Management Response & Recommendations Action Plan

Evaluation Report Title: Myanmar Artemisinin Monotherapy Replacement Project (AMTR) Independent Evaluation

Response to Evaluation Report (overarching narrative)

This report provides a balanced view of the AMTR program. It has highlighted the strengths of the program but also pointed out areas for future improvement. Crucially, it has underlined the complexity of the program especially given that the project has been implemented in a rapidly changing context (epidemiological, political, and market changes) which have undermined some of the assumptions made at the program inception. The project has quickly adapted to these contextual and epidemiological changes. Although these changes have constrained progress against some indicators, the continued versatility and adaptability of the project as well as the support and flexibility of donors was crucial to ensure a successful implementation of the project.

We support the overall conclusions highlighted in the report at pg. 7, which describe how the program has been effective, efficient and relevant, and has created a significant impact in shaping the private sector market for antimalarial drugs in Myanmar. We believe that the project has largely worked with the market to deliver the subsidy for quality-assured ACT and we support the idea of exploring the most appropriate way to continue delivering a subsidy for quality-assured ACT.

At pg. 7, the report mentioned that the project was only marginally effective in increasing the use of RDTs for malaria diagnosis in the private sector. As the report indicated, there were significant delays in RDT implementation, which were due to external factors. While building the confidence of this sector has been more challenging than with providers with more medical training, the testing rates have steadily increased in 2016 (during the first year of the roll out of RDTs) and began to take off in mid-2017 after the date of the evaluation. Caseload data from 2017 demonstrates the potential of this network to increase testing and treatment – often in some of the harder to reach areas in the country.

Point 2 on pg 55 implies that the program should disengage with certain type of providers. As Myanmar moves towards elimination, PSI agrees that certain type of outlets will phase out naturally over time, and the general retailers are likely to be among the first to do so. However, PSI also believes that this is not really the policymaker's choice, and disengagement should be based on a case-by-case basis. If the project actively choses to disengage with a whole category of providers, while individuals from among those providers actually wish to continue to provide malaria testing and treatment, those providers would likely seek out alternative sources of commodity supply such as oAMT, and this raises the risk of resurgence.

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Recommendations	Accepted or Rejected	If "Accepted", Action plan for Implementation or if "Rejected", Reason for Rejection
This evaluation clearly showed that further interventions will be needed in the private sector and markets for diagnostics and QA-ACT. It is recommended that donors engage in a way that supports existing market mechanisms with the primary goal to: Maximise the adequate treatment of Plasmodium falciparum cases in the private sector in Myanmar and thereby contribute to transmission reduction and containment of Artemisinin resistance.	Accepted	DFID has continued engaged with 3 MDG Fund, Global Fund (RAI) and other donors to support existing market mechanism and for further interventions focusing on the private sector.
a Phase out general retail shops as malaria treatment and diagnosis providers. These outlets are already showing a declining trend in fever patient's preference but are also are undesirable in the new scenario of primary diagnosis with RDT and relatively few actual ACT treatments with a need of high compliance.	Accepted (partially)	PSI has already started to disengage those providers who are showing a decline trend in fever patient's preference. However, while we expect that the general retailer shops will naturally phase out as Myanmar moves towards elimination, we believe that those who are still testing and treating should continue to be engaged to minimize the risk of oAMT resurgence.
Introduce comprehensive case reporting among private sector providers and feed this information into the HMIS system so that immediate action can be taken to address local transmission foci.	Accepted	PSI has already established a reporting system among AMTR network. Providers have been trained, monitored and appropriately incentivized on accurate monthly reporting. However, it is worthy to note that the private sector can only be expected to provide a minimal degree of reporting that is necessary, and it is unlikely to adopt a comprehensive reporting of negative cases.
Reduce as much as possible the number of suspicious fevers that do not see a provider but rather self-treat or do nothing at all. This is equivalent to an increased awareness that any fever that does not have an obvious cause (abscess etc.) needs to checked for malaria not only out of concern for the	Accepted	In 2018, with other donor support, PSI will be targeting at-risk groups under a community engagement initiative. The overall objective is to improve adherence to testing and treatment protocol, improving community based referral and influencing social norms about preventing measures. This will be achieved by directly engaging the community to co-design interventions. Embedded in this initiative will be both

patient possibly suffering from malaria (which will be increasingly rare) but as a responsibility to help eliminate the disease. It is not so important where these people end up going, the public or private sector, as long as they can then receive the next step which is proper diagnosis and adequate treatment. The experience on BCC from this project is positive but it is recommended that in new investments a detailed qualitative and formative data collection is undertaken in the targeted population on which then the design of BCC activities is based.		quantitative as well as qualitative ethnographic research that will demonstrate community knowledge and practice. This information will be useful to design culturally appropriate interventions as well as the development of BCC messages and tools within a malaria elimination context.
a Determine, through market analysis, the most appropriate way to deliver a subsidy for quality-assured ACT that works with the market (rather than against it)	Accepted	PSI will be happy to work with donors to identify the most appropriate way to deliver a subsidy
b Continue to provide a subsidy for quality-assured ACT (the level of the subsidy may have to be newly evaluated) c	Accepted	PSI has secured funding for 2018 to continue the level of subsidy for quality-assured ACT. However it is worthy to note that the evaluation report highlights that it is critical that a subsidy brings down the cost of QA-ACT to that of a partial dose of monotherapy (pg 8)
d Enforce the ban of oral AMT and implement measures that minimize import of non-licenced AMT as well as fake ACT and also minimize the leakage of ACT from the private sector e	Accepted	PSI has continued to raise awareness about oAMT availability both at the central as well as state/regional level, engaging the FDA when needed.