**RFP - WHO-SHQ-RFP-24-2085**

**Impact of COVID-19 on the drivers of life-course vaccination and related recommendations for resilient demand**

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| **No.** | **RFP Section reference** | **Question** | **Answer** |
| 1 | 3.3-Work to be performed | Could you please confirm if all WHO Regions should be included in the case study process? | We have not yet defined the WHO regions to be included in the study. Ideally we would at minimum cover AFR, EMR, SEAR, WPR. |
| 2 | 3.3-Work to be performed | Should the case studies focus on low- and middle- income countries only, or are high income countries expected to be included? | The focus of the project is on LMICs only. |
| 3 | 3.2.4-Staffing | For staffing, the RFP mentions that the following area of expertise is required: “proven experience working with immunization programmes in low- and middle- income countries”. Could you please confirm whether this is a requirement for the project manager specifically, or whether this expertise can be demonstrated throughout the proposed team? | It can be demonstrated through the proposal team. |
| 4 | 3.3-Work to be performed | Given the remote nature of the work, what scope and types of primary data collection are envisioned for the country case studies?  Does “Participant testimonies and narratives” as listed under final outputs (3.3.1) refer to primary data other than that collected as part of the policy- and decision-maker KIIs? | Primary data includes local programme data, plans, reports, grey literature, etc.  It is primarily the KIIs. |
| 5 | 3.3-Work to be performed | While the RfP title refers to life-course vaccination, parts of the narrative specify childhood vaccination. Life-course vaccination implicates a wide range of vaccination needs, for which drivers may vary considerably. Is emphasis commensurate to overall public health significance required for vaccination needs and uptake across the life-course, or is primary focus on childhood vaccination preferred? Similarly, is there a preference for focus on routine vaccination, or should the review equally consider emergency and other event-driven/situational vaccination needs? | A primary focus can be placed on childhood vaccination. The review can consider event-driven needs, given the intent to learn about resilience. |
| 6 | 3.3-Work to be performed | Could you clarify whether case studies *only* from countries with high/sustained vaccination uptake during the pandemic are recommended? Section 3.3 refers to, “case studies on selected countries (a selection of those that **did and did not** sustain high uptake of childhood vaccination during the pandemic)…” However Deliverable 3 (Section 3.3.1) is, “Case examples of countries that sustained high uptake”. | We have not yet defined the full criteria for the country case studies. However given the scope and objectives of this work, a focus on those countries that sustained uptake during the pandemic may be warranted. Others can be included that can be justified to generate appropriate learning to contribute to the main questions/focus of the project. |
| 7 | 3.3-Work to be performed | Section 3.3 refers to “prioritized countries” from which KII participants will be consulted. Should these be the same as the case study countries, or are they to be selected according to other criteria? | Mainly from the same case study countries, but there may be good reason to speak with a small number of other KIIs from other countries. |