



REQUEST FOR PROPOSAL (RFP) (For Low-Valued Services)

NAME & ADDRESS OF FIRM	DATE: February 17, 2021
	REFERENCE: MyRFP_2021_004

Dear Sir / Madam:

We kindly request you to submit your Proposal for development of a HDR Satellite Paper on Inequality in Access to Essential Health and Medicine [COVID-19 Vaccines].

Please be guided by the form attached hereto as Annex 2, in preparing your Proposal.

Proposals may be submitted on or before Thursday, February 25, 2021 and via email to the address below:

United Nations Development Programme
Level 10, Menara PjH, No. 2 Jalan Tun Razak, Precint 2, 62100 Putrajaya, Malaysia
Procurement Team
procurement.my@undp.org

Your Proposal must be expressed in the **English**, and valid for a minimum period of **60 days**.

In the course of preparing your Proposal, it shall remain your responsibility to ensure that it reaches the address above on or before the deadline. Proposals that are received by UNDP after the deadline indicated above, for whatever reason, shall not be considered for evaluation. If you are submitting your Proposal by email, kindly ensure that they are signed and in the .pdf format, and free from any virus or corrupted files.

Services proposed shall be reviewed and evaluated based on completeness and compliance of the Proposal and responsiveness with the requirements of the RFP and all other annexes providing details of UNDP requirements.

The Proposal that complies with all of the requirements, meets all the evaluation criteria and offers the best value for money shall be selected and awarded the contract. Any offer that does not meet the requirements shall be rejected.

Any discrepancy between the unit price and the total price shall be re-computed by UNDP, and the unit price shall prevail, and the total price shall be corrected. If the Service Provider does not accept the final price based on UNDP's re-computation and correction of errors, its Proposal will be rejected.

No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted by UNDP after it has received the Proposal. At the time of Award of Contract or Purchase Order, UNDP reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum twenty-five per cent (25%) of the total offer, without any change in the unit price or other terms and conditions.

Any Contract or Purchase Order that will be issued as a result of this RFP shall be subject to the General Terms and Conditions attached hereto. The mere act of submission of a Proposal implies that the Service Provider accepts without question the General Terms and Conditions of UNDP, herein attached as Annex 3.

Please be advised that UNDP is not bound to accept any Proposal, nor award a contract or Purchase Order, nor be responsible for any costs associated with a Service Providers preparation and submission of a Proposal, regardless of the outcome or the manner of conducting the selection process.

UNDP's vendor protest procedure is intended to afford an opportunity to appeal for persons or firms not awarded a Purchase Order or Contract in a competitive procurement process. In the event that you believe you have not been fairly treated, you can find detailed information about vendor protest procedures in the following link:

<http://www.undp.org/content/undp/en/home/operations/procurement/business/protest-and-sanctions.html>

UNDP encourages every prospective Service Provider to prevent and avoid conflicts of interest, by disclosing to UNDP if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, cost estimates, and other information used in this RFP.

UNDP implements a zero tolerance on fraud and other proscribed practices, and is committed to preventing, identifying and addressing all such acts and practices against UNDP, as well as third parties involved in UNDP activities. UNDP expects its Service Providers to adhere to the UN Supplier Code of Conduct found in this link :

https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/pdf/unscc/conduct_english.pdf

Thank you and we look forward to receiving your Proposal.

Sincerely yours,
Patrick Pee
Assistant Resident Representative (O)
2/17/2021

Description of Requirements

Context of the Requirement	Organization/Firm for the development of a HDR Satellite Paper on Inequality in Access to Essential Health and Medicine [COVID-19 Vaccines].
Implementing Partner of UNDP	Not Applicable
Brief Description of the Required Services ¹	<p>The contracted organization will be responsible for the satisfactory development of a research piece on inequality in access to essential health and medicine, focussing on the context of the COVID-19 vaccine distribution; highlighting the deepening wealth and socio-economic inequalities potentially caused by it. Being a satellite paper to the Asia Pacific Regional Human Development report, the paper must adopt Asia and the Pacific countries as its area of focus.</p> <p>A Terms of Reference is attached for further details.</p>
List and Description of Expected Outputs to be Delivered	The primary deliverable will be the full text of paper no more than 50 pages which includes suitable and attractive infographics and pictures targeting a broad audience including policymakers, civil society, academia, private sector, the general public, media and experts that will be made available in print as well as electronically.
Person to Supervise the Work/Performance of the Service Provider	The contracted organization's team of consultants will work under the supervision of the Deputy Resident Representative, UNDP Country Office and the Senior Development Economist or other personnel deemed relevant for the paper.
Frequency of Reporting	The contracted organisation will report at least monthly or briefly when needed by UNDP
Progress Reporting Requirements	Brief progress reports will be required in the monthly reporting or when otherwise needed. Progress will be measured mainly through delivery of drafts specified in the deliverables.
Location of work	<input checked="" type="checkbox"/> At Contractor's Location
Expected duration of work	60 days
Target start date	1 st March 2021
Latest completion date	1 st June 2021
Travels Expected	No travel expected.
Special Security Requirements	Not applicable

¹ A detailed TOR may be attached if the information listed in this Annex is not sufficient to fully describe the nature of the work and other details of the requirements.

Facilities to be Provided by UNDP (i.e., must be excluded from Price Proposal)	<input checked="" type="checkbox"/> Others No facilities envisioned to be provided																	
Implementation Schedule indicating breakdown and timing of activities/sub-activities	<input checked="" type="checkbox"/> Not Required																	
Names and curriculum vitae of individuals who will be involved in completing the services	<input checked="" type="checkbox"/> Required For additional information on required education, competency and experience required, please refer to the attached Terms of Reference.																	
Currency of Proposal	<input checked="" type="checkbox"/> United States Dollars																	
Value Added Tax on Price Proposal ²	<input checked="" type="checkbox"/> must be inclusive of VAT and other applicable indirect taxes																	
Validity Period of Proposals (Counting for the last day of submission of quotes)	<input checked="" type="checkbox"/> 60 days In exceptional circumstances, UNDP may request the Proposer to extend the validity of the Proposal beyond what has been initially indicated in this RFP. The Proposal shall then confirm the extension in writing, without any modification whatsoever on the Proposal.																	
Partial Quotes	<input checked="" type="checkbox"/> Not permitted																	
Payment Terms ³	<table border="1"> <thead> <tr> <th>Outputs</th> <th>Percentage</th> <th>Timing</th> <th>Condition for Payment Release</th> </tr> </thead> <tbody> <tr> <td>Draft outline presented for approval</td> <td>10%</td> <td>8th March 2021</td> <td rowspan="3"> Within thirty (30) days from the date of meeting the following conditions: a) UNDP's written acceptance (i.e., not mere receipt) of the quality of the outputs; and </td> </tr> <tr> <td>First draft of paper</td> <td>30%</td> <td>2nd April 2021</td> </tr> <tr> <td>Second draft and successful incorporation of reviews from first draft</td> <td>30%</td> <td>16th April 2021</td> </tr> </tbody> </table>				Outputs	Percentage	Timing	Condition for Payment Release	Draft outline presented for approval	10%	8 th March 2021	Within thirty (30) days from the date of meeting the following conditions: a) UNDP's written acceptance (i.e., not mere receipt) of the quality of the outputs; and	First draft of paper	30%	2 nd April 2021	Second draft and successful incorporation of reviews from first draft	30%	16 th April 2021
Outputs	Percentage	Timing	Condition for Payment Release															
Draft outline presented for approval	10%	8 th March 2021	Within thirty (30) days from the date of meeting the following conditions: a) UNDP's written acceptance (i.e., not mere receipt) of the quality of the outputs; and															
First draft of paper	30%	2 nd April 2021																
Second draft and successful incorporation of reviews from first draft	30%	16 th April 2021																

² VAT exemption status varies from one country to another. Pls. check whatever is applicable to the UNDP CO/BU requiring the service.

³ UNDP preference is not to pay any amount in advance upon signing of contract. If the Service Provider strictly requires payment in advance, it will be limited only up to 20% of the total price quoted. For any higher percentage, or any amount advanced exceeding \$30,000, UNDP shall require the Service Provider to submit a bank guarantee or bank cheque payable to UNDP, in the same amount as the payment advanced by UNDP to the Service Provider.

	Satisfactory submission of the final draft	30%	1 st May 2021	b) Receipt of invoice from the Service Provider.
Person(s) to review/inspect/ approve outputs/completed services and authorize the disbursement of payment	UNDP Malaysia Deputy Resident Representative and Senior Development Economist			
Type of Contract to be Signed	<input checked="" type="checkbox"/> Contract for Professional Services			
Criteria for Contract Award	<input checked="" type="checkbox"/> Lowest Price Quote among technically responsive offers <input checked="" type="checkbox"/> Highest Combined Score (based on the 70% technical offer and 30% price weight distribution) <input checked="" type="checkbox"/> Full acceptance of the UNDP Contract General Terms and Conditions (GTC). This is a mandatory criterion and cannot be deleted regardless of the nature of services required. Non-acceptance of the GTC may be grounds for the rejection of the Proposal.			
Criteria for the Assessment of Proposal	Technical Proposal (70%) <input checked="" type="checkbox"/> Expertise of the Firm 30% <input checked="" type="checkbox"/> Methodology, Its Appropriateness to the Condition and Timeliness of the Implementation Plan 10% <input checked="" type="checkbox"/> Management Structure and Qualification of Key Personnel 30% Financial Proposal (30%) To be computed as a ratio of the Proposal's offer to the lowest price among the proposals received by UNDP.			
UNDP will award the contract to:	<input checked="" type="checkbox"/> One and only one Service Provider			
Contract General Terms and Conditions ⁴	<input checked="" type="checkbox"/> General Terms and Conditions for de minimis contracts (services only, less than \$50,000) Applicable Terms and Conditions are available at: http://www.undp.org/content/undp/en/home/procurement/business/how-we-buy.html			
Annexes to this RFP ⁵	<input checked="" type="checkbox"/> Form for Submission of Proposal (Annex 2) <input checked="" type="checkbox"/> Detailed TOR			

⁴ Service Providers are alerted that non-acceptance of the terms of the General Terms and Conditions (GTC) may be grounds for disqualification from this procurement process.

⁵ Where the information is available in the web, a URL for the information may simply be provided.

Contact Person for Inquiries (Written inquiries only) ⁶	Procurement Team <i>procurement.my@undp.org</i> Any delay in UNDP's response shall be not used as a reason for extending the deadline for submission, unless UNDP determines that such an extension is necessary and communicates a new deadline to the Proposers.
Other Information [pls. specify]	Not Available

⁶ This contact person and address is officially designated by UNDP. If inquiries are sent to other person/s or address/es, even if they are UNDP staff, UNDP shall have no obligation to respond nor can UNDP confirm that the query was received.

Terms of Reference (TOR):
Organization/Firm for the development of a
HDR Satellite Paper on
Inequality in Access to Essential Health and Medicine [COVID-19 Vaccines]

Context

Under the shadow of the climate crisis and sweeping technological change, inequalities in human development are taking new forms in the 21st century. Inequalities in enhanced capabilities such as in health, higher education and access to the internet, reflect a person's level of empowerment in a future already challenged by climate change, gender inequality and violent conflicts. Newer forms of inequality are also taking on more complex forms, especially in how they affect 'enhanced capabilities' of humans. Inequality in healthcare has brought about an unbalanced access to healthcare and medicine and is part of this next generation of inequalities, capable of pushing the wealthiest ahead. It is also an inequality that has a moral and human rights imperative especially in regard to who has a right to be vaccinated against a fatal affliction, or not.

Even before COVID-19 hit, access to vaccines was deeply unequal with around 20 million children unable to access vaccines⁷ that could save them from serious diseases, death, disability, and ill health with more than 1.5 million people worldwide dying from vaccine-preventable diseases each year⁸. Developing countries face a much more crippling disease burden than developed countries, especially when it comes to infectious diseases. Water contamination, AIDS, malnutrition, tropical diseases in many places in the poorest countries remain the main cause of low life expectancy among the population, which can be avoided at very low costs per person through vaccinations and improved environmental and social conditions.

The deadly potential synergies among pre-existing health problems, prevention and recurrent treatment activities, and the COVID-19 pandemic has yet to be taken into account fully. COVID-19-related lockdowns have disrupted the routine immunization of millions of children against non-coronavirus diseases like diphtheria, measles, and polio. Rates of other preventable diseases may increase, with a lag, as a result of COVID-19 related pressure on the health system. International cooperation and assistance between developed and developing countries are crucial in ensuring that all relevant health technologies, intellectual property data and know-how on COVID-19 vaccines and treatment are widely shared as a global public good. Such cooperation is needed along the entire value and delivery chain.

Hence, all efforts to prevent, treat and contain COVID-19 must be based on the bedrock human-rights based principles of international solidarity, cooperation and assistance. There

⁷ World Health Organization, *Vaccines and Immunization*. Available at: https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1

⁸ World Health Organization, Global Health Observatory Available at: <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/child-mortality>

is no room for “supply and vaccine nationalism” or “vaccine diplomacy”. Decision-making about access to vaccines, essential tests and treatments, and all other medical goods, services and supplies must be based on international cooperation and multilateralism. This is vital for facilitating countries’ navigation of the present crisis and for laying the groundwork for a robust, sustained and inclusive socio-economic recovery around the world. Inequity in vaccine distribution is unacceptable and as the world rushes to purchase the COVID-19 vaccine, it is imperative that we make sure that our actions today do not radically deepen existing inequalities between and within countries.

Objectives

The contracted organization will be responsible for the satisfactory development of a research piece on inequality in access to essential health and medicine, in today’s context the COVID-19 vaccine distribution; focusing on the deepening wealth and socio-economic inequalities potentially caused by it. Being a satellite paper to the Asia Pacific Regional Human Development report, the paper must adopt Asia and the Pacific countries as its area of focus.

The report will approximately be no more than a 50-page document, including the executive summary and all appendixes/ annexes. The primary deliverable will be the full text of paper which includes suitable and attractive infographics and pictures targeting a broad audience including policymakers, civil society, academia, private sector, the general public, media and experts that will be made available in print as well as electronically.

The contracted organization’s team of consultants will work under the supervision of the Deputy Resident Representative, UNDP Country Office and the Senior Development Economist or other personnel deemed relevant for the paper.

Scope of Work

The contracted organization will ensure that paper seeks to address, at the minimum, the following study questions:

- i. How inequalities in health affects inequalities in human development and inter-generational progress? One possible approach is to present scatter plots to show correlations between COVID incidence, observed inequality patterns, and potential explanatory factors.
- ii. Why have universal vaccination and quality public health services remain as a key development challenge in developing countries, despite decades of institutional strengthening, financial support and capacity building? Examine the economic argument about how markets always underprovide public goods. Hence, globally coordinated government action is necessary to reach the necessary level of provision.
- iii. Why calling for an equitable distribution of vaccines goes beyond a question of value? What are the economic and social impacts of an inclusive vaccination strategy for the world? Why vaccine distribution should not be misrepresented by politicians with domestic political objectives as a zero-sum game among countries

- iv. How Political economy of vaccines affected and led to varying levels of commitment, “vaccine nationalism” and “Vaccine diplomacy”? What is the extent of collusion between large pharmaceutical companies and political elites?
- v. How to facilitate coordinated collective action to enhance the provision of vaccines as a regional and global public good? Can current distributional frameworks be improved? Identify how UN system—notably WHO and UNDP—can and should play a role in this aspect.
- vi. In the conclusion, create a strong case for multilateralism, and multilateral spaces for mediated distributions/inequality mitigators, especially in disruptors-sans-frontiers like climate change, virulence, and whatever more is to come. Also, describe lessons distilled from this experience, and formulating guidelines for how to handle future similar shocks.

The contracted organization should also present a draft working outline to be agreed upon, which can closely follow the one provided in **Appendix 1**.

Deliverables, Schedule and Terms of Payments

The contract and payments will be performance-based and assessed by UNDP Malaysia and the Regional Human Development Report Committee. For payment in instalments, certification of satisfactory performance at each phase of key deliverable is required. Timing of specific activities will be discussed and agreed between UNDP. Deliverables are provided below:

No.	Deliverable	Due date	% of Fees payable
1	Draft outline presented for approval	8 th March 2021	10%
2	First draft of paper	2 nd April 2021	30%
3	Second draft and successful incorporation of reviews from first draft	16 th April 2021	30%
4	Satisfactory submission of the final draft	1 st May 2021	30%

Education, Experience and Competencies

UNDP intends to contract this assignment to an organisation (consultancy firm, think tank, academic institution, or NGO) under and RFP process in response to this TOR. Skills requirements are set out for the team leader and the organisation separately below. We leave it for proposers to specify the number of team members and their skills set to meet the overall requirement.

The Team Leader should have the following qualifications and skills:

- A postdoctoral degree in Economics, Public Health, Sustainable Development, Public Policy, Development Studies or other relevant fields;
- The team leader should have at least 5 years relevant working experience or at least 7 years of relevant working experience in lieu of a postdoctoral degree, with at least a master's degree.
- Extensive knowledge and proven working experience in the area of economics, development economics, public health, vaccine supply chain, public policy, health development, or related fields.
- Extensive knowledge of the global vaccine supply chain is highly desirable.
- Excellent writing skills required, as demonstrated by previous research/analytical reports on relevant topics.
- Sound grasp of substantive policy issues in the area of public health and inequality
- Excellent knowledge of data collection, scenario modelling, analysis and statistics tool are essential.
- Demonstrated ability to engage in strategic analysis, and sectoral analysis.
- Proficient in English (both spoken and written).

Overall qualification requirement of the proposing organization:

- Proven track record of experience in designing and implementing impact assessment methodologies, rapid impact assessment and participation.
- Proven experience of producing high quality reports, making impactful presentations as well as designing and delivering audience-focused reports etc.
- Proven experience in data collection, data modelling, analysis, and statistical tools.

Further competencies for team members:

UN Corporate: Demonstrates commitment to UNDP's vision, mission, and UN values. Displays cultural, gender, religion, race, nationality, age sensitivity, and adaptability. Demonstrates/ safeguards ethics and integrity; and fulfils all obligations to gender sensitivity and zero tolerance for sexual harassment.

Technical: Capable of working efficiently, dependable, and having strong attention to detail. Familiarity with global health, development and vaccine distribution, is an advantage. Demonstrated commitment to the timely delivery of projects. Ability to maintain high-quality of work while meeting tight deadlines and short turn-around times. Strong listening and communication skills. Capable of working in a high-pressure environment with short deadlines, managing many tasks simultaneously. Exercise the highest level of responsibility and be able to handle confidentiality

Draft Working Outline (page allocation is as guidance only)

The 'working structure' will be a principal section on facets of inequality in Vaccine distribution. The structure of the satellite paper is proposed as follows:

Foreword by ASG [1 page]

Executive Summary [1 page]

I. Overview [2 – 4 pages]

- a) The unfolding pandemic in Asia-Pacific; unprecedented reversal in human development
- b) Public and private sector responses in searching for a vaccine for COVID-19
- c) Key stakeholders in the vaccine development space and market driving forces

II. Beyond Than Just a Question of Value: Inequality in Vaccine Distribution [some angles for consideration] [12 - 14 pages]

- a) Wealth and income Inequality's role in deteriorating or imposing additional risks to public health; its escalating adverse impact as its level or rate of change surges
- b) Conceptual framework of drivers of health inequality (between and within countries, in population groups, communities and households)
- c) Inequality outcomes or effect of the pandemic and the subsequent distribution of vaccine, in deepening present and inter-generational inequality (effect on health, education and productivity) as well as human development
- d) The way political economy of vaccines can be predicted and managed - political decision making and political acceptance of those decisions including the potential role of regional or national advisory platforms
- e) Arguments why COVID-19 vaccine should not be allowed to be another case of market failure. Equitable access to vaccination as issues to be addressed at the international and national levels.
- f) Economic impacts on world trade and productivity from inequality in access to COVID-19 vaccine. Discuss also the effect on fiscal resources from controlled utilization of hospitals and healthcare resources, the development of herd immunity, and gradual economic recovery.

III. Brief Critical Review of COVID-19 Vaccine Distribution Frameworks [6 - 8 pages]

- a) COVAX Allocation policy
 - i. Available doses will be allocated to all participating countries at the same rate, proportional to their total population size.
 - ii. A small buffer of about 5% of the total number of available doses will be kept aside to build a stockpile to help with acute outbreaks and to support humanitarian organisations, for example to vaccinate refugees who may not otherwise have access.
 - iii. Even though self-financing participants can request for enough doses to vaccinate between 10-50% of their population, no country will receive enough doses to vaccinate more than 20% of its population until all countries in the financing group have been offered this amount. The only exception is those countries who have opted to receive fewer than 20%.
 - iv. Gavi COVAX Advance Market Commitment (AMC) to ensure that the 92 middle- and lower-income countries that cannot fully afford to pay for COVID-19 vaccines themselves get equal

access to COVID-19 vaccines as higher-income self-financing countries and at the same time. Estimated population covered: almost 1 billion. Even so, it is likely that the 92 ODA-eligible countries accessing vaccines through the AMC may also be required to share some of the costs of COVID-19 vaccines and delivery.

- v. *Risks of the COVAX not delivering on its promises, because of funding issues, some developing countries are pulling out entirely or seeking their own private deals.*

b) People's Vaccine initiative.

- i. Aims for a vaccine that is available to everyone, free of charge and distributed fairly based on need.
- ii. This will only be possible if pharmaceutical corporations allow vaccines to be produced as widely as possible by freely sharing their knowledge free of patents, instead of protecting their monopolies and selling to the highest bidder.
- iii. Argues that taxpayers have already paid for a large portion of the front-end research and development. It calls for the pharmaceutical companies to be transparent about the true costs for the vaccine and then for the companies to sell them as close to true cost as possible. Governments and health agencies to cover delivery costs of the vaccines, so that it can be made entirely free of charge to the public in both rich and poor countries.

c) Fair Allocation Framework for COVID-19 (WHO)

- i. Aims to provide guidance and recommendations on which priority groups should be vaccinated first at the national level.
- ii. The Framework identifies three groups of people as highest risk who should get priority access to COVID-19 vaccines: frontline health and social care workers; people over the age of 65; and people under 65 who have underlying health conditions.

d) national and sub-national distribution framework

- i. Identifying vulnerable groups – vaccine distribution algorithms designed to account for a range of factors in identifying vaccine recipients may not be effective if there are issues with the database [undercounting or underreporting].
- ii. Valuation of risks factors – consider geographies and populations with vulnerabilities or structural disadvantages, including low access to health care or those disproportionately affected by COVID-19, as well as locations where social distancing may be most challenging due to population density.
- iii. Potential transactional and logistical costs [lack reliable electricity and cold storage] as well as trained manpower [healthcare professionals to administer the vaccines] that influences distributional decisions and effectiveness.
- iv. As a domestic political decision process – up to not only the ministries of health, but the whole of society. Who to give immunity and how much, and when can pandemic restrictions can be lifted, all of which must be politically acceptable to the population.
- v. Managing communications to help address issues of stigma and discrimination or misinformation and disinformation. Issues related to trust in the government.
- vi. Domestic manufacturing of vaccines will be important, given that vaccines will be available for only a small percentage of the population. Delivering and distribution of vaccines is an uncharted territory in that no country has in place an adult vaccination programme.

IV. Modeling Distribution Scenarios [subject to discussion] [9 - 10 pages]

- a) Exploration of inequities through distribution scenarios in which production capacity limits rollout in two countries, evaluating both health impacts (number of cases, number of deaths) and economic impact. Country A is a developed country or groups of countries; Country B is a developing country or group of countries. *This requires the development of simplified and exploratory epidemiological models; analysis would be*

strengthened if a model of economic activity as movement/business restrictions are lifted could also be developed. For example:

- Scenario 1: Country A obtains vaccines 6 months ahead of Country B. (default scenario)
- Scenario 2: Country A and B receive vaccines simultaneously, with rollout in both countries limited by supply ("equal" scenario)
- Scenario 3: Distribution of vaccines designed to minimize expected number of deaths ("equitable scenario")
- Add a lens of 'what don't we know here?' 'What could throw the assumptions that underpin this model off-track?'

Based on these scenarios, an analysis of the political economy, including decision-making and acceptance will be conducted, taking into account the potential role of regional or national advisory platforms. In a scenario matrix, the paper may explore possible health, socio-economic, gender and social cohesion consequences.

V. Lessons for the Future [12 – 14 pages]

a) Identify Key Pillars of an Inclusive Distribution framework [some suggestions]

- i. Methods or algorithm of prioritizing access at international and national levels. Access and availability of a vaccine cannot be left in the hands of traditional market forces, to be defined by rules of supply and demand. Market solutions alone will not efficiently contain this pandemic nor prioritize the protection of millions of people in situations of vulnerability.
- ii. Sharing technologies, intellectual property data and know-how on COVID-19 vaccines widely; including using the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) regarding flexibilities to protect public health and provide access to medicines for all.
- iii. Agreements to ensure that stocks are available to protect everyone who needs it, no matter where they live.
- iv. A clear and effective communication plan to reduce trust issues related to vaccination risks and its distribution priorities (who gets it first or the fairness perception)
- v. Country preparation measures including investing in public health facilities and reach, transport and logistic, digital tracking, readiness of local councils, establishing independent watch groups or monitoring body and so on.
- vi. Stakeholders will need to provide key pieces of infrastructure to support the uptake of COVID-19 vaccines. For instance, insurers will need to address coverage issues for the most vulnerable populations—enabling global access to vaccines, limiting out of pocket expenses, and so on. Social Protection coverage to include contributory and non-contributory methods of covering vaccination against infectious diseases.
- vii. Innovators, manufacturers, and other key stakeholders should take a long-term view of investments that create opportunities for greater preparedness for future pandemics.
- viii. Where they are highly exposed and vulnerable to the risk of COVID-19, people who are often neglected from health services, goods and facilities, including those living in poverty, women, indigenous peoples, people with disabilities, older persons, minority communities, internally displaced people, persons in overcrowded settings and in residential institutions, people in detention, homeless persons, migrants and refugees, people who use drugs, LGBT and gender diverse persons, must be given access to vaccines and treatment services.

FORM FOR SUBMITTING SERVICE PROVIDER'S PROPOSAL⁹

(This Form must be submitted only using the Service Provider's Official Letterhead/Stationery¹⁰)

[insert: Location]

[insert: Date]

To: [insert: Name and Address of UNDP focal point]

Dear Sir/Madam:

We, the undersigned, hereby offer to render the following services to UNDP in conformity with the requirements defined in the RFP dated [specify date], and all of its attachments, as well as the provisions of the UNDP General Contract Terms and Conditions :

A. Qualifications of the Service Provider

The Service Provider must describe and explain how and why they are the best entity that can deliver the requirements of UNDP by indicating the following :

- a) Profile – describing the nature of business, field of expertise, licenses, certifications, accreditations;*
- b) Business Licenses – Registration Papers, Tax Payment Certification, etc.*
- c) Latest Audited Financial Statement – income statement and balance sheet to indicate its financial stability, liquidity, credit standing, and market reputation, etc. ;*
- d) Track Record – list of clients for similar services as those required by UNDP, indicating description of contract scope, contract duration, contract value, contract references;*
- e) Certificates and Accreditation – including Quality Certificates, Patent Registrations, Environmental Sustainability Certificates, etc.*
- f) Written Self-Declaration that the company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List.*

B. Proposed Methodology for the Completion of Services

The Service Provider must describe how it will address/deliver the demands of the RFP; providing a detailed description of the essential performance characteristics, reporting conditions and quality assurance mechanisms that will be put in place, while demonstrating that the proposed methodology will be appropriate to the local conditions and context of the work.

⁹ This serves as a guide to the Service Provider in preparing the Proposal.

¹⁰ Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes

C. Qualifications of Key Personnel

If required by the RFP, the Service Provider must provide :

- a) Names and qualifications of the key personnel that will perform the services indicating who is Team Leader, who are supporting, etc.;*
- b) CVs demonstrating qualifications must be submitted if required by the RFP; and*
- c) Written confirmation from each personnel that they are available for the entire duration of the contract.*

D. Cost Breakdown per Deliverable*

	Deliverables [list them as referred to in the RFP]	Percentage of Total Price (Weight for payment)	Price (Lump Sum, All Inclusive)
1	Upon completion and acceptance of draft outline presented	10%	
2	Upon submission and acceptance of first draft of paper	30%	
3	Upon submission and acceptance of second draft and successful incorporation of reviews from first draft	30%	
4	Upon satisfactory submission and acceptance of the final draft	30%	
	Total	100%	

**This shall be the basis of the payment tranches*

E. Cost Breakdown by Cost Component [This is only an Example]:

Description of Activity	Remuneration per Unit of Time	Total Period of Engagement	No. of Personnel	Total Rate
I. Personnel Services				
1. Services from Home Office				
a. Expertise 1				
b. Expertise 2				
2. Services from Field Offices				
a . Expertise 1				
b. Expertise 2				
3. Services from Overseas				
a. Expertise 1				
b. Expertise 2				
II. Out of Pocket Expenses				
1. Travel Costs				
2. Daily Allowance				
3. Communications				
4. Reproduction				
5. Equipment Lease				
6. Others				
III. Other Related Costs				

*[Name and Signature of the Service Provider's
Authorized Person]
[Designation]
[Date]*