USAID | BURMA
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Issuance Date:	December 9, 2015
Questions Due Date:	January 4, 2015
Questions Due Time:	17:00 Myanmar Time(MMT)

Subject: Request for Comment on USAID Burma's planned "Defeat Malaria" activity

The United States Agency for International Development (USAID) is seeking comments on a draft program description and evaluation criteria for a planned new activity, Defeat Malaria. The attached document presents the current draft objectives and key elements of the activity. USAID Burma may revise this planned new activity as a result of comments received and further internal discussions.

Please ensure that your comments are concise and specific to information included within this Request for Information (RFI). While there are no limits to the length of submissions accepted, concise and specific responses with references to page and section numbers in the draft document are most useful.

Issuance of this RFI and posting the draft program description for comments does not constitute a solicitation, which will come later through a separate process. The RFI does not represent any award commitment on the part of the Government, nor does it obligate the Government to pay for costs incurred in the preparation and submission of any comments or questions. **This is a Request for Information only, NOT a Request for Applications**. Responses/comments on this RFI are strictly voluntary and will not give an advantage to any organization in any subsequent solicitation.

This RFI can be downloaded from http://www.grants.gov. Interested parties who are not able to retrieve the RFI from the Internet can request a copy by contacting the USAID Burma Office of Acquisition and Assistance via email only at BurmaOAA@usaid.gov. The subject line of the email must read "Request for copy of RFIDefeatMalaria-Burma." Comments and questions should be submitted to USAID via email to BurmaOAA@usaid.gov with a copy to Sabine Gabriel at GabrielS@state.gov and Jennifer Norling at NorlingJ@state.gov no later than Monday January 4, 2015 at 5:00 pm MMT.

If a notice of funding opportunity is released, it will be posted to www.grants.gov. It is the responsibility of potential applicants to monitor the website for release of any further information.

Thank you for your assistance and interest in USAID Burma programming.

Sincerely,

Jennifer Norling
Agreement Officer

ACTIVITY DESCRIPTION

1. Overview

The planned "Defeat Malaria" Activity will support the national goal of controlling artemisinin-resistant malaria and ultimately eliminating malaria in Burma. This new investment will expand current coverage of community-based prevention and case management services from one million to three million people, giving priority to highly endemic and hard-to-reach areas, mobile and migrant populations, and Non-State Actor areas. "Defeat Malaria" will strengthen the capacity of local stakeholders to lead, manage and implement interventions to reduce the malaria burden towards the goal of elimination. This Activity will also strengthen the malaria surveillance system to better inform response and control strategies, and promote the involvement of communities and the private sector in control initiatives.

2. Background

The U.S. Government President's Malaria Initiative (PMI) was launched in 2005 with the goal of reducing malaria-related mortality by 50% across 15 high-burden countries in sub-Saharan Africa. With the passage of the T. Lantos and H. J. Hyde Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Act in 2008, PMI developed a Malaria Strategy for 2009–2014, which included a long-term vision for worldwide malaria eradication by 2040-2050. The six countries within the Greater Mekong Sub-region (GMS), including Burma, Cambodia, China (Yunnan province), Lao People's Democratic Republic, Thailand, and Vietnam, were added to the strategy in 2011.

PMI is an interagency initiative led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

An updated PMI Strategy[1] 2015–2020 was launched in February 2015, re-emphasizing malaria control as a major U.S. Government foreign assistance objective and fully aligning its goals with the World Health Organization's (WHO) Global Technical Strategy[2] (2016-2030), approved on May 2015 by the 68th World Health Assembly

The current PMI strategy emphasizes the following five areas: (1) achieving and sustaining scale of proven interventions, (2) adapting to changing epidemiology and incorporating new tools, (3) improving countries' capacity to collect and use information, (4) mitigating risk against the current malaria control gains, and (5) building capacity and health systems.

In November 2014, during the 9th East Asia Summit, the Government of Burma adopted the goal of malaria elimination by the year 2030, along with the rest of the Asia Pacific region.

[1] President's Malaria Initiative Strategy 2015-2020. www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi_strategy_2015-2020.pdf

[2] Global Technical Strategy for Malaria 2016–2030. WHO, May 2015. who.int/malaria/areas/global_technical_strategy/en/

2.1 Overview of the Health System

Burma's health system has a pluralistic mix of public and private services. In April 2015, the Ministry of Health (MoH) structure was reorganized into six different departments: Public Health, Medical Care, Medical Research, Health Professional Development and Management, Food and Drug Administration, and Traditional Medicine. In addition, three cross-cutting task forces have been established focused on financial management, human resources development and health sector development.

With rapid development and change, it is promising that Burma has committed to significantly increase its national budget for health: from 1% of the total national budget in 2010 to 8% in 2015. There has been a steady growth in the number of basic health facilities as well as an increase in health staff. In addition, Burma aspires to achieve Universal Health Coverage as part of its Vision 2030 for a healthier and more productive population.

Malaria control activities are led by the Vector Borne Disease Control (VBDC) program and housed in the newly established Department of Public Health. The VBDC is mandated to formulate national strategies, policies, standards and norms related to malaria control, provide training, conduct operational research, control outbreaks, and provide consultative and advisory services to implementing agencies.

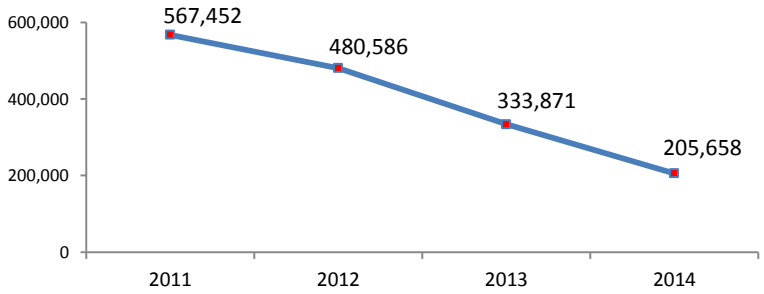
The National Malaria Control Program (NMCP) is one of the components under the VBDC and is in charge of implementation, as well as working closely with 26 different international and national organizations focused on malaria control. Efforts are coordinated through a Technical Strategic Group (TSG) comprised of experts from the MoH, United Nations agencies, national and international NGOs, and donors, including PMI. Two sub-working groups for Monitoring and Evaluation and Program Implementation have been recently established.

The private sector, which comprises a large part of the health care services, is mostly run by community or religious-based organizations, and implemented via various different delivery channels, ranging from traditional healers and drug sellers to general practitioners (mainly providing ambulatory care), and private clinics (usually in some large cities).

2.2 Malaria epidemiological situation

Although significant progress has been made in recent years, the malaria burden in Burma remains the highest among the six countries of the GMS, accounting for 75% of the total malaria cases in the region. The NMCP reported 567,452 malaria cases in 2011; 480,586 cases in 2012; 333,871 malaria cases in 2013, and 205,658 in 2014, which represents a 64% reduction from 2011.

Figure 1: Malaria cases reported in Burma from 2011 to 2014 (Source: NMCP)



The number of deaths attributed to malaria has progressively fallen in the past two decades from a peak of more than 5,000 in 1991 to 1,261 in 2007, 788 in 2010, and 96 in 2014.

The reported cases represent only the public sector and do not include those using self-treatment or seeking care in the private sector, which are estimated to represent more than 50% of the total. Several malaria-endemic areas, particularly in the Non-State Actor areas and those bordering Thailand and China, have limited accessibility by government health services and international organizations, further exacerbating the problem.

According to the NMCP, 284 out of the total 330 townships are located in malaria endemic areas. The VBDC estimates that approximately 57% of the population lives in malaria risk areas (20.4% in high risk, 13.8% in moderate risk and 22.7% in low risk areas), according to its 2012 annual report.

Both the incidence of symptomatic cases, as reported by the public health information system, and the prevalence of asymptomatic infections, as assessed by active case detection carried out at community level, have shown a significant and rapid decline in several areas where intensive control measures have been implemented in recent years. The resulting epidemiological picture is becoming increasingly heterogeneous ranging from nearly malaria-free zones where only imported cases are detected to persistent hot spots of high transmission, population groups at high risk, and areas of difficult geographical or "political" accessibility where the deployment of control measures and surveillance systems is still a challenge.

2.3 Malaria resistance to artemisinin drugs

In 2009-2010, early signs of *P. falciparum* resistance to artemisinin drugs, characterized by prolonged parasite clearance time, were reported in at least three states/regions (Mon, Tanintharyi and Bago-East). The global public health threat posed by the emergence and spread of artemisinin resistance triggered a substantial international response, initially intended to contain resistance to areas where it was detected.

A strategic framework to contain artemisinin-resistant *P. falciparum* was developed and endorsed in 2011. The Myanmar Artemisinin Resistance Containment (MARC) Project started in mid-2011 with support from the Three Disease Fund (3DF). Following the principles outlined by the WHO's Global Plan for Artemisinin Resistance Containment, the MARC framework aimed

to halt the spread of artemisinin resistance from eastern Burma to the western part of the country and beyond.

However, these containment efforts were unable to stop the spread of resistant parasites beyond the containment areas. Furthermore, recent studies[3] based on multi-country analysis of the genetic mutations associated with artemisinin resistance have suggested that these mutations originated independently in multiple locations of Southeast Asia. Therefore containment or elimination efforts in one small area have limited or no effect on preventing the emergence of resistance in other areas.

In September 2014, the WHO declared that elimination of *P. falciparum* malaria from the GMS is technically feasible and should be the recommended response to address the challenge of artemisinin resistance.

The MoH of Burma has been closely monitoring these events and in November 2014, during the 9th East Asia Summit, the Government of Burma adopted the goal of malaria elimination by 2030 along with the rest of the Asia Pacific region. To support this long-term endeavor the MoH established in August 2015 a new "Malaria Elimination Committee" with the task of providing the necessary institutional, technical and financial support needed to achieve this historical goal.

2.4 National Malaria Control Program Strategy

On September 24-25, 2015, a national consultation workshop was organized to develop the new National Strategic Plan (NSP) 2016-2020 to replace the current NSP 2010-2015[4] and accelerate progress towards malaria elimination. The strategic objectives and key interventions under the new NSP are currently being drafted; however, PMI will be one of the key partners supporting the implementation, in strict coordination and collaboration with other stakeholders.

Implementation of the NSP is guided by epidemiological stratification, which was initially developed in 2007[5], and classifies the different areas of the country into malarious (stratum 1), potentially malarious (stratum 2), or non-malarious (stratum 3). Operationally, each malarious area of stratum 1 is further stratified as high risk (1a), moderate risk (1b), or low risk (1c). Using the same criteria based on risk factors, Burma has since conducted micro-stratification exercises in 80 townships in 2007[6] and in an additional 50 townships in 2011[7].

In support of the new NSP 2016-2020, it has been considered opportune to revise the stratification criteria and methodology. The new stratification framework will be primarily based on updated epidemiological indicators, such as Annual Parasite Incidence (API) and Test Positivity Rate (TPR), instead of ecological and social risk factors.

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[3] Independent emergence of artemisinin resistance mutations among *P.falciparum* in Southeast Asia. The Journal of Infectious Diseases 2015; 211: 670–9

[4] Myanmar National Strategic Plan. Malaria Prevention and Control: 2010-2016. www.myanmarhscc.org/index.php?Option=com_content&view=article&id=83&Itemid=96

[5] Guidelines on micro-stratification of areas for malaria prevention and control in Myanmar. UNICEF/NMCP, 2007

[6] Malaria risk micro-stratification in 80 townships supported by UNICEF

[7] Malaria risk micro-stratification in 50 townships, Global Fund, Round 9

This framework is still in development with the final version scheduled for release along with the new NSP. Field implementation is planned for 2016 in the 52 townships covered by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) supported Regional Artemisinin Initiative (RAI).

2.5 Other donors and partners

In recent years and particularly since 2011, Burma has seen a dramatic increase in external funding in support of malaria control efforts, resulting in increased coverage and improved service delivery down to the village level.

PMI-funded projects

PMI initiated its malaria program in Burma in 2011 and operates through a number of implementing partners including:

- WHO: technical assistance in the conduction of therapeutic efficacy studies, and training in malaria microscopy, entomology and in-country malaria management field operation (MMFO) course;
- CDC: technical assistance in the fields of epidemiology and entomology;
- United States Pharmacopeia (USP): technical assistance in drug regulatory and quality assurance systems;
- University Research Co. (URC): implementation of the Control and Prevention of Malaria (CAP-Malaria) Project, ending in September 2016;
- Malaria Consortium: strengthening the malaria surveillance system, conduction of operational research and monitoring & evaluation activities, including the organization of the first national Malaria Indicator Survey, ending in September 2016;
- Population Services International (PSI, part of the MalariaCare partnership): supporting diagnosis and treatment services in the private sector, ending in September 2016;
- Jhpiego (part of the Maternal and Child Survival Program partnership): technical assistance for malaria in pregnancy and support to integrated community case management, ending in September 2016;
- John Snow, Inc./Deliver Project: procurement of malaria commodities and technical assistance in supply chain management, ending in September 2016;
- VectorWorks: conduction of a LLIN durability monitoring study, starting in the last quarter of 2015.

Other USAID-funded health programs

Other USAID-funded health programs include the Project for Local Empowerment (PLE, 2011-206), implemented along the Burma-Thai border by a consortium of four partners, and the "Shae Thot" program (2011-2016), implemented by a consortium of 13 partners, covering over 2,000 villages in the Dry Zone (Magway, Mandalay, Sagaing) and Kayah State.

Other donors

There are a growing number of donors and partners in the malaria and health sector with whom PMI and "Defeat Malaria" will need to coordinate with to increase effectiveness of interventions and prevent duplication of efforts.

Significant financial support for malaria control has been provided by the Global Fund through both the New Funding Model (2013-2016), implemented by a consortium of twelve partners, and the Regional Artemisinin Initiative (RAI, 2014-2016), implemented through seven partners.

Other externally funded programs comprise the Three Millennium Development Goal Fund (3MDG, 2014-2016), which includes a malaria component implemented by six partners, and the Artemisinin Monotherapy Replacement Project (2011-2016), implemented by PSI and funded by the UK's Department for International Development (DFID), Bill & Melinda Gates Foundation (BMGF) and Good Ventures.

JICA has been implementing a malaria project in Bago Region since 2003 and, after a short interruption of six months in mid-2015, is expected to resume its activities in the last quarter of 2015.

Other regional donors supporting malaria activities that impact Burma are the Australia's Department of Foreign Affairs and Trade (DFAT) and the BMGF which jointly support the WHO's regional hub for Emergency Response to Artemisinin Resistance (ERAR, 2013-2015), based in Phnom Penh.

Finally, the Asian Development Bank (ADB) is starting in 2016 assistance programs in the fields of malaria surveillance, laboratory quality assurance, and increased access to malaria services for mobile and migrant populations.

The majority of the current externally funded programs are ending before 2017 and the scope, duration, and nature of their extensions are under consideration by their respective donors. The new five-year "Defeat Malaria" Activity aims to ensure timely continuation of the interventions initiated by the CAP-Malaria Project without disruptions or delay. "Defeat Malaria" is expected to complement the efforts of the donors operating in Burma as well as partners working in neighboring countries in the control of cross-border malarial transmission.

3. Geographical focus

"Defeat Malaria" will build on the foundation laid by the current PMI's CAP-Malaria Project, which is operating since late 2011 in 29 townships (TSPs) of five states/regions: Tanintharyi (10 TSPs), South Rakhine (7 TSPs), Kayin (6 TSPs), Kayah (3 TSPs), and East Bago (3 TSPs).

These townships were selected in consultation with the NMCP because they align with the national program's strategy of focusing on endemic areas, address programmatic gaps, and complement other donor and partner efforts.

The future geographical coverage, to be finalized in consultation with the MoH and other stakeholders, will consolidate PMI assistance in 23 of these townships in Tanintharyi, Kayin, and

South Rakhine, and add new 10 townships in North Rakhine, which are among those with the highest malaria burden, reaching a total population of about three million.

This approach will allow "Defeat Malaria" to concentrate the interventions in priority areas providing a comprehensive assistance at all levels of the health system, as well as expand coverage to more remote communities.

Additionally, with the signing in October 2015 of the Nationwide Ceasefire Agreement between the Government of Burma and eight ethnic armed groups, there is the possibility to expand the coverage to new Non-State Actor areas, particularly in Tanintharyi and Kayin.

Figure 2: Present and proposed future geographical coverage of the PMI activities in Burma

Present coverage

1. Tanintharyi: 10 TSPs
2. Rakhine South: 7 TSPs
3. Kayin: 6 TSPs
4. **Kayah: 3 TSPs**
5. **Bago East**: **3 TSPs**

TOTAL : 29 TSPs

Beneficiaries: 1 million people

Proposed future coverage

1. Tanintharyi: 10 TSPs
2. Rakhine South & **North**: 7 + **10** TSPs
3. Kayin: 6 TSPs

TOTAL : 33 TSPs

Beneficiaries: 3 million people

Note: Blue color/ring: 6 townships to drop. Red color/ring: 10 new townships to add

The geographic locations of focus under "Defeat Malaria" may change only if new documented needs support this and/or changes in the NMCP priorities. In addition, geographic shifts are subject to the availability of funds and PMI approval.

4. Activity Description

4.1 Goal

The goal of "Defeat Malaria" is to reduce the malaria burden and control artemisinin-resistant malaria in the targeted areas, and contribute to the long-term national goal of eliminating malaria. This will be achieved by expanding coverage of community-based prevention and case management services from one million to three million people, and prioritizing highly endemic

and hard-to-reach areas, mobile and migrant populations, and Non-State Actor areas. This Activity will strengthen the capacity of local stakeholders, from national to peripheral level, to effectively lead, manage and implement interventions towards the goal of malaria elimination. "Defeat Malaria" will also strengthen the malaria surveillance system to better inform response and control strategies, and promote the involvement of communities and the private sector in control initiatives.

Other PMI-funded projects will be responsible for the procurement of malaria commodities, such as long lasting insecticidal nets (LLIN), rapid diagnostic tests (RDT), artemisinin-based combination therapy (ACT), laboratory and medical equipment, and the provision of technical assistance to the NMCP on forecasting, quantification, distribution, and monitoring of malaria supplies.

"Defeat Malaria" will complement other PMI-supported activities including therapeutic efficacy studies, training in malaria microscopy and epidemiology, strengthening of drug regulatory and quality assurance systems, technical assistance on entomology, and operational research.

"Defeat Malaria" will contribute to the U.S. Embassy Rangoon's Integrated Country Strategy (ICS 2014)[8] Goal four: Burmese people, households, communities and systems are more stable, cohesive, and healthy.

The objectives and approaches of "Defeat Malaria" are in accordance with the updated PMI Strategy 2015–2020 and fully align with the objectives and principles articulated in the WHO's Strategy for Malaria Elimination in the GMS[9] (2015–2030).

"Defeat Malaria" is anticipated to support the malaria control efforts at both the national and in targeted areas at state/region, township, village, and community levels, including Non-State Actor areas.

Activities at the national level will focus on capacity building of the MoH staff, particularly in the field of malaria surveillance, quality assurance for malaria diagnosis, epidemiology and entomology. At peripheral levels, "Defeat Malaria" will provide comprehensive support for the prevention and community-based case management activities in the selected priority states/regions, as described in section 3.

With the continued progress seen in recent years, an increasing heterogeneity in incidence and transmission rates will likely become more apparent across the country, with some areas rapidly progressing from control to elimination phase, whereas some other areas and population groups will be characterized by persistent pockets of higher transmission. Considering the evolving epidemiological situation and variable impact of control efforts, a flexible and adaptive approach tailored to the local context would be needed.

[8] Integrated Country Strategy, Burma 2015-1017

[9] iris.wpro.who.int/bitstream/handle/10665.1/10945/9789290617181_eng.pdf?sequence=1

4.2 Objectives, activities and expected results

Four intermediate objectives are proposed in order to achieve the goal of controlling artemisinin-resistant malaria and ultimately eliminating malaria:

Objective 1: Achieve and maintain universal coverage of at-risk populations with proven vector control and case management interventions, while promoting the testing of new tools and approaches, targeting areas with difficult accessibility, foci of artemisinin resistance, residual malaria transmission, and among mobile and migrant populations.

Objective 2: Strengthen the malaria surveillance system to better inform the deployment and targeting of appropriate responses and control strategies.

Objective 3: Enhance technical and operational capacity of the health staff at all levels of service provision, particularly via support for health systems strengthening and human capacity development.

Objective 4: Promote the involvement of communities, private healthcare providers, private companies and state-owned enterprises in malaria control initiatives.

Objective 1: Achieve and maintain universal coverage of at-risk populations with proven vector control and case management interventions, while promoting the testing of new tools and approaches, targeting areas with difficult accessibility, foci of artemisinin resistance, residual malaria transmission, and among mobile and migrant populations.

Activities

The expected geographic locations of these activities are three priority states/regions: Tanintharyi, Kayin, and Rakhine (including Non-State Actor areas).

1.1 *Ensure the distribution of LLINs, diagnostics, and quality-assured medicines to the beneficiary populations, health services and collaborating Village Malaria Workers (VMW) in the targeted areas.*

"Defeat Malaria" will coordinate with all stakeholders (NMCP, development partners, health services, communities) in planning activities and will carry out the routine distribution of LLINs, RDTs, antimalarial drugs (e.g. ACTs, chloroquine, primaquine) and other medical supplies, as necessary, to the targeted beneficiary populations, health services and VMWs. All commodities will be procured and supplied by other PMI-supported projects. "Defeat Malaria" will be in charge of their distribution from the national level to the targeted areas.

1.2 *Support vector control measures, in particular the distribution of LLINs, promoting their use and monitoring their durability.*

"Defeat Malaria" will support the distribution of LLINs and supportive behavior change communication (BCC) activities to promote the use of LLINs through campaigns and routine systems to ensure access and utilization by all targeted beneficiaries.

"Defeat Malaria" may be requested in the latter years of the project to assume responsibility of the LLIN durability monitoring already started in Tamu township (Sagaing Region). Under this scenario, once a year in 2017, 2018 and 2019, the physical and insecticidal durability of two cohorts of two different brands of LLINs will be assessed with household surveys and bio-assay analysis.

1.3 *Ensure early diagnosis and appropriate treatment of all clinical malaria cases.*

"Defeat Malaria" will support training, supportive supervision, on-the-job mentoring, and quality assurance of health services staff and VMWs to ensure that all suspected malaria cases are correctly assessed, tested with good-quality microscopy or RDTs, and provided prompt and appropriate treatment in line with the National Malaria Treatment Guidelines.

Innovative approaches will be proposed and tested to involve the private sector (from traditional healers to outlets and private clinics) in the management and data reporting of malaria cases (See activity 4.2 for related information).

1.4 *Strengthen and expand the network of VMWs to improve access to basic diagnostics and treatment services (RDTs and ACTs), particularly for high-risk and hard-to-reach populations.*

"Defeat Malaria" will maintain and expand the network of about 1,000 VMWs established by the current CAP-Malaria Project in Tanintharyi, Kayin, and South Rakhine. The Activity will focus on maintaining the drop-out rate at an acceptable level (<15% per year), conducting regular supervision and refresher trainings, ensuring VMWs are properly equipped, and improving their motivation and performances. New VMWs will be identified, trained, equipped and supported in all new communities covered by the "Defeat Malaria" Activity.

VMWs will support community mobilization and BCC to ensure access to and awareness of malaria prevention and control interventions among targeted populations. The Activity will also ensure supportive supervision and reporting structures are in place to effectively monitor VMW performance and ensure their activities are integrated within the MoH system.

Where feasible and appropriate, "Defeat Malaria" will integrate VMWs into other community-based programs, such as tuberculosis control and integrated Community Case Management (iCCM), in coordination with the concerned MoH departments and health development partners.

1.5 *Conduct operational research to pilot promising new tools and approaches to reduce malaria transmission as directed by PMI, in consultation with the NMCP.*

In situations where the deployment of standard control measures and strategies are unable to further reduce the force of transmission to elimination levels, the pilot testing of promising new tools and approaches, both in the vector control and case management fields, will be considered, particularly in foci of artemisinin resistance, among mobile and migrant populations, and in areas with difficult accessibility or residual malaria transmission.

Operational research activities will also be conducted to address key technical questions and key implementation challenges. All activities will be directed and carried out in consultation with NMCP and PMI, and will be subject to PMI operational research committee approval. Findings and data will be properly evaluated, documented, and shared with PMI, NMCP, and all interested partners. Publication of the results in peer-reviewed journals is encouraged.

Expected Results

- 100% of supplied commodities (bed-nets, diagnostics, medicines) are distributed as planned.
- 90% of VMWs report no stock-outs of RDTs and antimalarial medicines longer than one week during the past 3 months.
- 85% of the households in the targeted areas have at least one LLIN.
- At least 70% of at-risk population slept under an LLIN the previous night.
- 90% of training activities are carried out as planned.
- 90% of all reported malaria cases are confirmed by a diagnostic test (microscopy or RDTs)
- At least 95% of those patients found positive for malaria receive appropriate treatment, according to National Malaria Treatment Guidelines.
- 90% of VMWs received at least two supervisory visits per year.
- All operational research activities, and pilot testing of innovative tools and delivery approaches approved in the annual work plans and by the PMI operational research committee are implemented and evaluated as planned.

Objective 2: Strengthen the malaria surveillance system to better inform the deployment and targeting of appropriate responses and control strategies.

Activities

Activities will be implemented at both the national level and in targeted areas at peripheral levels (states/regions, townships, villages, community and ethnic organizations, including Non-State Actor areas).

2.1 *Strengthen the malaria surveillance system, improve data management capacity at all levels of the health system, from village to central level, and support appropriate information technology to facilitate data collection, reporting, and use*.

According to recent evaluations[10], the current paper-based malaria case reporting system is well designed, appropriate for the capacity of the health staff, and works well at lower levels of the health system (states/regions, townships, villages). However, challenges arise when this large amount of data, entered in Excel spreadsheet, need to be managed, analyzed, and

[10] Assessment of malaria surveillance in Myanmar. Consultancy report of J.Cox and S.Mellor. Malaria Consortium. July 2013

reported at the central level. In addition, because at the central level the system does not capture village information for malaria cases, it is not presently possible to disaggregate malaria data below the township level.

In recent years, attempts to improve the electronic data management system with a new appropriate and sustainable platform have been supported by several donors (The Global Fund, JICA, PMI, and possibly the ADB), but a final product has not yet been agreed upon and pilot testing of different platforms is still underway.

"Defeat Malaria" will proceed with improvement efforts in close coordination with NMCP, WHO, PMI and all stakeholders and partners involved in this sector. Once a final decision is made on what kind of electronic platform to use, support will focus on the implementation of the new system in the targeted areas, from state/region to village levels. Implementation activities could include training and supervision of staff, provision of hardware and installation of software packages.

2.2 *Support the implementation and regular updating of the new village-based malaria stratification framework, mapping high-risk areas and populations and helping to plan and target control interventions to those areas*.

As mentioned in section 2.4, a new revised stratification framework has been adopted, based on API and TPR as the main stratification criteria rather than ecological and social risk factors. This new framework, which relies on the accurate and complete compilation of the village-level database, will provide information on the annual incidence of malaria cases for individual villages.

"Defeat Malaria" will support the implementation of this new framework in all communities where it is working. Activities will include organizing training courses, providing supportive supervision for all staff involved in the process, and ensuring timely and regular collection of data from the network of VMWs.

Particular attention will be given to building data management, analysis, and decision making capacity of township-level health offices.

2.3 *In elimination areas, pilot test and scale-up a system for rapid detection and notification of malaria cases, case and contact investigations, and prompt deployment of appropriate response interventions.*

In line with NMCP policies and PMI guidelines, "Defeat Malaria" is expected to pilot test, evaluate and scale-up a system for rapid detection and reporting of all diagnosed malaria infections, case-investigation and contact tracing, and carry out appropriate responses and control activities, in select townships with very low malaria transmission.

Additionally, considering the rapidly increasing coverage of mobile phone networks, the introduction of reporting systems based on mobile technology may be considered to support real-time reporting to facilitate timely response.

2.4 *Conduct entomological monitoring in representative sentinel sites to monitor vector bionomics, behavior, insecticide resistance and potential breeding sites. Additional entomological surveys may be carried out in areas identified as foci or hot-spots at the request of PMI and the NMCP to guide program planning and implementation.*

"Defeat Malaria" will continue to carry out the entomological monitoring activities currently supported under the CAP-Malaria Project. Entomological monitoring will be streamlined to address specific programmatic questions rather than focus on routine longitudinal surveys that may not yield the information needed for stratification, targeting and monitoring of interventions. A basic entomological monitoring package, specifying the sentinel sites and the core parameters, will be designed at the beginning of the first year of the award and submitted to PMI for revision and approval. This package is expected to enable more sites to address a fewer number of basic parameters.

In particular situations, additional entomological surveys with supplementary indicators may be required to address specific operational problems.

Expected Results

- 90% of health facilities and VMWs in the targeted areas (3 priority states/regions) collect and report monthly data of malaria cases on time.
- Village-based stratification mapping progressively implemented and regularly updated, based on accurate parasitological and epidemiological indicators.
- A system for rapid detection and notification of malaria cases, case and contact investigation, and prompt deployment of response interventions pilot tested and scaled-up, as appropriate, in targeted elimination areas.
- 90% of the planned entomological monitoring activities carried out at sentinel sites.

Objective 3: Enhance technical and operational capacity of the NMCP at all levels of service provision, particularly supporting health systems strengthening and human capacity development.

Activities

Activities will be implemented at both the national level and in targeted areas at peripheral levels (states/regions, townships, villages, community and ethnic organizations, including Non-State Actor areas).

3.1 *Improve skills and job performance of staff involved in malaria control, particularly on epidemiology, surveillance, entomology and vector control, through supportive supervision and training at peripheral and national levels.*

"Defeat Malaria" will strengthen capacity of stakeholders, from national to peripheral level, to lead, manage and implement prevention, control and elimination interventions.

Specific activities may include:

- Organization of training courses, on-the-job mentoring, workshops, conferences and other activities aimed at improving the skills of health staff;
- Supportive supervision and quality assurance activities to ensure that stock management, entomological monitoring and vector control, data collection, reporting and use are performed with the highest quality and according to national guidelines;
- Technical assistance to strengthen key staff capacity at national and health facility levels in planning, resource allocation, budgeting, personnel management, monitoring & evaluation, communication methods, commodities procurement and logistics.

"Defeat Malaria" staff will participate in all national and subnational level malaria Technical Strategic Groups and meetings, and, with PMI concurrence, may be requested to also attend some regional and international meetings.

3.2 *Strengthen the quality of malaria parasitological diagnosis through a Quality Assurance/Quality Control program covering all diagnostics methods used in the targeted areas: microscopy, RDTs and other potential new techniques.*

"Defeat Malaria" is expected to build on the work already done by the current CAP-Malaria Project. The capacity building and technical assistance could include:

- Collaboration in reviewing and updating national policies and guidelines on malaria diagnosis;
- Collaboration in updating, and implementing in the targeted peripheral areas, the national malaria microscopy quality assurance program;
- Support to the national malaria reference laboratory (if and when it will be established);
- Participation in supervisory visits of malaria microscopy facilities and support to the validation of the malaria slides results;
- Pilot testing of new promising diagnostic methods.

The above mentioned activities will be conducted in strict coordination with NMCP, WHO and all other old and new partners involved in this sector.

Expected Results

- 90% of training courses accomplished as planned.
- 90% of targeted health services received at least two supervisory visits per year.
- A quality assurance system for malaria parasitological diagnosis well established and well-functioning, with 80% of the targeted laboratories meeting minimum quality standards.

Objective 4: Promote the involvement of communities, private healthcare providers, private companies and state-owned enterprises in malaria control initiatives.

Activities

The expected geographical focus of these activities is: Tanintharyi Region, Kayin State, and South and North Rakhine State (including Non-State Actor areas).

4.1 *Strengthen BCC and community mobilization activities to promote the sustained use of preventive methods, the timely use of community and facility-based health services, the adherence to prescribed treatment, and the collaboration in the testing of new tools and approaches.*

"Defeat Malaria" will implement BCC and community mobilization through appropriate channels and with the participation of the VMW network as well as any other relevant traditional and community-based groups (Auxiliary Midwives, etc.). Innovative approaches will be introduced and evaluated, in particular among mobile & migrant populations and vulnerable and difficult-to-reach groups. Support will also be provided to community-based organizations and groups to conduct behavior change and community mobilization activities, as appropriate.

4.2 *Strengthen and expand training, supportive supervision, and provision of diagnostics and quality-assured antimalarial drugs to private health care providers involved in the management of malaria cases.*

"Defeat Malaria" is expected to further develop and extend the activities implemented in recent years with PMI support in this sector. Initiatives will be undertaken to involve private health care providers, including outlets and traditional healers, in the appropriate management and reporting of malaria cases. This could include:

- Organization of training activities;
- Provision of diagnostics and quality-assured antimalarial drugs, with strict monitoring of their utilization according to good practice and national guidelines;
- Implementation of regular supervisory visits;
- Facilitation of regular reporting of malaria cases, using suitable reporting forms and electronic reporting tools, as appropriate.

4.3 *Promote engagement of private companies and state-owned enterprises in malaria prevention and control activities through Corporate Social Responsibility (CSR) initiatives and champions.*

Several companies and enterprises are already supporting malaria prevention and control initiatives for their employees and local communities[11]. Additionally, a meeting[12], a forum[13]

[11] In Tanintharyi Region, more than 40,000 people benefit from the CSR activities of Dagon International, Total E&P, South Dagon/Golden Flower, Yuzana.

[12] First Regional Meeting on "Corporate Sector Engagement in Malaria Control in the Asia-Pacific". Yangon, September 29, 2014

[13] Forum on "Corporate Sectors and Non-State Actors response to the threat of artemisinin resistance in Myanmar". Yangon, November 25-26, 2013

and business coalitions[14] have been organized to promote the engagement of the corporate private sector in malaria control.

"Defeat Malaria" is expected to further promote engagement from private companies, state-owned enterprises, and business organizations, collaborating in the implementation of training courses, health education activities, and facilitating data collection and reporting.

4.4 *Collaborate with US Peace Corps Volunteers involved in malaria control and prevention activities at township and community levels.*

The US Peace Corps expect to start activities in Burma in 2016. As experienced in other PMI countries, Peace Corps Volunteers can be extremely useful supporters of malaria related activities. Possible collaboration could include health education and assistance with data collection, reporting and analysis in townships where both "Defeat Malaria" and Peace Corps are present.

Expected Results

- Behavior change, communications and community mobilization activities targeting household members, community organizations, and groups implemented as planned.
- At least one health education session, ideally held on International Malaria Day, promoting malaria control initiatives is conducted each year with participation from collaborating companies and enterprises.

[14] Signature of the MoU of the "Myanmar Business Coalition on CSR". Yangon, January 22, 2014

ACRONYMS

ACT	Artemisinin-based Combination Therapy
ADB	Asian Development Bank
API	Annual Parasite Incidence
BCC	Behavior Change Communication
BMGF	Bill & Melinda Gates Foundation
CDC	U.S. Centers for Disease Control and Prevention
CSR	Corporate Social Responsibility
DFAT	Australia's Department of Foreign Affairs and Trade
DFID	Department for International Development
ERAR	Emergency Response to Artemisinin Resistance
GMS	Greater Mekong Sub-region
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
iCCM	Integrated Community Case Management
ICS	Integrated Country Strategy
JICA	Japan International Cooperation Agency
LLIN	Long Lasting Insecticidal Net
MARC	Myanmar Artemisinin Resistance Containment Project
MMFO	Malaria Management Field Operation
MoH	Ministry of Health
NMCP	National Malaria Control Program
NSP	National Strategic Plan
PLE	Project for Local Empowerment
PMI	President's Malaria Initiative
PSI	Population Services International
RAI	Regional Artemisinin Initiative
RDT	Rapid Diagnostic Test
3DF	Three Diseases Fund
3MDG	Three Millennium Development Goal Fund
TPR	Test Positivity Rate
TSG	Technical Strategic Group
TSP	Township
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

USP	United States Pharmacopeia
VBDC	Vector Born Disease Control
VMW	Village Malaria Worker
WHO	World Health Organization

Technical Evaluation Criteria of “Defeat Malaria” Activity

Technical applications will be reviewed and evaluated by a Technical Evaluation Committee (TEC) using the criteria described below.

Evaluation Criteria

The following are the technical evaluation criteria (listed in descending order of importance) against which proposals will be evaluated and scored:

1. Technical Approach
2. Management Plan
3. Staffing Pattern
4. Institutional Capability

1. Technical Approach

The Technical Approach will be evaluated on the degree to which the Applicant describes an approach that is technically sound and appropriate to the different epidemiological, socio-cultural and ethnic, and geographic settings.

2. Management Approach

The Management Approach will be evaluated on the extent to which the draft work plan provides an efficient, logical, and feasible approach to implementing the activities and coordinating with all actors involved in malaria control at national and peripheral levels.

3. Staffing Pattern

The Staffing Pattern will be evaluated on the qualifications and relevant experiences of key personnel and to the extent to which the organizational structure of proposed staff is relevant and appropriate to the successful implementation of activities.

4. Institutional Capability

The Institutional Capacity will be evaluated on how the organizational and technical capability and experience of the organization will ensure the achievement of the objectives and expected results.

Instructions to Applicants

Instructions for the preparation of the Technical Proposal

Technical Proposals must demonstrate how the Applicant intends to carry out the Activity Description. Technical Proposals must be specific, complete, and concise and show Applicant's capabilities and expertise to achieve the objectives of the Activity, taking into account the local context and challenges.

1. Format

The length of the Technical Proposal may not exceed 20 pages for the Proposal Executive Summary and Activity Narrative. Not included in the page limitation are the cover page, table of contents, and acronym table. Individual page limitations for the Annexes are identified below.

The Technical Proposal shall include the following sections:

- Cover Page (Does not count against page limitations)
- Proposal Executive Summary (not to exceed 1 page)
- Activity Narrative (not to exceed 19 pages)
  - Technical Approach
  - Management Plan
  - Staffing Pattern
  - Institutional Capacity
- Annexes
  - Annex A: Draft Work Plan (7 pages)
  - Annex B: Draft Monitoring and Evaluation Plan (5 pages)
  - Annex C: Organizational Chart (1 page)
  - Annex D: Staffing Plan (5 pages)

2. Detailed Content Requirements

2.1 Cover Page

It includes the names of the organizations/institutions involved in the proposal with a clear indication of the prime Applicant. It also provides information of the primary and alternate contact person, (by name, title, organization, mailing address, telephone number and email address).

2.2 Executive Summary

The Executive Summary must provide a high-level overview of key elements of the Technical Proposal, as well as including outlines of the proposed monitoring and evaluation, staffing, and management plans.

2.3 Technical Approach

The Applicants will describe the proposed programmatic approach to achieve the four key objectives presented in the Activity Description, where illustrative activities and expected results have been outlined for each of the key objectives. The Applicants are encouraged to articulate their own customized and creative technical methods and adapted approaches to accomplishing the key results.

2.4 Management Plan

Applicants will submit a management plan which discusses the overall management approach and organizational structure, including the roles and responsibilities of key sub-recipients, and home office staff.

Applicants should describe the relationship between the prime and any proposed sub-recipient and how the sub-award(s) will be effectively managed to ensure that activities are implemented as planned and objectives are met. The Plan should describe the lines of authority within the program, the management structure and the respective areas of responsibility across sub-recipients and other partners (if applicable).

The proposal will portray the Applicant's familiarity with the range of national and international actors involved in malaria control in Burma, and describe the approaches to establishing collaborative relationships with all concerned stakeholders, from national to community level.

A Draft Work Plan (Annex A) will describe the overall outline of the main activities proposed during the project lifetime, with a more detailed plan of the first year.

A Draft Monitoring and Evaluation Plan (Annex B) will provide an overview of the proposed indicators to monitor interventions and measure results, and related data collection methods.

2.6 Staffing Plan

Applicants will present a Staffing Plan (Annex D), which includes a narrative description and an Organizational Chart (Annex C), that explains how the proposed combination of key personnel, long-term staff, and short-term technical assistance will collectively possess the required technical expertise and skills to lead the activities and deliver the expected results.

The Staffing Plan will include a clear description of the qualifications, professional expertise, experience and skills set of the required key personnel: tbd.

The Staffing Plan must also clarify how the Applicant will maximize the use of local professionals and sub-recipients to create a strong sense of local leadership, as well as where they believe international short-term and long-term staff will still be required.

2.7 Institutional Capability

Applicants will furnish evidence that they, along with any proposed sub-recipients, have the ability to effectively plan, implement, and monitor the proposed activities in the targeted areas.

The Applicants will provide information of recent and existing programs in the health and malaria sectors, in particular if similar programs have been implemented in the region and in the targeted areas.