

CALL FOR PROPOSALS

Technical Support on the Development for the Pandemic Response Playbook



**World Health
Organization**

Representative Office
for the Philippines

1. Summary

The World Health Organization – Country Office in the Philippines (WCO PHL) is looking for an institutional or individual contractual partner to provide technical support for the development of the Pandemic Response Playbook, through an Agreement for Performance of Work (APW) contract.

The proposals are due by 13 April 2022.

2. Background

The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) noted the ongoing development of the National Action Plan V with the goal to accelerate and sustain social and economic recovery while managing the risk due to the Coronavirus Disease 2019 (COVID-19) during their 24 March 2022 meeting. Under this goal, the five (5) general objectives identified are as follows:

1. To empower and protect individuals against the threat of COVID-19;
2. To ensure business and service continuity;
3. To address scarring or the adverse impacts of COVID-19;
4. To facilitate digital transformation of government and business; and
5. To build resilience of the country against the future health threats.

Under the general objective 5, or the building of resilience agenda, one of the specific objective identified was the development of the pandemic response playbook that will collate all the best practices that we have had over the COVID-19 pandemic and the framework of the future outbreak response of the country.

In addition, with an Executive Order (EO) number 166 from the president, the ten-point agenda on economic recovery was also approved last 22 March 2022, wherein the same priority deliverables for medium term preparation for pandemic resilience and the development of the playbook have been repeatedly mentioned. This activity will be along other important actions to empower and protect individuals, ensure business and service continuity, address scarring due to COVID-19, digital transformation, and building resilience.

The DOH, together with the National Economic Development Authority (NEDA) and the Office for Civil Defence (OCD), were tasked to initiate the planning and development of this Pandemic Response Playbook, with support from WHO Philippines, to serve as guidelines of policy directions on future pandemics.

3. Timeline

The implementation timeline for the project is from 18 April to 15 September 2022.

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Method(s) to carry out the activity

Under the overall supervision of the COVID-19 Response Incident Manager (IM) and the Head of WHO Representative to the Philippines Country Office, in close collaboration with the Technical Leads in the Regional and Country Offices, and officers within the Department of Health - Disease Prevention and Control Bureau (DOH DPCB) and other relevant offices, the Contractual Partner/Institution is expected to do the following:

1. Regularly present to DPCB or Cluster Head representatives the milestones activities and all the plans that will be developed.
2. Submit a report of the thorough review of literature, pertinent documents, and experiences pertaining to the implementation of integrated disease prevention and control learning and development management system.
3. Arrange invitation and coordination of participants for the conduct of activities.
4. Coordinate, conduct and facilitate consultations and workshops / writeshops with the program heads and stakeholders related to this project and document the proceedings.
5. Assist in the presentation of output to the Execute Committee (Execom), Directors, Program Heads, Experts and Stakeholders and facilitate experts' review and comments.
6. Submit complete documentation and supporting documents on a series of consultative meetings and other activities conducted with the approved integrated disease prevention and control learning and development management system

Approaches should be participatory, ethical, and gender-sensitive. This project shall be executed in accordance with the DOH rules, regulations/protocols.

Design and methods should be adequate to achieve the expected and desired outputs and deliverables. Consultations and collaboration for the fulfillment of this project shall be done with relevant DOH bureaus/offices as well as system experts.

Outputs and Deliverable:

Output 1: Inception Report with itemized work plan and Gantt chart of activities

Deliverable 1.1: Develop a work plan with Gantt chart of activities. The work plan will be part of the inception report that will be submitted to WHO Philippines at the beginning of the engagement. The inception report will demonstrate the contractual partner's conceptual and implementation approach and methodology, scope of work, resources required, and the timeline of activities to guide the assignment and to meet the agreed upon deliverables.

Deliverable 1.2: Discuss and submit the inception report and work plan to DOH and WHO Philippines.

Approved Inception Report and Work Plan shall include the following minimum content:

1. Background of the Project
2. Objectives
3. Project or Work Plan
 - a. List of activities
 - b. Implementation strategy / project methodology
 - c. Project monitoring and evaluation
 - d. Schedule of activities / timeline / Gantt Chart
 - e. Budget plan
 - f. Composition of Project Team

Provide three (3) copies softbound / ring bind, size A4, 1 ½ spacing, Times New Roman font size 12 and electronic copies in PDF and editable file of the slide deck and narratives report saved in three (3) flash drives.

Output 2: Co-Facilitate and document the conduct of the consultation/ meetings/ workshops/ KII and/or writeshops with key stakeholders

Deliverable 2.1 Technical reports on the consultations / meetings, workshops and/or writeshops, review of case studies and policies, and presentation to DOH technical offices, NEDA, and OCD conducted to include the following as applicable;

Minutes of the meetings / documentation

- a. Progress report
- b. Presentations and recommendations
- c. Reference materials
- d. Consolidated comments and suggestions.
- e. Issues and concerns

- f. Summary of agreements
- g. Attendance of participants

Output 3: Pandemic Response Playbook

Content of the Pandemic Response Playbook shall include consolidation of historical data and experience on COVID-19 response as well as role delineation among the National Government Agencies moving forward.

- I. Final report including but not limited to:
 - A. Formatted pandemic response playbook including but not limited to:
 - a. Layout and design of the modules with:
 - i. Cover page (front and back)
 - ii. Foreword
 - iii. Table of contents
 - iv. Rationale
 - v. History
 - 1. Past pandemic / epidemics
 - 2. COVID-19 timeline
 - vi. Transition Plan to NDRRMC
 - vii. Pandemic Strategies
 - 1. Prevention
 - a. Early warning systems and surveillance
 - b. IHR coordination
 - c. Standards on safe and healthy settings
 - d. Health systems strengthening and capacity

2. Preparedness

- a. Capacity building
- b. NDRRMC processes for health response
- c. Manufacturing capacity for drugs, vaccines, and PPEs
- d. Appropriate legislations

3. Response

- a. Mobilizing structures
- b. Active case finding
- c. ALS restrictions and PDITR protocols
- d. Risk communications
- e. Immunization
- f. Social amelioration

4. Recovery

- a. Social and economic recovery activities
- b. Immunization

viii. Abbreviations and Acronyms

ix. Definition of Terms

x. Figures/ images

xi. Annexes

xii. References

Output 4: Technical Narrative and Financial Report

CONFIDENTIALITY The results, products and reports of this APW are to be treated as confidential and must not be handed over to third parties. The DOH and WHO have the exclusive ownership of the reports and reserve the right to further disseminate relevant information.

The contractual partner will also provide disclaimer on the reports: This document has been produced with the assistance of the World Health Organization. The contents of this publication are the sole responsibility of the author, and does not necessarily reflect the opinions, recommendations, or advice of the World Health Organization.

6. Contract Time

The work to be done under this contract shall be a Pandemic Response Playbook as set out in the Terms of Reference. The contract will be completed in not more than 5 months from the commencement of the Work, or otherwise as agreed in writing among the Owner and the Contractor. The work shall be done in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and all Instructions. Failure to do so shall be at the Contractor's risk and account. Submission of Bid by the Contractor shall constitute acknowledgement by the Contractor that it is aware of and concurs with all the requirements or conditions incorporated in the Call for Proposal and the other documents.

As time is an essential element of this Contract, for failure to complete all work within the stipulated as set out in the Terms of Reference, the Owner shall charge the Contractor liquidated damages. This shall be in the amount of the sum of 0.5% of the total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed the total 10% (ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and also for the inconvenience caused to the users of the Work. It is understood that this is not a penalty but a fixed sum representing the liquidated damages for each calendar day of the delay. Delay shall be counted from the agreed completion date, considering further time extensions approved by the Owner, to the date of completion of work.

7. Qualifications

The contractual partner or institution's members must fulfil the following qualifications:

Education and Certifications

- Essential: The team leader and members must have at least a Master's degree in any of the following fields: public health, epidemiology or related fields from a recognized university.

- Desirable: With post-graduate degree or advanced studies in public health, social sciences, mental health, or similar from a recognized institution. With Master's Degree or related degrees relevant to the project.

Work Experience:

- With extensive knowledge and practice in conceptualizing, design, development in public health materials.
- With experience in developing multimedia art for information, education, and communication materials

Skills / Technical skills and knowledge:

- 3-5 years of experience in playbook writing and development, prior experience on MOP On EREID (preferred)
- At least 2 years of experience in documentation of health-related events

Language Requirement:

- The team or any team member must be fluent in English, Tagalog, both oral and written.

Competencies

- Communicating in a credible, effective and culturally competent way.
- Moving forward in a changing environment.
- Fostering integration and teamwork.
- Producing results.

The contractor shall have no direct or indirect involvement or interest, in any form, in arms dealing, drugs, alcohol industry, tobacco industry or human trafficking. The contractor and personnel involved in this work shall have no conflicts of interest in relation to the work being undertaken.

8. Management of Conflict of Interest

Any interest by entity (individual/organization/company), expert or member of the project team that may affect or reasonably be perceived to (1) affect the expert's objectivity and independence in providing advice to WHO related to the conduct of a project, and/or

(2) create an unfair competitive advantage for the expert or persons or institutions with whom the expert has financial or interests (such as adult children or siblings, close professional colleagues, administrative unit or department).

WHO's conflict of interest rules are designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and of its normative work. If not identified and appropriately managed such situations could undermine or discount the value of expert's contribution, and as consequence, the work in which the expert is involved. Robust management of conflicts of interest not only protects the integrity of WHO and its technical/normative standard setting processes but also protects the concerned expert and the public interest in general.

9. Ethical and Professional Standards

WHO prides itself on a workforce that adheres to the highest ethical and professional standards and that is committed to put the WHO Values Charter into practice.

WHO has zero tolerance towards sexual exploitation and abuse (SEA), sexual harassment and other types of abusive conduct (i.e., discrimination, abuse of authority and harassment). All members of the WHO workforce have a role to play in promoting a safe and respectful workplace and should report to WHO any actual or suspected cases of SEA, sexual harassment, and other types of abusive conduct. To ensure that individuals with substantiated history of SEA, sexual harassment or other types of abusive conduct are not hired by the Organization, WHO will conduct a background verification of final candidates.

10. Submission Requirements

Interested institutions and/or individuals should submit electronic copies of the following:

- Cover letter.
- Proposal with financial details and proposed timeline.
- Company profile and qualifications of team members (if institution) or curriculum vitae (if individual).

Address all proposals to:

Dr Rajendra Yadav

Acting WHO Representative in the Philippines

Ground Floor, Building 3, Department of Health San Lazaro

Compound Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the proposals with the title, **Technical Support for the Development of the Pandemic Response Playbook** to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **13 April 2022**