**Request for Proposals: NEDL2022**

**Annex 7: Questions from Bidders** (Ref. Paragraph 4.6)

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| **No.** | **RFP Section reference** | **Question** |
| **1** | 2.1. | What is the role of "Economic Research Institute for ASEAN and East Asia (ERIA)" in this assignment? |
| The Economic Research Institute for ASEAN and East Asia (ERIA) is the funding partner for this research project. Through this research with ERIA support, WHO will provide relevant policy recommendations to ASEAN and/or ERIA Member States, to improve access to essential, affordable, and quality in vitro diagnostics through the development of NEDLs. | | |
| **2** | 2.1 | Could WHO/ERIA support to extract the Model List of Essential In Vitro Diagnostics (EDL) – 2021 version?  (Currently only 2020 version is available) |
| The successful bidder, the Contractor, is expected to undertake all required activities in relation with this research project to be able to provide WHO with the deliverables stated in the RFP. The latest edition of the WHO Model List of Essential In Vitro Diagnostics (WHO EDL 3) is available here: ***The selection and use of essential in vitro diagnostics - TRS 1031 WHO Technical Report Series, No. 1031, 2021,* 29 January 2021, Meeting report** <https://www.who.int/publications/i/item/9789240019102>  The WHO EDL 3 is also available in an electronic application (eEDL) available here: <https://edl.who-healthtechnologies.org/> | | |
| **3** | 3.1 | To what extent will WHO country office can be available and supportive of this project to make sure we have support from the governments under Activity 2-2? |
| WHO regional offices and country offices are fully involved in this project. | | |
| **4** | 3.2.2 | What is the equivalent accreditation of ISO 9001?  If we are still in the process of applying for ISO9001 accreditation, could it be accepted?  If yes, can we submit the following documents to demonstrate that in our proposal?  • Contract with an ISO advisor  • Contract with an Accreditation Party  • Current workplan & other necessary documents |
| The successful bidder, the Contractor, doesn’t require a Quality Management System (QMS) certification, however, having such certification would be a desirable asset. If the bidder is currently involved in an on-going QMS certification process, then evidence of such process could be submitted as per Annex 4: Information about bidder, 1.1.3 Accreditations. | | |
| **5** | 3.2.4 | Is there a cap to the consultancy fees that can be used by the selected bidder if hiring consultants? |
| The bidder is expected to provide a financial proposal that includes a total price and breakdown per phase and per area of expertise. The bidder is responsible for estimating all applicable costs. Please refer to Annex 5 of the RFP document. WHO will evaluate the financial proposals as described in the RFP section 5.3 Evaluation of Proposals. WHO is an organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service. | | |
| **6** | 3.2.4 | Are there lab consultants that WHO works with, or has worked with in the past, and could recommended to the selected bidder to support the scope of work across the eight countries? |
| WHO can’t recommend consultants to the bidder. The bidder is expected to outline the roles and responsibilities of the personnel proposed for these services to be provided in the technical proposal. | | |
| **7** | 3.2.4 | Section 3.2.4 says, “WHO pays utmost attention to the level of qualification and experience of the individuals involved, and to continuity in the services. The profiles (no individual names required) of the personnel proposed for these services should be included in the technical proposal.”  However, Item 3.2.1 in Annex 4 requires “Name and CV of each team member.”  Therefore, would we need to declare each team member’s specific name in this case? |
| Yes, please submit CVs of each team member that shall be assigned to this project if awarded. | | |
| **8** | 3.2.4 | What is the level of detail required in the RFP in terms of the team that is put forward to support this project?   * Does WHO require resumes of every individual who will support the delivery of the project, or only the key individuals? * In instances where a project manager and other personnel will need to be hired in the event of a successful bid, how should that be accounted for in the project submission (e.g. an exact resume or profile of the person to be hired will not be available) |
| As per Annex 4: Information about Bidder, 3.2 Staff dedicated to the Project, the proposal should include detailed information regarding each team member expected to be dedicated to the research project, this information should include name and CV of each team member, the role/responsibilities that each member will have in the project, the time dedicated by each member to the project and contingency plans in the event of vacancy. The bidder should be able to provide all applicable information regarding the team members at the moment of the submission, it is the responsibility of the bidder to identify suitable personnel prior the submission of the proposal. | | |
| **9** | 3.3.1 | What priority of IVD test(s) to be checked in the gap analysis? if such prioritization exists  • In WHO’s Model List of Essential In Vitro Diagnostics (EDL), there are roughly ~150 different tests |
| The third edition of the WHO EDL lists 142 unique IVDs, the successful bidder, the contractor, is expected to conduct a gap analysis on the availability of in vitro diagnostics (IVD) in targeted ASEAN Member States in relation to all the IVDs listed in the EDL 3. | | |
| **10** | 3.3.1 | Would WHO later support in giving recommendation letter/invitation letter upon reaching to government entities?  • To facilitate us in reaching our local authority in charge of health e.g. Ministry of Health. |
| Depending on the specific request, WHO will provide some support to reaching local authorities in support of health | | |
| **11** | 3.3.1 | Does WHO (HQ, regional and country offices) ensure support  and assistance with initial formal introductions between the  Contactor and the ministries and other essential high-level  stakeholders in countries, in order to facilitate the collection of  information and ensure involvement of in-country stakeholders? |
| Depending on the specific request, WHO will provide some support to reaching local authorities in support of health | | |
| **12** | 3.3.1 | Under Activity 1-10, can WHO provide a clearer definition of value in “Provide information on the assessment process of the value of IVDs” |
| As for Health Technology Assessment | | |
| **13** | 3.3.1 | Under Activity 1-11, can WHO elaborate if “budget for diagnostics” is from nation/ state budget health insurance or personal pocket payment? |
| For both | | |
| **14** | 3.3.1 | Given the limited time frame, to what extent WHO expects us to collect data under Activity 1-1? |
| To the greater extent. | | |
| **15** | 3.3.1 | Can WHO confirm that all regional consultation meetings/ workshops will be virtual? |
| We are open to both possibilities | | |
| **16** | 3.3.1 | What is the timeframe/ duration of the strategy that WHO is expecting? |
| It will depend on the proposed activities to fill the gaps (likely 3 to 5 years) | | |
| **17** | 3.3.2 | It is stated that work will be performed remotely and at the same  time, it is also mentioned that workshops and meetings with the  MoH and WHO National Office should be organized. Can you  please clarify whether both, remote and on-site work, should be  included in this proposal, or only remote activities? |
| We are open to both possibilities | | |
| **18** | 3.3.3 | What is the expected start date for this grant? |
| 1 October 2022 | | |
| **19** | 3.3.3 | Is the start date for the work across each of the eight geographies expected to be the same, or is there flexibility in terms of when the 9-month period starts in each country? |
| The timeline for the entire research project is 9 months, within this time the successful bidder, the contractor, should be able to provide deliverables 1 and 2. Is up to the successful bidder to define its own timeline project plan to be able to cover all targeted countries within the period of 9 months since the date that the contract starts. | | |
| **20** | 3.3.3 | Can the timeline of the proposal (9 months) be extended? |
| no | | |
| **21** | 3.3.4 | It says, “format reporting by VC”, what does “VC” mean? |
| Video conference | | |
| **22** | 4.4 | If the selected contractor does not have an existing office or operator in some of the countries included in the RFP, will the local WHO offices in those countries be able to facilitate introductions and meetings with the MoH for the selected contractor to support the delivery of the scope of work? |
| Depending on the specific request, WHO will provide some support to reaching local authorities in support of health | | |
| **23** | 4.4 | Can bidders be awarded for only a subset of the eight countries listed in the RFP, either breaking the award into multiple parts or reducing the geographic scope? |
| No. | | |
| **24** | 4.5 | Can the selected bidder then sub-contract parts of the work to other organizations that are not included in the proposal submission if the need arises? |
| As per 7.13 Subcontracting: Any intention to subcontract aspects of the Contract must be specified in detail in the proposal submitted. Information concerning the subcontractor, including the qualifications of the staff proposed for use must be covered with same degree of thoroughness as for the prime contractor. No subcontracting will be permitted under the Contract unless it is proposed in the initial submission or formally agreed to by WHO at a later time. In any event, the total responsibility for the Contract remains with the Contractor. The Contractor shall be responsible for ensuring that any and all subcontracts shall be fully consistent with the Contract and shall not in any way prejudice the implementation of any of its provisions. | | |
| **25** | 4.12 | Regarding the Format of the proposal, is there any standard format required? If no, would MS Words or Power Points be accepted? |
| A PDF file is preferred, following the proposal structure presented in 4.12 and comply with all instructions, terms and specifications contained in, and submit all forms required pursuant to, this RFP. Please also read 4.7 Submission of Proposals. | | |
| **26** | 5.3 | Is the presence of local office bases in the project countries required in the bidder’s evaluation/scoring by WHO? Or is remote staffing sufficient? |
| The presence of local offices in targeted countries is not required. | | |
| **27** | 6.5 | When would be the expected start date of this project? |
| 1 October 2022 | | |
| **28** | 7.13 | Are consultants and interns considered personnel or sub-contractors that need prior approval? |
| Depends, if they are employees of the bidder then there is no need to specifically mention it. However, if they are not employees, then this should be mentioned as per section 7.13 | | |
| **29** | Annex 3 | Should we structure the package based on the order in the Checklist of Annex 3 (Proposal Completeness Form)? |
| Yes, it is ok to prepare the proposal in this order. | | |
| **30** | Annex 4 | Regarding “Bidder’s information”, where should it be positioned in the proposal structure? |
| It is recommended to follow the order proposed in Annex 3 Annex 3: Proposal Completeness Form | | |
| **31** | Annex 4 – Item 1.1.6 | If the bidder is a local subsidiary of a global group, is a set of financial statements for the past 3 years of the local subsidiary accepted? Or would it be required to have a set of the global group as well? |
| Local and global group please | | |
| **32** | Annex 4 – Item 1.2 | If the bidder has no history of bankruptcy, pending lawsuits or litigations, does the bidder still have to submit any document related to this section?  • If yes, does the bidder have to submit a declaration form saying the company has no history of bankruptcy, pending lawsuits or litigations? |
| Yes. | | |
| **33** | Annex 4 – Item 2.1 | If the bidder has relevant contractual relationship with international organizations in the field of public health/health system, instead of UN agencies, would the bidder list out the equivalent contractual relationships in this section? Or would it not be required in this section? |
| Yes, the bidder is expected to disclose relevant contractual projects with UN agencies or other contractors, for example NGOs. | | |
| **34** | Annex 4 – Item 4 | If we are co-proposing with a partner, is the partner classified as “sub-contractor” and therefore, we need to provide all information about the partner in Annex 4?  If so, does the sub-contractor also have to meet all requirements (accreditations, legal information, etc.)? |
| As per 4.5 Joint Proposal: Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. Such a proposal must be submitted in the name of one member of the consortium - hereinafter the “lead organization". The lead organization will be responsible for undertaking all negotiations and discussions with, and be the main point of contact for, WHO. The lead organization and each member of the consortium will be jointly and severally responsible for the proper performance of the contract.  For information regarding subcontracting please read 7.13 Subcontracting. | | |
| **35** | Annex 5 | Does WHO have a budget template, guidelines, and indirect cost policies that they can share with the bidders?  WHO’s standard indirect cost rate is 13%. Can bidder apply the same rate? |
| Indirect/Overhead costs are limited to 5-7% for non-profit institutions. | | |
| **36** | Annex 5 | Is the term “cost” in Annex 5 indicating the “total fee” that the bidder proposes for each item? |
|  | | |
| **37** | Annex 5 | Is there a budget of resources for this project or is it open to the bidder’s proposal? For example, budget for the “total number of man-months required” |
| The bidder is expected to provide a financial proposal that includes a total price and breakdown per phase and per area of expertise. The bidder is responsible for estimating all applicable costs. WHO will evaluate the financial proposals as described in the RFP section 5.3 Evaluation of Proposals. WHO is an organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service. | | |
| **38** | General | What will be the mechanism for approval for data collection in each target country and will this be expected to be included in the 9-month project timeline? |
| The timeline for the entire research project is 9 months, within this time the successful bidder, the contractor, should be able to provide deliverables 1 and 2. Is up to the successful bidder to define its own timeline project plan to be able to cover all targeted countries within the period of 9 months since the date that the contract starts. | | |
| **39** | General | Will successful organisations involved in the project be permitted to publish the findings in peer reviewed literature? |
| to be discussed between the selected contractor and WHO’s legal team | | |