



Request for Proposals - FAQ

Request for Proposal (RFP) - RP24-0010
Conducting a willingness to pay and procurement values and preferences mapping for point of care molecular diagnostics for Lassa Fever in Nigeria & Liberia and Nipah Virus in India and Bangladesh

Frequently Asked Questions (version 10 June 2024)

1. Can you share anything more about the intended use cases for the technology types (POC and RDT) for the two diseases (Lassa Fever and Nipah Virus)?
 - a. Lassa fever diagnostics intended use cases:
 - i. **RDT**: Rapid screening of individuals suspected to have LASV in level 2 health facilities and below for outbreak detection and case management
 1. Additional populations: exposed individuals (e.g. healthcare workers)
 - ii. **PoC molecular**: Confirmatory testing at the reference laboratory
 - b. Nipah Virus diagnostics intended use cases
 - i. **RDT**: Rapid screening of patients with suspected NiV infection in level 2 health facilities and below – covered by TPP 1
 - ii. **PoC molecular**: Diagnosis and case management at level 2 health facilities and above – covered by TPP 1

Please note:

- *details about TPP1 can be found here: [WHO R&D Blueprint: Priority Diagnostics for Nipah](#)*
 - *The market work will focus only on these use cases.*
2. The methodology we propose may change depending on information that has not yet been released as the TPPs are still in development. This may include the types of procurers we intend to speak to and the amount of data we could course, and have implications in terms of how we price our proposal. How should we handle the above situation in our application?
 - a. If you foresee significant differences in terms of your proposal depending on the nature of the technology description please give as much detail as possible in your application of your reasoning, any implications this will have on the approach/budget.

3. Are other elements of procurement strategies such as sourcing strategy, supplier selection, distribution planning, and procurement financing required at this stage?
 - a. Whilst an understanding of these processes is important, this should not be a focus. If understanding these can be achieved as a part of the same values and preferences research, please mention it in the approach. If gathering this data will change the budget please explain how much and why.
4. Does FIND have a preferred Willingness to pay methodology (direct/indirect) and sample size for WTP surveys, and various approaches or a combination of methods?
 - a. FIND is open to ideas and inputs from applicants – if various or combined approaches are considered, please provide implications in terms of the budgets.
5. What should be done if the suggested timeframe for interim deliverables following the likely launch date is perceived as too short:
 - a. FIND will be comfortable to negotiate reasonable time frames for interim deliverables. The principal concern is receiving the finalized deliverables by the end of September and having visibility into progress and mitigation plans in place if there is a risk of delay.
6. Are there specific requirements or preferences for multiple-country approaches or aligning with other teams working in different countries:
 - a. For the purposes of the application, it is too early to give specific requirements at this stage as we have not reviewed other applications. This will likely be addressed in future/negotiation stages preceding the project launch. We do expect the shortlisted consultant to work with FIND country teams, as well as necessary stakeholders in public health programmes outside of FIND in the respective countries
7. Has FIND identified stakeholders and will FIND provide support in facilitating connections with these stakeholders?
 - a. FIND expects consultants to create a shortlist of consultants, which it will review and add to if necessary. FIND will help with a letter of content and depending on stakeholders may facilitate connections