

CALL FOR PROPOSALS

Technical Assistance for Strategy Shift in SARS-CoV-2 Genomic Surveillance and the Creation of a Philippine Genomic Surveillance Consortium



**World Health
Organization**

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional contractual partner for the provision of technical assistance to the Department of Health (DOH) for the shift in the strategic direction for SARS-CoV-2 genomic surveillance and the establishment of a Philippine Genomic Surveillance Consortium. Specifically, the goals of the technical assistance are to: a) propose changes to the sampling strategy of the DOH for genomic surveillance of SARS-CoV-2 assuming a sustained decrease in COVID-19 cases; b) propose additional analyses or models using genomic surveillance data towards further understanding the COVID-19 situation in the Philippines as part of multi-source surveillance; c) creation of a monitoring and evaluation framework for genomic surveillance; and d) provide support in the creation of a Philippine Genomic Surveillance Consortium and roadmap for the expansion of genomic surveillance to other diseases, under Agreement for Performance of Work (APW) Contract.

The proposals are due by 25 May 2022.

2. Background

The timely detection of and response to the SARS-CoV-2 Variants of Concern (VOC) and Variants of Interest (VOI) has emerged to be an important cornerstone of the COVID-19 response. The Philippines has been an early adopter among low- and middle-income countries, starting its sequencing activities through a partnership with the Epidemiology Bureau and the University of the Philippines – Philippine Genome Center (UP-PGC) in January 2021. Recently, more sequencing laboratories have come online, with expansions of UP-PGC into Visayas and Mindanao and the start of a partnership between the Research Institute for Tropical Medicine and the University of Glasgow. With the transition of the Philippines away from the State of Public Health Emergency due to COVID-19, there is a need to reassess the genomic surveillance strategy of the DOH and integrate the lessons learned from COVID-19 genomic surveillance into how the DOH approaches epidemiology and surveillance of other diseases.

3. Timeline

The implementation timeline for the project is from **June 2022 to December 2022**.

4. Place of Assignment

Remote work, with preference to partners based in the Philippines.

5. Scope of Work

In coordination with WHO Philippines, the Department of Health, Philippine Department of Science and Technology – Council on Health Research and Development, University of the Philippines – Philippine Genome Center, and Research Institute for Tropical Medicine, and guided by the provisions of the Republic Act No. 11332 (Mandatory Reporting of Notifiable

Diseases and Health Events of Public Health Concern Act), the selected contractual partner shall perform the following activities:

Output 1: Provide timely technical assistance on changes to the sampling strategy for genomic surveillance of COVID-19.

Deliverable 1.1: Inception report detailing the plans and procedures the institutional partner shall conduct towards fulfilling this scope of work.

Deliverable 1.2: Recommendations for revisions of the current DOH sampling strategy and plan for SARS-CoV-2 genomic surveillance (e.g., strengthening of the sample referral system, strengthening molecular and epidemiologic investigation along with genomic surveillance, global reporting) and taking into consideration the following assumptions:

1.2.1: The primary aim of the genomic surveillance is to monitor the distribution of variants across all regions of the Philippines down to the provincial level.

1.2.2: The sampling strategy must be robust both to a low case level (<500 cases/day nationwide) and a high case level (>10,000 cases/day nationwide).

1.2.3: The sampling strategy should utilise the current and upcoming SARS-CoV-2 sequencing laboratories and the upcoming designated sentinel sites for SARS-CoV-2 surveillance.

Deliverable 1.3: Recommendations for additional analyses or models that utilise genomic surveillance data aligned with integrating gene sequencing data with epidemiological data for better monitoring, assessing and responding to unusual events at the sub-national level with the aim of:

1.3.1: Improving the contribution of genomic surveillance to COVID-19 response; and

1.3.2: Improving the analysis of SARS-CoV-2 genomic surveillance data.

Deliverable 1.4: Relevant training conducted.

Output 2: Creation of a monitoring and evaluation framework for the genomic sequencing workflow.

Deliverable 2.1: Develop a program logic model for the genomic sequencing workflow, outlining the objectives, proposed outcomes and hypothesised processes and underlying assumptions.

Deliverable 2.2: Draft monitoring and evaluation framework for the genomic sequencing workflow distributed for comment and feedback. The monitoring and evaluation framework will include to developed program logic model.

2.2.1: Indicators for assessment of elements of the genomic sequencing workflow:

- Sample selection, collection and preparation
- Efficiency of workflow processes
- Production of sequence data
- Quality control of sequence data
- Analysis of sequence data

2.2.2: Data collection methods.

2.2.3: Samples of data collection instruments.

Deliverable 2.3: Monitoring and evaluation framework for genomic sequencing workflow finalised.

Output 3: Provide inputs to creating a Philippine Genomic Surveillance Consortium.

Deliverable 3.1: Cross-country comparison report of genomic surveillance governance in other countries, focusing on low-income and Middle-income Countries (LMICs).

Deliverable 3.2: Suggested a Philippine Genomic Surveillance Consortium governance structure based on institutions currently participating in SARS-CoV-2 genomic surveillance.

Deliverable 3.3: Roadmap for expanding genomic surveillance governance by the Consortium from COVID-19 to other diseases.

Deliverable 3.4: Final report summarising both Outputs.

NOTE: Every report should have the following disclaimer.

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6. Qualifications

The team members of the contractual partner must meet the following qualifications:

Education and Certifications

- Team lead must have a post-graduate degree in epidemiology, genomics, public health, microbiology or other related health sciences.
- Experience in public health disease surveillance, outbreak investigation, molecular and genomic surveillance, genomic medicine, or clinical microbiology is an asset.

Work Experience

- Team lead must have seven (7) years of experience in genomics, genomic surveillance, or public health within the last five years.

Technical Skills and Knowledge

- Able to communicate well with WHO, Department of Health, Department of Information and Communications Technology, and other relevant stakeholders.
- With good technical writing skills.
- Familiarity with concepts of genomic surveillance and with in-depth knowledge in developing, implementing and monitoring surveillance standards and operations to ensure strategic coherence and operational coordination for cost-efficient delivery of the strategic framework.

Language Fluency:

- Expert fluency in English, both oral and written.

7. Contract Time

The work to be done under this contract shall be the **Technical Assistance for Strategy Shift in SARS-CoV-2 Genomic Surveillance and the Creation of a Philippine Genomic Surveillance Consortium** as set out in the Terms of Reference. The contract will be completed in not more than 6 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 an acknowledgement by the Contractor that it is aware of and concurs with all of 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 the sum of 0.5% of the total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed on 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.

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 a 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.

Management of Conflict of Interest

Any interest by an entity (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).

World Health Organization (WHO) conflict of interest rules is designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and its normative work. If not identified and appropriately managed such situations could undermine or discount the value of the expert's contribution, and as a 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.

Confidentiality Statement

All input from participants and all related documents about the project are confidential and must **NOT** be handed over to third parties. The contractual partner should advise the participants on how to opt-out or withdraw their statement(s) if needed. The DOH and WHO have exclusive ownership of all documents, and only DOH and WHO have the right to disseminate any information outside the agreed project's scope.

8. Other Requirements:

- In addition, the contractual partner must have no direct or indirect interest in the tobacco or e-cigarette industry, alcohol industry, arms dealing, breast milk substitutes, or human trafficking.
- Medical clearance is not required as this is an APW engagement. Travel outside the duty station may include domestic/local visits for meetings/workshops; however, online means of communication shall be the primary mode used due to the pandemic.

9. Submission Requirements

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

- Cover letter;
- Technical Proposal with financial details and proposed timeline; and
- Company profile and qualifications of team members

Address all cover letter and 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 Assistance for Strategy Shift in SARS-CoV-2 Genomic Surveillance and the Creation of a Philippine Genomic Surveillance Consortium** to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int Only shortlisted applicants will be contacted by WHO Philippines.

The deadline of submission of proposals is on **25 May 2022**.