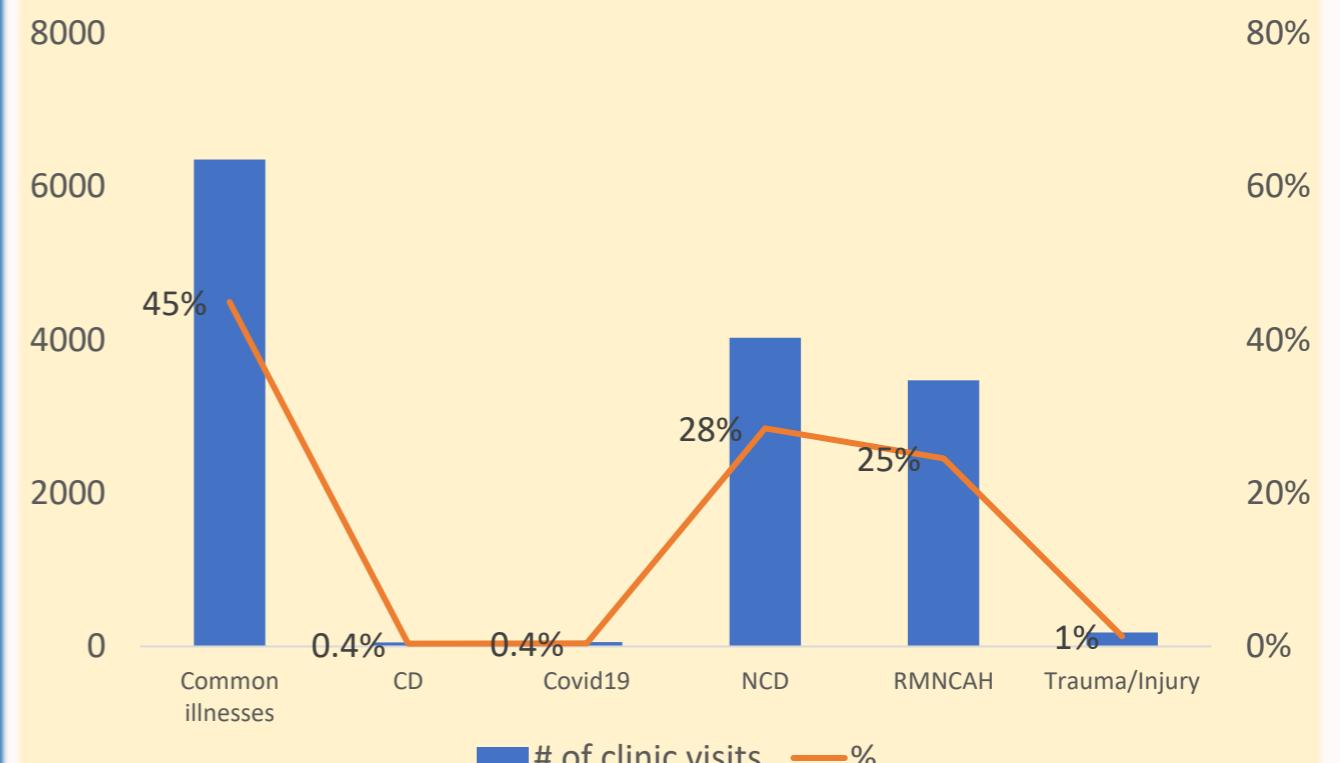
*<https://myanmar.iiss.org/dashboard>

RESULTS:

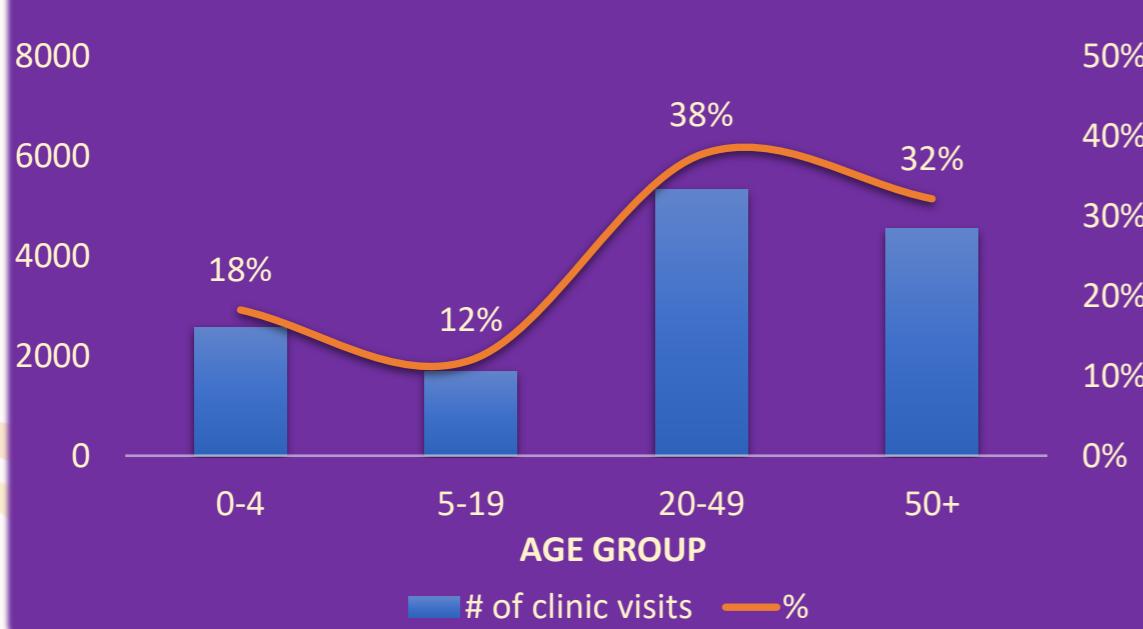
Clinic Visits Vs Conflicts/Fatalities



Clinic Visits by Category



Clinic Visits by Age Group



ADAPTIVE LEARNING

Higher levels of conflict and fatalities are associated with lower healthcare utilization, suggesting that conflict significantly hinders access to services."

Conflict Limits Access to Healthcare

Resilient Service Model

Strategic purchasing via private clinics enabled continued delivery of essential services despite instability and staff attrition.

Pre-positioning medications and reducing visit frequency helped maintain care for NCDs and maternal-child health during mobility constraints.

Continuity of Chronic Care

Scalability to Other Fragile Settings

The model's flexibility and reliance on non-state actors suggest strong applicability in similar conflict-affected or displaced populations globally.

Institutionalize strategic purchasing, build local contracting capacity, and integrate conflict-sensitive service design in fragile contexts.

POLICY



COMMUNITY HEALTH