SUBJECT: BROAD AGENCY ANNOUNCEMENT (BAA) NO. BAA-ROAA-ENDTB-2019

AMENDMENT NO. 3

PROJECT NAME: ACCELERATOR TO END TUBERCULOSIS IN INDIA

Dear Applicants,

Amendment No. 3 to the subject BAA is issued to post the Webinar Presentation. The Webinar was conducted on April 22, 2019.

Refer to the following pages for viewing the presentation.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
American Embassy
Chanakyapuri
New Delhi 110 021 Tel: 91-11-24198000 Fax: 91-11-24198612
www.usaid.gov/in

USAID
FROM THE AMERICAN PEOPLE

Introducing the Broad Agency Announcement for the Accelerator to End TB in India

The USAID India Health Office

Agenda

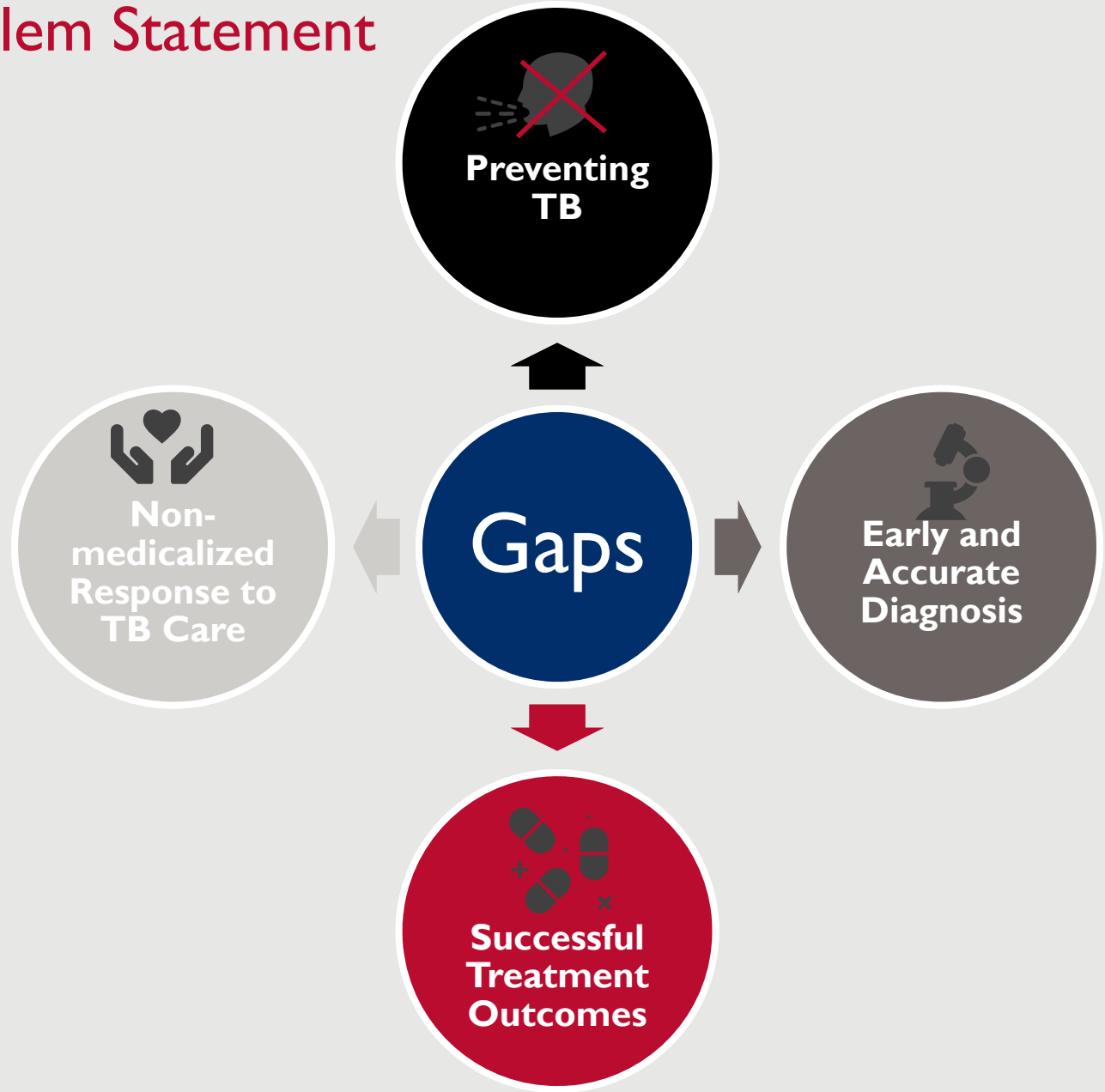
4:00 - 4:05 pm Regional Office of Acquisition and Assistance (ROAA) and Health Office welcome

4:05 - 4:25 pm Presentation

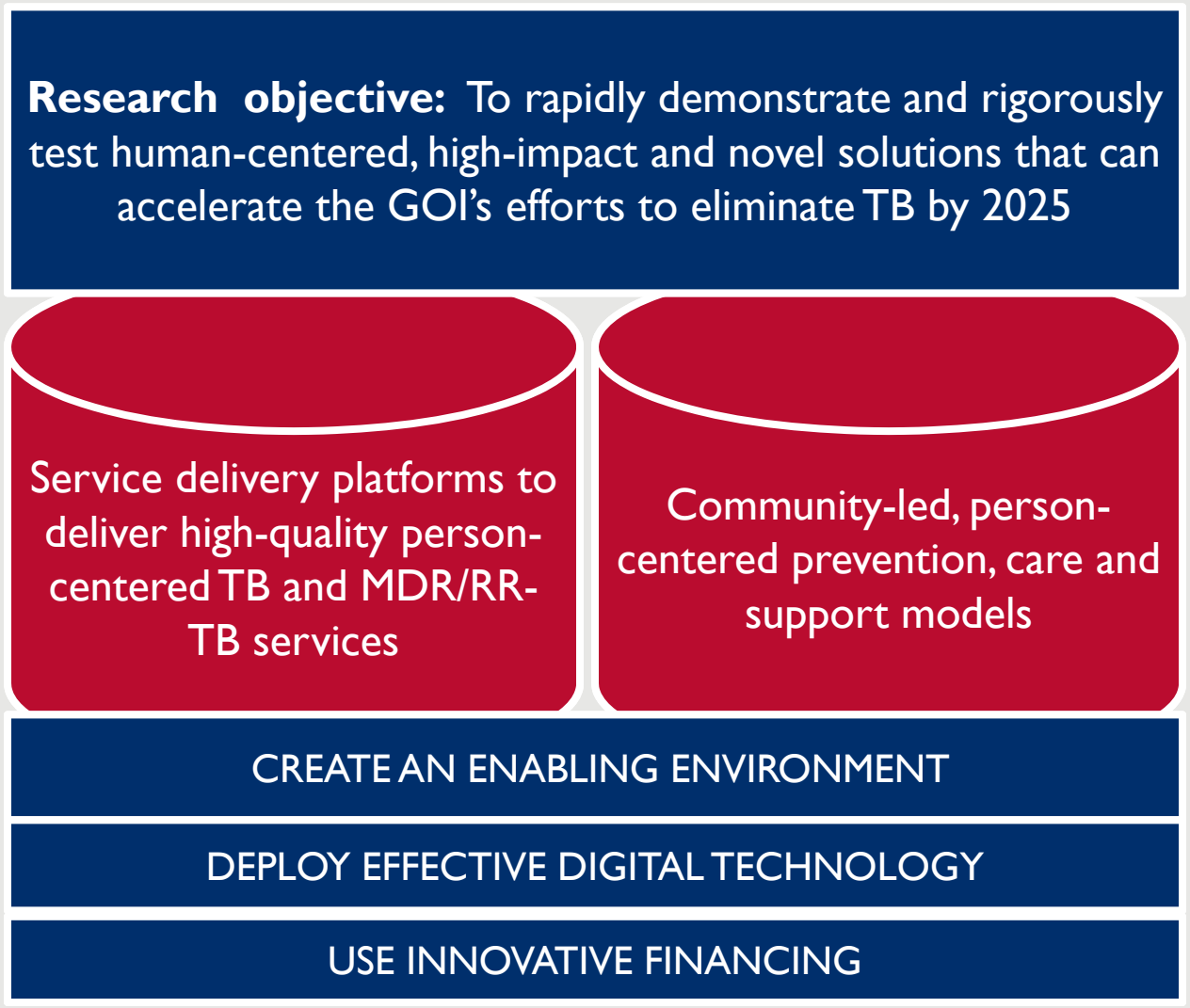
4: 25 - 5:55 pm Question and answers facilitated by ROAA

5:55 - 6:00 pm Closing remarks by ROAA

The Problem Statement



Accelerator to End TB (including MDR/RR- TB) in India



The Pillars

Strengthening service delivery platforms to deliver high-quality patient-centered TB and MDR/RR-TB services by:

- *Maximizing the impact of quality prevention, diagnostic and treatment services*
- *Working in both public and private facilities across all cadres of personnel*
- *Ensuring the right knowledge, skills and attitudes, in the right places with the right motivation*
- *Modeling differentiated patient-centric care using strategies and approaches generated through state-of-the-art tools and evidence*

Demonstrating community-led, person-centered prevention, care and support models by:

- *Testing models where communities and families are instrumental in delivering differentiated care for populations that may have unique challenges accessing services*
- *Designing custom made services tailored to the needs of vulnerable people such as those with MDR/RR-TB, children, people living with HIV, diabetics, tobacco users and alcohol dependents, and more*
- *Enabling women to overcome stigma, discrimination and other barriers in accessing TB services*
- *Measuring the impact of community-based activities and associated costs to the patient and the health system*

Cross-cutting areas

Create an enabling environment

- *Propose evidence- based solutions to address bottlenecks that hinder an enabling environment*
- *Take a holistic approach to the needs and environment of people affected by TB including MRD/RR-TB*
- *Focus on positive interventions that do not further stigmatize or prevent access*
- *Acknowledge the importance of positive, inclusive language*
- *Put the patient at the center of action*

Deploy effective digital technologies to amplify impact

- *Solve gaps across any part of the prevention, care and treatment cascade (i.e. the patient, frontline workers, labs, physicians, etc.)*
- *Address concerns around care seeking, screening, diagnostic and notification, treatment initiation, and adherence and treatment support*
- *Explore solutions beyond the initial innovation stage, and have some degree of market readiness are preferred*
- *Provide access in rural and remote areas with limited connectivity and electricity*

Use innovative financing approaches

- *Identify innovative solutions for patient side and facility side financing challenges*
- *Propose effective approaches to reduce the financial burden on individuals and families affected with TB*
- *Identify financing approaches that can improve institutions' ability to cost-effectively bring state-of-the-art diagnosis, treatment and care to those affected by TB, while focusing more on results and outcomes*

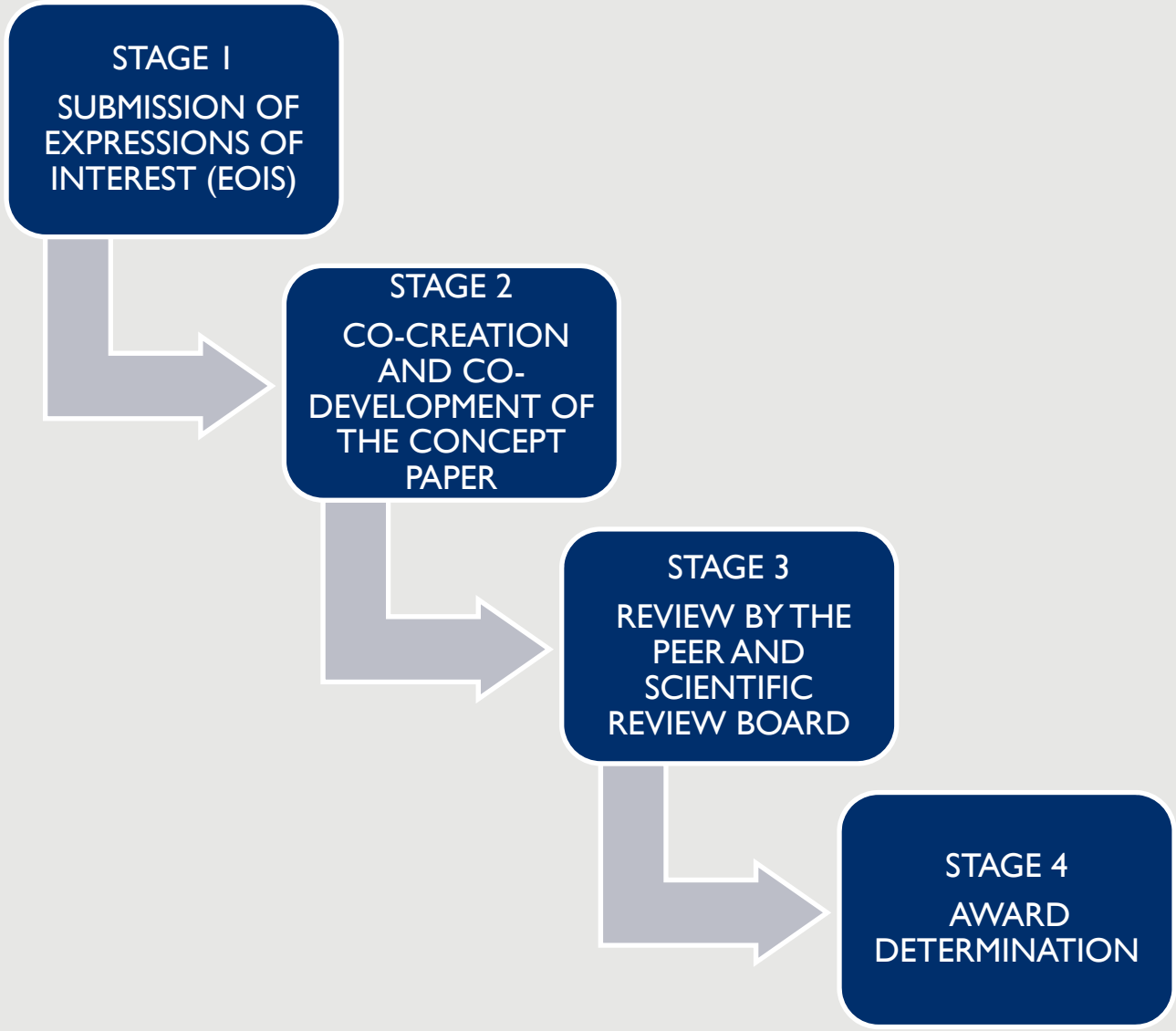
What we are looking for

- Evidence-based ideas, including creativity of the given approach and clear differentiation from existing approaches
- Cost-conscious and adaptable for Indian settings, particularly at the sub-national level
- Ability to be scaled rapidly and cost effectively in an Indian context
- Strong likelihood of achieving a substantial impact
- Ability to make significant improvements within the first year of demonstration

We are NOT looking for

- Research that does not provide a clear path to development and testing of intervention strategies
- Solutions that are less efficacious than current technologies or approaches
- Proven approaches that are already in use in the field
- Basic research, clinical trials or laboratory-intensive research
- Discovery science, capacity-building-only initiatives, ongoing programmatic funding or infrastructure development

The BAA Process



All EOI's must

A. Be In English, no more than 2 pages in length, and no smaller than 12 point font;

B. Be submitted electronically to indiarco@usaid.gov;

C. Contain a header with the following information (included in the page count):

a. Respondent Name/Group and Contact Information;

b. Response Title;

c. BAA Addendum Name/Number;

d. Optional graphic that fits on an 8.5"x11" or A4 piece of paper (included in the page limit);

D. Be in .pdf, .docx, or .odf format


For more information please
contact indiarco@usaid.gov
USAID
FROM THE AMERICAN PEOPLE