# REQUEST FOR INFORMATION (RFI)

Posting date: 10 August 2023

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| Title | **[ Telehealth Services for WHO Staff Health Insurance Participants** | | |
| Reference Number | **2023/FNM/SHI/05** | | |
| Description | WHO is looking for solutions regionally or globally for virtual health care support (telehealth) for WHO Staff Health Insurance Participants. | | |
| Published Date | 10 August 2023 | | |
| Closing Date | 14 September 2023 |  |  |
| Contact Address for RFI response | Shi-governance@who.int | | |

1. Description of Requirements

**In this RFI, the World Health Organization (WHO) intends to identify potential suppliers and to gather ideas from industry for the interest and capabilities of Providers that can provide Telemedicine Services either regionally or globally. The purpose of this service is to provide access for the beneficiaries of WHO Staff Health Insurance to primary and specialty care services as well as to necessary prevention and mitigation measures, without the need for an in-person office visit].**

**This RFI will serve to conduct market research to identify firms capable of providing solutions for the above stated requirement. This market research shall be conducted at NO COST TO WHO. Suppliers may be requested, as part of this RFI, to present to WHO their product or service.**

*This announcement is a Request for Information (RFI), not a solicitation for offers, and accordingly, no contract will be awarded from this announcement. Vendors responses, as a result of this announcement, shall focus on providing recommendations for the requirements as detailed below and/or in the attached Specific Requirements Document. Information provided in the RFI may be used by WHO in solicitation documents.*

WHO appreciates your assistance with this market research and emphasizes that **this effort is for planning purposes only. Responses will not be treated as proposals but may be used to create any subsequent Request for Proposal (RFP) / Invitation to Bid (ITB).**

1. Specific Requirements / Information
   1. About WHO

### WHO Mission Statement

The World Health Organization was established in 1948 as a specialized agency of the United Nations. The objective of WHO (www.who.int) is the attainment by all peoples of the highest possible level of health. “Health”, as defined in the WHO Constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.

### Structure of WHO

The World Health Assembly (WHA) is the main governing body of WHO. It generally meets in Geneva in May of each year and is composed of delegations representing all 194 Member States. Its main function is to determine the policies of the Organization. In addition to its public health functions, the Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. It also considers reports of the WHO Executive Board, which it instructs with regard to matters upon which further action, study, investigation or report may be required.

The Executive Board is composed of 34 members elected for three-year terms. The main functions of the Board are to give effect to the decisions and policies of the WHA, to advise it and generally to facilitate its work. The Board normally meets twice a year; one meeting is usually in January, and the second is in May, following the World Health Assembly.

The WHO Secretariat consists of some 8,400 staff at the Organization's headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

### Description of Office/Region or Division/Service/Unit

The Staff Health Insurance (SHI) is in the Department of Finance (FNM) and is governed by the Global Oversight Committee under the leadership of the Director-General. This covers WHO, PAHO, UNAIDS, UNITAID, IARC and UNICC staff and former staff members and their eligible family members.

* 1. Overview

The SHI Fund provides for the medical reimbursement of a major portion of the expenses for medically recognized health care incurred by staff and former staff members and their eligible family members to the Insurance. The SHI is self-funded and self-administered.

**At the end of 2022, the WHO Staff Health Insurance plan covered around 33,000 active staff and their recognized family members and under 9,000 former staff and their recognized family members in 194 countries worldwide.**

WHO has six Regional Offices, and these are mentioned in the tables below.

Almost half of the active insured population (41%) is based in Geneva (WHO headquarters) and in the American region and both, represent 82% of the costs.

**2022 – % Population Versus Amount spent on Claims by Region for active staff – (data taken from WHO/SHI database)**

|  |  |  |
| --- | --- | --- |
| **Office / Location** | **Population** | **Costs** |
| HQ - Headquarters (Geneva), UNITAID, UNAIDS, IARC and ICC | 34% | 53% |
| PAHO - Americas | 7% | 29% |
| AFRO - African Region (Brazzaville) | 27% | 5% |
| EMRO - Eastern Mediterranean Region (Cairo) | 15% | 4% |
| EURO - European Region (Copenhagen) | 6% | 3% |
| SEARO - South East Asian Region (New Delhi) | 7% | 3% |
| WPRO - Western Pacific Region (Manila) | 5% | 3% |
| **Total** | **100%** | **100%** |

As regards to former staff, 60% reside in high cost areas (Europe and USA) and represent 88% of costs; the remaining 40% reside in the other regions mentioned below.

**2022 – % Population Versus Amount spent on Claims by Region for former staff – (data taken from WHO/SHI database)**

|  |  |  |
| --- | --- | --- |
| **Office / Location** | **Population** | **Costs** |
| HQ - Headquarters (Geneva), UNITAID, UNAIDS, IARC and ICC | 33% | 50% |
| PAHO - Americas | 27% | 38% |
| AFRO - African Region (Brazzaville) | 19% | 4% |
| EMRO - Eastern Mediterranean Region (Cairo) | 5% | 2% |
| EURO - European Region (Copenhagen) | 2% | 0% |
| SEARO - South East Asian Region (New Delhi) | 8% | 3% |
| WPRO - Western Pacific Region (Manila) | 6% | 2% |
| **Total** | **100%** | **100%** |

Like many health insurance schemes, the WHO SHI has a growing number of former staff (the present ratio is 2 active staff to 1 former staff).

**2.2. Definitions, Acronyms and Abbreviations**

|  |  |
| --- | --- |
| WHO | World Health Organization |
| SHI | Staff Health Insurance |
| ASHI | After Service Health Insurance |
| PAHO | Pan American Health Organization |
| IPSAS | International Public Sector Accounting Standards |
| UNICC | United Nations International Computing Centre |
| IARC | International Agency for Research on Cancer |
| UNITAID | UNITAID |
| UNAIDS | UNAIDS |

**2.3. RFI Objectives**

The purpose of this RFI is to solicit information from the Industry on the various available telehealth service solutions to provide easy access for WHO SHI Participants to affordable and world-class medical treatment without the need for an in-person doctor visit.

**2.5. High-level Description of Requirements**

**WHO is seeking to have more information about the available Telehealth Services, including:**

* **Territory:**
  + Regions serviceable: WHO would like to understand what countries and regions can the provider cover
  + WHO is interested in providing access to Telehealth Services for its active and former staff in 194 countries worldwide
  + WHO is interested in either a local (only for its HQ-Geneva area), a Regional (as listed under 2.2) or a global service coverage
* **Medical services offered**
  + WHO would like to understand what are the different available medical services within Telehealth Services
    - Emergency services:
      * Emergency Services offered
      * Number of ER telemedicine doctors
      * Hours for Emergency Triage services
      * Routing patients to most appropriate hospital for necessary services
      * Provide input on mode of transport to local emergency department
      * Facilitate admissions to hospitals
      * Coordination in relation to Medical evacuation
    - Primary care
      * Primary Care Services offered
      * Hours of Primary Care Services
      * Number of Primary Care doctors
      * Health care continuity: is it possible to talk to the same Primary Care doctor when the patient needs to have multiple discussions about the same medical condition?
      * Prescription capabilities
      * Recommendation on the closest (and open) pharmacy
      * Sick-leave recommendation and notes
    - Specialty care:
      * Cardiology Services offered
      * Hours of Cardiology services
      * Number of Cardiology telemedicine doctors
      * Additional Specialty Services offered
      * Hours of Specialty Services offered
      * Number of additional Specialty Services doctors
      * Consultation type (Doctor-to-Doctor/Doctor-to-Nurse/Doctor-to-Facility Staff)
      * Paediatric care offered:
        + what are the age limitations?
        + In which circumstances does an adult need to participate in the consultation?
      * What are those specialty care types that the provider cannot cover?
      * Interpretation of diagnostic tests
      * Second Medical Opinion & Treatment plan review and discussions
      * If needed, can the provider make a recommendation on a local (or closest) specialist in case of a need for an in-person doctor visit
    - Mental health:
      * Psychiatric consultation offered
      * Is it possible to schedule regular sessions with the same therapist?
      * Is it possible for the Participants to pay for additional sessions (once the number of sessions allowed by the Insurance Plan was used)
    - Prevention and mitigation measures
  + Telehealth tool kits: can the provider ship medical toolkits for basic test and measurements to regional/HQ offices? What is included in these toolkits?
* **Availability:**
  + What are the different available working (accessible) hours the providers can offer eg. 24/7/365, working hours between Monday-Friday, off-hours, weekends
  + Call waiting and scheduled call back protocol
* **Languages:**
  + In what languages and for which service types the provider can offer Telehealth Services?
  + Is there a difference in language support available for written and for oral communication?
  + Note - As a minimum WHO is interested in support in English, French and Arabic languages. The official UN languages are: English, French, Spanish, Russian, Arabic and Chinese.
* **Subscription packages:**
  + WHO would like to understand what are the different subscription packages and package prices the provider can offer and what services are included in the different packages? E.g. Level 1, Level 2, Level 3 etc.
* **Invoicing:**
  + Can the provider comply with and adapt its services/billing to the health insurance rules of its Clients?
  + Note -WHO has its own Staff Health Insurance Rules, describing what services are reimbursable by the Participants and to what extent
  + How are the fees billed? Per person, per family, per access or on a monthly basis etc.
  + What is the administrative burden of the invoice and claim management?
  + Is there a robotic (automated) billing process available?
  + Does the provider issue both a preliminary and a final invoice?
* **Approach, Implementation and Communication:**
  + What is the provider`s experience with or recommendation for a phased implementation approach? eg. starting the implementation of Telehealth Services in a limited number of countries
  + Note-At this stage, WHO is also considering a phased implementation approach
  + Can the provider offer support for its Clients with regular communication campaigns to promote telehealth services among participants?
  + Feedback from Participants: can the provider collect and then provide feedback from participants on their experience with telehealth services?
  + How long does infrastructure take to install if required? How soon does the system become available?
* **Personnel:**
  + Does the provider have only its own medical staff or does the provider also work with external (sub-contracted) staff as well?
  + What is the number, qualification and location (e.g. team members sitting in regional hubs and/or in central hubs) of human resources of the provider?
  + Does the provider have locally licensed Staff e.g. to prescribe medicines?
* **Telecommunication infrastructure and ease of access:**
  + Operating system/software environment
  + Database environment and storage
  + Detailed network requirements and protocols
  + Access modes, e.g. Landline, e-mail, mobile app, tele-consultation
  + User feedback procedures: Can the provider ensure accessible telehealth service provision for persons with disabilities and to what extent?
  + Provider Telehealth Portal access and registration process
  + WHO would like to understand if the provider is applying any Generative AI tools and what are the related safeguards implemented
* **Data security and confidentiality:**
  + Data exchange: WHO would like to understand what type of personal and medical information (data) does the provider need to receive from its Patients or Clients to provide Telehealth Services
  + Confidentiality, Cybersecurity, data privacy and GDPR protocols in place
  + Data Security protocols in place
  + Description of application security and auditing features
* **Licenses:**
  + What licenses does the provider have in connection with Telehealth Services?
  + Are those licences applicable and required for local, regional and for global requirements?
* **Guideline adaptation:**
  + Has the provider adopted or has the willingness to adopt the `WHO-ITU global standard for accessibility of telehealth services (2022)` standard for its Telehealth operations?

The Applicant is requested to provide the information requested above and all additional information e.g. specifications, delivery time, cost, etc. in ppt, word or pdf format, including:

* Provider’s company introduction
* Provider’s introduction to its Telehealth Services
* Provider’s responses to all the questions and topics raised under 2.5.High-level Description of Requirements
* Constraints/Limitations of Telehealth Services, if any

**Note:** Applicants may be requested, as part of this RFI, to present to WHO their product and service. This requirement would not be mandatory, but simply optional.

1. Request for Information Instructions

Vendors interested in participating in this Request for Information are requested to submit their documents to the Contact Address (as stated above) not later than the Closing Date (as stated above).

Any information considered by interested entities as confidential must be clearly marked "confidential".

Responses submitted after the Closing Date will, in principle, be disregarded, unless WHO decides otherwise, in its sole discretion.

Companies can only participate in solicitations of WHO after completing their basic registration (free of charge) at the United Nations Global Marketplace. The United Nations Global marketplace is a database of active and potential suppliers available to all UN and World Bank procurement personnel and is the main supplier database of more than 20 UN organizations.

To register go to [www.ungm.org](http://www.ungm.org), click on “REGISTER NOW” or on Registration drop down and select “Register as Supplier”. Please make sure that your company is registered with WHO (under Dashboard > My Agency Submissions).

1. Disclaimer

This Request for Information is not a solicitation and replying to it does not guarantee that a vendor will be invited to any solicitation by WHO. No further details of the planned solicitation will be made available to vendors prior to the issuance of solicitation documents. In the event of a solicitation for the subject matter described herein, any Invitation to Bid / Request for Proposal and any subsequent purchase order or contract will be issued in accordance with WHO’s rules and procedures.

Any and all costs and expenses incurred in relation to, or ensuing from, the submission of Information will exclusively be borne by the applicant. The application and selection process set forth in this document will not be subject to claims for financial compensation of any kind whatsoever.

WHO is acting in good faith by issuing this Request for Information, however, this Request for Information does not entail any commitment on the part of WHO, either financial or otherwise. WHO reserves the right to send solicitation documents to vendors identified by WHO through means other than this Request for Information; reject any or all Informtion, without incurring any obligation to inform the affected applicant(s) of that decision or the grounds thereof; and/or change or cancel the procurement process at any time, including during the Request for Information or formal solicitation processes.

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