**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 | 3.3.2- Place of perfomance | Is the entire assignment expected to be remote? Or is there an option to add travel for specific case studies | All remote |
| 2 | 3.3 - Work to be  performed | Do you have an indication of the number of case studies? Are the countries already defined? Will all WHO regions be represented in the case study selection? | We have not yet defined the number nor the criteria for the country case studies. Currently, we anticipate that these will be proportional to resources available, and level of effort needed to adequately document experiences and outcomes, to contribute to the broader objectives of the overall project. At this stage we imagine there could be 5-6 case studies, but this is to be discussed together. |
| 3 | 3.3 - Work to be  performed | In this Section, it is mentioned that the activity will consist of three main components: a literature review, case examples of specific countries, and a series of key informant interviews with policy-makers and decision-makers for immunization programmes.  We were wondering: what is the foreseen scope of the case examples? In the RFP document we couldn't find any indication about this information. Is it possible to know how many case examples, and possibly how many countries, should be considered? | We have not yet defined the number nor the criteria for the country case studies. Currently we anticipate that these will be proportional to resources available, and level of effort needed to adequately document experiences and outcomes, to contribute to the broader objectives of the overall project. At this stage we imagine there could be 5-6 case studies, but this is to be discussed together. |
| 4 | 4.12 - Proposal Structure | We understand that the proposal should include the information listed in sections 4.12.1 - 4.12.6 but could you please confirm if there is a set template to use? | We do not have a set template. Please use the structure stipulated on section 4.12.1 to 4.12.6 |
| 5 | 4.12.6 - Financial Proposal | Are bidders required to provide a financial proposal in addition to Annex 5? If so, is there a set template?  Is there a budget envelope for teams to consider? | Please use annex 5 along with your main financial proposal, there is no set template.  WHO does not disclose budgetary elements during the course of a competitive bidding process. |
| 6 | 3.3 - Work to be performed | Approximately, how many case studies are required?  Do the case studies need to include global coverage (all WHO regions), or can bidders focus on certain geographical areas? | We have not yet defined the number nor the criteria for the country case studies.  Currently we anticipate that these will be proportional to resources available and level of effort needed to adequately document experiences and outcomes, to contribute to the broader objectives of the overall project. At this stage we imagine there could be 5-6 case studies, but this is to be discussed together. |
| 7 | 7 - General Contractual Conditions | Our organisation holds an LTA with the WHO. Does this LTA have an impact on our proposal and if so, in what way? In particular, do we need to submit all supporting information and documentation outlined in Annex 4? | Holding an LTA with WHO has no impact on your proposal.  Please submit all supporting information and documentation outlined in Annex 4. |
| 8 | 4.7 - Submission of Proposals | Section 4.7 of the submission of proposals says “Each proposal should be prepared in two distinct parts: the technical proposal and the financial offer”. Can you confirm that the bidder must sent two separate files in one email OR two separate emails? | The files can be sent in one email. |
| 9 | 4.1 - Language of the Proposal and other Documents | Language of the proposal and other documents says, Technical proposals should be written in English language.  Can you confirm page limit for technical proposal?  Please confirm there is no template for technical proposal and that the bidder can use their internal format? | No page limit.  No template provided; bidder can use own template. |
| 10 | 4.12.5 - Proposed Time line | Section 4.12.5, proposed Timeline, says “2024 to 2025 project plan following the timelines indicated under 3.3.3 above should be presented either in MS Project MPP, XLS or PDF format”.  Please confirm that the bidder must attach this along with technical proposal OR paste the XLS into the proposal? | Yes, the bidder must attach this along with technical proposal. |
| 11 | 4.12.6 - Financial Proposal | “The financial proposal is expected to provide a total price and breakdown per phase and per area of expertise. Please refer to Annex 5 to summarize your financial proposal”.  Please confirm whether Annex 5 is the cost template OR should the bidder submit in their internal template?   What is the budget ceiling for this procurement?  Please confirm that costs in Annex 5 should be presented as all-inclusive costs (e.g. daily rates are inclusive of salary, benefits, and overhead) or if there should be separate line items for benefits and indirect costs/overhead, etc. | Yes, Annex 5 is the cost template.  WHO does not disclose budgetary elements during the course of a competitive bidding process.  Yes, costs in Annex 5 should be presented as all-inclusive costs. |
| 12 | Annex- 4  Section - 3.2.1  Information about the bidder | Section 3.2.1, asked for Name and CV of each team member. Is there a CV template? | No template is provided, bidder can use own template. |
| 13 | 3.3 - Work to be performed | Section 3.3, work to be performed says “The literature review will generate insights about the impact of COVID-19 on the drivers of uptake for childhood and life-course vaccination”.  Would the three components of the study cover only LMICs or are their scope global, i.e. will cover high income countries also? | The primary focus is LMICs. |
| 14 | 3.3 - Work to be performed | Section 3.3, work to be performed says “This activity will consist of three main components: a literature review, case examples of specific countries, and a series of key informant interviews with policy-makers and decision-makers for immunization programmes”.  -For the literature review, what is the expected size of literature? | Depends on scope of search strategy, which will be aligned with the overall scope, objectives and timelines of the project. |
| 15 | 3.3 - Work to be performed | Section 3.3, work to be performed says “The case studies on selected countries (a selection of those that did and did not sustain high uptake of childhood vaccination during the pandemic), will provide practical insights and examples of programme experiences to offer added data and documentation from a local level to complement the literature review”.  -How many country case studies are expected to be carried out? What kind of support will be provided by WHO in carrying out the country case studies? | We have not yet defined the number nor the criteria for the country case studies. Currently we anticipate that these will be proportional to resources available, and level of effort needed to adequately document experiences and outcomes, to contribute to the broader objectives of the overall project. At this stage we imagine there could be 5-6 case studies, but this is to be discussed together. WHO will facilitate necessary introductions and other support as appropriate. |
| 16 | 3.3 - Work to be performed | Section 3.3, Work to be performed says “a series of key informant interviews will be carried out with policy-makers and decision-makers from prioritized countries to understand their perspectives on the drivers of political commitment and how it can be supported to achieve high and sustained, resilient, vaccination uptake”.  How many KIIs of policy-makers and decision-makers from prioritized countries are expected to be carried out? What kind of support will be provided by WHO in scheduling the KIIs? | WHO will facilitate introductions where possible. The number of interviews are yet to be determined and will be done so in collaboration with local colleagues and partners. It will also be determined by the scope and objectives of the project. |
| 17 | 3.3.1 - Key requirements | How much flexibility is there in the timelines of country case studies and KIIs as it is usually difficult to get interviews with senior government officials and policy makers? So, it is possible that some KIIs may spillover into Q1 of 2025.  The change in timelines of country case studies and KIIs is likely not going to affect the timelines of:  Deliverable 5: Q2 2025  •              Analysis and synthesis of findings.  Deliverable 6: Q4 2025  •              Development and finalization of report and full package of outputs. | There may be eventually some flexibility depending on start date and inter-dependencies between different components of the project. To be discussed. Note the Q4 2025 deadline is a hard deadline. |
| 18 | 7.1 - Conditions of Contract | If we are to sub-contract, what documentation are required in the initial proposal from the sub-contractor? | Please provide information on the sub-contractor as required in Annex 4. |
| 19 | 7 - General Contractual Conditions | Please confirm if this contract will be paid via lump sum or maximum amount. | This contract will be paid via maximum amount. |
| 20 | 3.3 - Work to be performed | Does WHO IVB already have a list of specific countries for the case examples? Is WHO IVB open to suggestions of countries specified by the contractor? | We have not yet defined the number nor the criteria for the country case studies, however are open to suggestions. Currently we anticipate that the number of case studies will be proportional to resources available and level of effort needed to adequately document experiences and outcomes, to contribute to the broader objectives of the overall project. |
| 21 | 3.3.1 - Key requirements | Three deliverables (#2, 3 and 4) are due in December 2024. To have the completed interviews inform the completion of the case studies, would it be possible to have Deliverable 3 due in Q1, 2025? | There may be eventually some flexibility depending on start date and inter-dependencies between different components of the project. To be discussed. Note the Q4 2025 deadline is a hard deadline. |
| 22 | 3.3 - Work to be performed and 3.3.1 - Key requirements | Would the Deliverable 3 include case studies on countries that did NOT sustain high uptake of childhood vaccination during the pandemic as mentioned in the Work to be Performed? Or can the deliverable 3 be divided to 3a (high sustaining countries) and 3b (low-sustaining countries) with 3b due in Q1? | An overall technical approach and method should be proposed to achieve the stated objectives and outcomes of the project. An emphasis is therefore placed on countries that sustained or increased routine immunization uptake during the pandemic. |
| 23 | Not mentioned | What indirect cost recovery rate from the bidder institution is allowable? | We expect the bidder to keep the indirect cost recovery rate at the minimum and competitive. |
| 24 | 1.3 - Definitions, Acronyms and Abbreviations and 3.2.4 - Staffing | The aconyms define Low- and-Middle Income Country yet LMIC does not appear in the document. Staffing section mentions experience in low- and middle-income countries. Should the literature search be limited to LMICs? | The focus of the project is on LMICs. The literature search can be limited to LMICs. |
| 25 | 7 - General Contractual Conditions | Our organization holds an LTA with the WHO. Does this LTA have an impact on our proposal and if so, in what way? In particular, do we need to submit all supporting information and documentation outlined in Annex 4? | Holding an LTA with WHO has no impact on your proposal. Please submit all supporting information and documentation outlined in Annex 4. |