ICRC

REQUEST FOR INFORMATION

Conflict-affected settings laboratory strengthening (CASLS) project

REF: RFI GVA23/00033

Date – 27/02/2023

STATEMENT OF CONFIDENTIALITY AND LIMITATION

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1. INTRODUCTION

1.1. THE INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC)

The work of the ICRC is based on the Geneva Conventions of 1949, their Additional Protocols, its Statutes – and those of the International Red Cross and Red Crescent Movement – and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC is an independent, neutral organization ensuring humanitarian protection and assistance for victims of armed conflict and other situations of violence. It takes action in response to emergencies and at the same time promotes respect for international humanitarian law and its implementation in national law.

For further information, visit the ICRC web site:

Mandate and mission – overview

1.2. NAME OF PROJECT / BACKGROUND

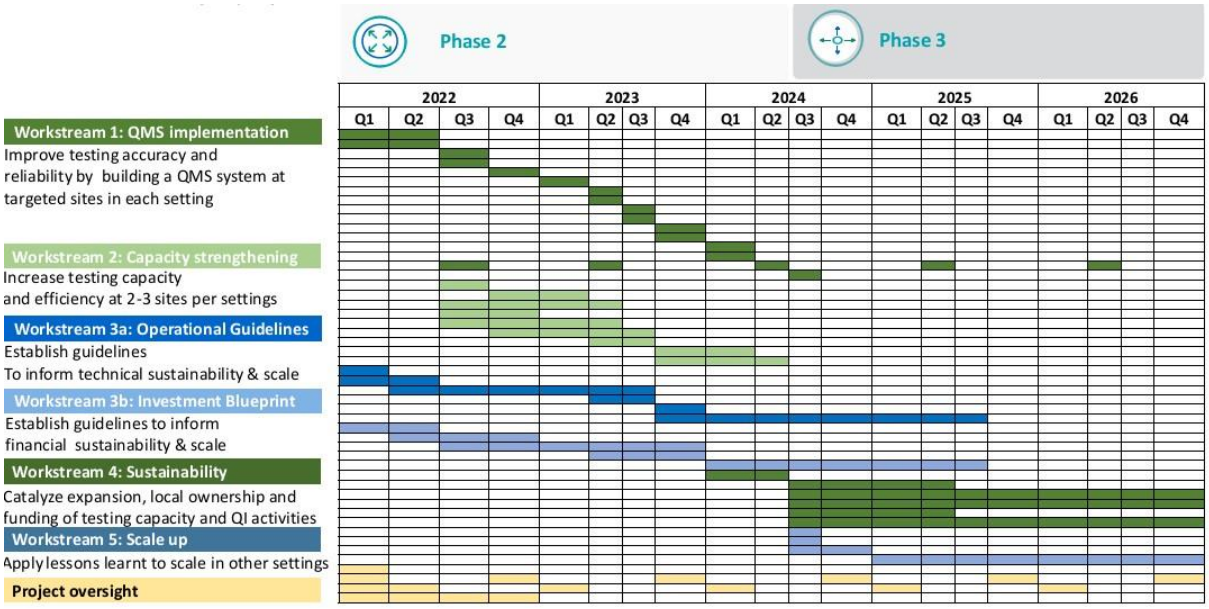
The CASLS (Conflict Affected Settings Laboratory Strengthening) project is a crucial initiative aimed at improving healthcare outcomes in areas affected by conflict. This project is a collaboration between the ICRC (International Committee of the Red Cross) FIND, the global alliance for diagnostics, and Roche Diagnostics.

Background to CASLS

In accordance with the International Health Regulations (IHR) of 2005, it is necessary for all countries to have the ability to identify, assess, and report on public health events of international concern. This is especially pertinent in conflict countries, where the healthcare infrastructure might be very limited, and the population is at an elevated risk for disease outbreaks and epidemics. Diagnostic laboratories are vital in the IHR framework, as they are responsible for detecting and characterizing the agents that cause these public health events. Without a strong diagnostic capacity, it is nearly impossible for countries to effectively respond to and manage these threats to public health.

The role of diagnostic laboratories extends beyond infectious disease outbreaks. These facilities are also vital in the detection, management, and follow-up of non-communicable diseases (NCDs), such as cancer, diabetes, and cardiovascular disease. NCDs are responsible for a significant proportion of morbidity and mortality worldwide, and early diagnosis and treatment are key to improving patient outcomes. In conflict countries, where access to healthcare is often limited, the role of diagnostic laboratories in the detection and management of NCDs is even more crucial. Ultimately, conflict results in both acute- and long-term disruptions to healthcare. In addition to care for victims of war, diagnostic and therapeutic life-saving interventions for the general population are also significantly compromised.

The CASLS project is focused on enhancing the diagnostic laboratory capacity in conflict countries, with the ultimate goal of improving healthcare outcomes. This is achieved through a variety of methods, including the provision of equipment and supplies, training of laboratory staff, and the implementation of strong quality management systems. This initiative was launched in 2021 by the selection of two distinct ICRC operational contexts (Gaza and Eastern DRC) where the proof-of-concept analyses and implementation could be conducted in collaboration with the respective Ministries of Health (Phase 1). While there were distinct challenges and opportunities in each setting, the laboratory assessments in Phase 1 surfaced a number of common recommendations for improving laboratory capacity in these contexts. These activities will lead into Phase 2 (implementation and guideline generation), which will be carried out through 2023 and 2024; and Phase 3 (ensuring sustainability and scaling up) which will involve handover of the project to local authorities, continued improvement of laboratories in the two contexts and scale up to an additional conflict setting (see project timeline) using the experience and guidelines developed by the project.



The Project is framed with the ICRC Strategy 2019-2023, by placing people and their needs at the centre of humanitarian action, and also building sustainable humanitarian impact while working with other to achieve this impact. The project also delivers on the 2020-2023 Health Strategy by contributing to sustainable health outcomes and influencing practice and policy in a key areas of ICRC Health expertise.

2. SCOPE AND REQUIREMENTS OF THIS RFI

2.1. SCOPE

The objective of CASLS is to sustainably build diagnostic laboratory capacity in conflict zones. In order to do so, an improved understanding of the diagnostics ecosystem and market layout is required. As such, the ICRC is seeking private sector partners with a background of working in low-and-middle income countries (LMICs). Industry partners who have worked in fragile and conflict contexts are highly encouraged to submit an expression of interest.

The RFI thus aims to identify key industry partners in the field of medical diagnostics to join the Global Steering Committee of the CASLS Project. The Global Steering Committee will provide strategic vision and oversight to the project (see 2.2 for terms of reference of the Steering Committee).

Participation in this project will be non-renumerated. Participants are expected to adhere to the ICRC Code of Conduct, and thus to respect and work towards to the ICRC's interests.

2.2. REQUIREMENTS

Expected approach

Selected partners will nominate a member of their staff to serve on the CASLS Steering Committee. Their participation will be guided by the following requirements:

- Identify and review the high-level strategic goals for the project.

- Advise the project team on protocols, political issues, potential sensitivities, etc., and to highlight changes in global standards, business models etc. that might influence the project.
- Review and ratify the Operational Guidelines and Financial investment blueprint for diagnostic laboratory capacity building (resulting from the work of the Technical Working Groups in **Phase 2**).
- Support the integration of CASLS into global frameworks for the strengthening of healthcare systems, laboratory networks and diagnostic capacity, especially in fragile and conflict settings.
- Raise the profile of the project's benefits and highlight the project's strategic successes to global audience of governments, development actors, global health organizations and private enterprise.
- Perform an advocacy role for the CASLS project and promote its strategic vision for lab capacity strengthening in conflict contexts.

2.3. DELIVERABLES

The deliverables for this RFI are listed below:

- Participation in 1 Global Steering Committee per year (Virtual).
- Input on CASLS strategic vision and long-term sustainability of project objectives
- Input on final documents produced by Technical Working Groups (see section 2.2)
- Partners are encouraged but not required to nominate a member of their team, or themselves to join the Steering Committee's Technical Working Groups to provide insights from the private sector and supply side. The project envisages Technical Working Groups for the development of Operational Guidelines and Investment Blueprints, for the replicability of the projects approach

3. ADMINISTRATIVE INFORMATION

Providers are invited to submit a written proposal to the **ICRC** for review, in a **concise** way, considering the instructions, scope, requirements, required answer format and timeframe defined in this RFI.

3.1. TIMETABLE

It is the intention of the **ICRC** to follow this timetable. However, the **ICRC** reserves the right to change any part of this timetable at any time depending on operational constraints. The **ICRC** will notify providers of such changes.

For all bidders	**Deadline**
RFI Publication	27nd February 2023
RFI Questions Close	3rd March 2023
ICRC's answers to questions	6th March 203
Proposals due	24th March 2023 – 17:00 (GVA Time/UTC+2)

Questions to providers, clarifications	24th March 2023
Communication of short list to selected bidders	7th April 2023

For selected partners	**Deadline**
Start date	15th April 2023
End Date	According to project roadmap

3.2. ISSUING OFFICE AND POINTS OF CONTACT

The sole points of contact for purposes of this RFI are the issuing office for the formal handling of the RfI, proposals, and contractual aspects, and the project manager regarding specifications aspects.

In order to obtain clarifications regarding this RFI, please direct all questions **in writing before the 24th February 2023** to the attention of:

Nancy Wangeci / Morgane Pladys Lead
Buyer
gva_logpurchmedical_services@icrc.org

3.3. QUESTIONS FROM PROVIDERS

All inquiries regarding the content of this RFI must be directed to the **ICRC** point of contact in the first instance. Please submit all questions in writing by e-mail, referring to the section and page of the RFI document, if possible. Questions asked by phone or in person will not be answered.

The providers must not contact any entity within **ICRC**, or any of its subcontractors regarding this RFI Any other contact with regard to this subject within the **ICRC** is prohibited unless with the express permission of the issuing office or the project manager. A possible consequence of providers soliciting information about this RFI either directly or indirectly from any other sources may result in disqualification of the provider from the RFI process.

Should the questions put be too numerous, the first 10 questions from each bidder will be answered. The ICRC therefore recommends that bidders prioritize their questions.

The **ICRC** will respond to questions promptly and will send answers to providers as a group. In doing so, the **ICRC** will delete the provider names from the text of questions before the answers are sent.

3.4. QUESTIONS FROM ICRC

The **ICRC** may have further questions at any time throughout the course of this RFI, for which additional written answers might be requested.

3.5. INFORMATION AND DOCUMENT EXCHANGE

E-mail is the preferred mode of communication. For important documents, senders should request acknowledgement of reception. The required formats for documents are either Adobe Acrobat PDF files, or MSOffice files, e.g. MS-Word for the global document, PowerPoint or Visio for diagrams, and Excel for spreadsheets.

3.6. SUBMISSION OF PROPOSAL

The submission of Expression of Interest will be in electronic form to gva_logpurchmedical_services@icrc.org, cc. ttingberg@icrc.org.

Emails of more than 5Mb are not accepted by the ICRC mailboxes.

3.7. REQUIRED FORMAT OF PROPOSAL

Proposals must contain a version number in order to facilitate the identification of revisions.

All proposals submitted shall conform to the following format:

Section	Content
1. Project Presentation & Proposed Participant in Steering Committee	For the ease of application for potential partners to the CASLS project, the ICRC is requesting either a brief presentation (10 slides max) or a written document (2 pages max) highlighting the company's activities and proposed participants experience of working in LMICs (Low and Middle-Income Countries), fragile and conflict settings, and previous experience of work in capacity building projects.
2. Other	Add other documents and references deemed appropriate.

3.8. LANGUAGE REQUIREMENTS

In this RFI, the key words "may", "must", "must not", "optional", "recommended", "should", and "should not", are to be interpreted as follows:

Must: This word, or the terms "required", "at a minimum" or "shall", means that the definition is an absolute requirement of the specification.

Must not: This phrase, or the phrase "shall not", means that the definition is an absolute prohibition of the specification.

Should: This word, or the adjective "recommended", means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighted before choosing a different course.

Should not: This phrase, or the phrase "not recommended" means that there may exist valid reasons in particular circumstances when the particular behaviour is acceptable or even useful, but the full implications should be understood, and the case carefully weighted before implementing any behaviour described with this label.

May: This word, or the adjective "optional", means that an item is truly optional.

Providers must respond to all mandatory requirements (**"must"**, **"shall"**, **"required"**, **"must not"**, **"shall not"**) presented throughout this RFI. Provider's compliance with requirements must be indicated. Failure to respond may disqualify your proposal.

3.9. PROVIDER PROPOSAL PRESENTATION

Once the **ICRC** has reviewed all proposals, it may decide to exclude clearly inferior proposals. Thereafter, the **ICRC** will send a list to the remaining bidders with additional questions and issues that require further clarification.

Shortlisted bidders may be invited to present their proposals to the **ICRC** project team and discuss the project further. The presentation will be limited to 2 hours. Approximately 1.5 hour should be reserved for the presentation of the proposal, followed by approx. 0.5 hour for questions and answers.

The provider should be prepared to present the proposal at one of the dates reserved for presentations, as stated in the timetable in chapter 3.1. The exact time and location of the presentation will be communicated at a later date.

Additional information received from the provider presentations and reference customers will contribute to **ICRC**'s evaluation of proposals.

3.10. PROPOSAL PREPARATION COSTS

The provider issuing a proposal will do so at its own cost. The **ICRC** will not consider any requests for the reimbursement of any costs associated with the preparation and issue of the proposal.

3.11. INTEGRITY OF RESPONSES

The proposal must be a bona fide response. Responding companies may be ruled out from further consideration for failure to comply with the specifications of this RFI.

3.12. ETHICAL PRINCIPLES GUIDING ICRC'S RELATIONSHIPS WITH PROVIDERS

Offering any form of bribes, gifts or any other inducement to any **ICRC** representative, or its designated contractors, with the view to influence the outcome of the RFI will result in the rejection of the proposal and disqualification of the provider.

3.13. LEGAL DISCLAIMER

This document is a Request for Interest (RFI) in connection with the project outlined in it. It is not intended to, nor should it be interpreted as, being an offer to contract.

Neither the **ICRC** nor any of its officers, employees or external consultancy make any explicit or implied representation or warranty as to, nor will have any liability or responsibility for, the accuracy or completeness of the information contained in this document or made available in connection with the project outlined in it. The **ICRC** and its officers, employees and external consultancy expressly disclaim any and all liability, which may be based on such information, errors therein, or omissions there from (provided nothing in this RFI shall exclude or limit liability for fraudulent misrepresentation).

3.14. NON-DISCLOSURE

The information contained in this RFI (or accumulated through other written or verbal communication in connection with this RFI) is confidential, shall be used for proposal purposes only, and shall not be disclosed or used by providers for any other purpose. The RFI documents, including other data appended or related to them, must be returned to the **ICRC** or destroyed upon the **ICRC**'s request.

The **ICRC** agrees to hold all information received in response to this RFI in confidence and will not disclose it to parties without express written consent from provider.

3.15. COMMUNICATION

Providers may not refer to the **ICRC** for any public communication purposes, such as displaying **ICRC**'s logo for example. Publicity or news release pertaining to this RFI, or the award of any contract related to it, must not be made public without prior written approval of the **ICRC**. The contracts that the **ICRC** signs with its providers must clearly stipulate that no use may be made of the name, image or logo of the **ICRC,** or any of the Red Cross or Red Crescent emblems, without prior written approval.

3.16. OWNERSHIP OF MATERIALS

All materials submitted in response to this RFI become the property of the **ICRC**. Proposals and supporting material will not be returned to providers.

3.17. ACCEPTANCE

The **ICRC** reserves the right to reject any or all proposals received as the result of this RFI, in whole or in part, in the sole discretion of the **ICRC**. The **ICRC** reserves the right to negotiate modifications, prior to and leading up to selection of the provider(s).

3.18. PROVIDER EVALUATION AND SELECTION

The **ICRC** will select the provider(s) after a thorough evaluation. Any responding provider selected will be chosen on the basis of greatest benefit to the **ICRC** and will be considered for an eventual contract. The **ICRC**

reserves the right, in its evaluation of the proposal, to consider all pertinent information and criteria it deems appropriate, whether or not related requirements and criteria are specified in this RFI.

Further, the **ICRC** might request access to the provider's external auditor for a certification of the provider's financial statements.

After a final selection is made, the winning provider will be invited to negotiate a contract with the **ICRC**; remaining providers will be notified in writing of their selection status.

Main evaluation criteria are:

- Understanding of the project
- Ability to work collaboratively with the ICRC (and its partners, where necessary) to ensure the project objectives are met
- Completeness, accuracy and consistency of the expression of interest
- Commitment to the project’s objectives
- Full comment of general and technical issues
- Full comment of quality issues and control
- Experience with similar projects
- Provider viability
- Match with **ICRC**: mentality, ethics, resources, processes

The principle of independence requires that the contractual relationship between the **ICRC** and a provider does in no way lead to believe that the **ICRC** may endorse a provider, its products, policies or services. The **ICRC** cannot grant formal "exclusivity" to any provider.

