



Commonwealth of Australia

Statement of Requirement (SOR)

This SOR is for the provision of: A report on current risks to health security in the Indo-Pacific region.

The Commonwealth as represented by Department of Foreign Affairs and Trade (the Customer) is seeking tenders for the provision of the services (Services) described in this SOR.

In submitting a response, Potential Suppliers are required to comply with all requirements set out in both the:

- [Commonwealth Approach to Market Terms](#), and
- [Commonwealth Contract Terms](#)

Statement of Requirement

A.A.1 Key Dates and Times

Event	Date	Time	Location
ATM Closing Time:	21 February 2019	1700	Canberra
Question closing time:	2 business days before ATM Closing Time		
Expected Contract execution date:	1 March 2019		
Services to be completed on or before:	30 April 2019		
Term:	Contract will terminate Tuesday 30 April 2019		
Extension Option:	Contract may be extended by ONE WEEK.		

A.A.2 Mandatory Conditions of Participation

The Customer will exclude from consideration any Response that does not meet the following Mandatory Conditions of Participation:

- Shows required level of skill in:
 - Report drafting and writing
 - Quantitative and qualitative analysis
- Has knowledge of the Indo-Pacific region including its:
 - health systems, including animal and environmental health systems as relevant to health security
 - health risks, especially relating to infectious disease detection, prevention and control
 - international relations, including international development assistance arrangements
 - regional institutions and architecture, including current programs and initiatives.

A.A.3 The Requirement

1.0 Background

The Indo-Pacific Centre for Health Security within the Department of Foreign Affairs and Trade ('The Centre') administers the Government's Indo-Pacific Health Security Initiative, which is a \$300m program over 2017-2022 working to improve health security in the Indo-Pacific region ('the region') and more broadly. This includes investing in health systems research, product development, workforce and laboratory capacity building, disease surveillance and working with country partners on particular health security threats. The Initiative takes a One Health approach, acknowledging the interconnected nature of human, animal and environmental health.

2.0 Purpose

The Centre is seeking to publish a baseline report on overall risks to health security in the region.

The Centre uses a definition of health security as "the avoidance and containment of infectious disease threats with the potential to cause social and economic harms on a national, regional or global scale."

In 2018, the Centre has invested in high-level scoping missions conducted by international experts in human and animal health. The scoping teams prepared detailed reports summarising the findings and providing recommendations for improving health security at the country and regional level for on individual countries and on the Pacific and Southeast Asia areas of the region.

Many countries in the region have also completed external assessments of their pandemic preparedness levels and capacities, through the WHO Joint External Evaluation and OIE Performance of Veterinary Services tools.

It is envisioned that a similar report will be commissioned towards the end of the five-year initiative.

The report and its subsequent publication aim to:

- Outline and demonstrate a sophisticated understanding of the Indo-Pacific region's
 - (1) Infectious disease threats;
 - (2) State of preparedness for health emergencies, particularly infectious disease outbreaks;and
 - (3) Its current trajectories for reducing key risks and implementing the International Health Regulations (IHR).
- Demonstrate the trans-boundary nature of health security risks

- Provide an evidence base for domestic (within regional partner countries), regional and global action in support of IHR implementation
- Facilitate cross-sectoral communication on health security threats and responses
- Provide a significant number of high quality data visualisations accessible to non-technical audiences.
- Function as a flagship publication to inform health security policies and programs and maintain momentum for regional action to reduce health security risks.

3.0 Location

Work under this project will be performed remotely at the supplier's offices and/or at the offices of the Indo-Pacific Centre for Health Security.

4.0 Key Personnel and special requirements

The project will require at least one lead with the following qualifications:

- A post-graduate degree in public health, medicine, epidemiology or a related field including One Health, Veterinary Medicine, Anthropology and Gender
- Demonstrated outstanding competence and academic leadership in research, and/or international public health and outbreak response
- Demonstrated experience in coordinating research and reporting projects accessible to a general audience, including clear science communication
- A solid understanding and demonstrated history of applying One Health approaches, and incorporating cross-sectoral perspectives.

The project lead will be responsible for procuring relevant additional expertise from personnel with more specialised backgrounds, including but not limited to the following areas:

- International Health Regulations
- Specific infectious disease threats as reflected in surveillance data and/or credible disease modelling
- Zoonoses
- Regional health systems, including workforce, laboratory and vector control capacities.

Proposals should also strongly consider the use of an advisory panel for rapid review of material at key stages.

Proposals should strongly consider the diversity of their personnel.

5.0 Pricing

Responses should include a budget proposal, which clearly defines a pricing structure in one of two ways, as defined in [5.1-2].

5.1 By Personnel

- Responses from sole traders or individuals may outline the number of days expected for each deliverable and the relevant personnel and levels required.
- Responses under this structure should be outlined with reference to DFAT's [Aid Remuneration Framework](#) (ARF), under Discipline Category Group C.

5.2 By Deliverable

- Responses under this structure should be outlined with reference to pricing by milestones or deliverables.
- Responses under this structure may consider the ARF or the Supplier's own pricing structure where this is sufficiently clear and not comparable to the ARF.

6.0 Scope and Deliverables

6.1 Scope

6.1.1 Geographic Scope

The report should principally cover ODA-eligible countries in Southeast Asia and the Pacific, as listed below, while also including selective coverage of threats across the wider Indo-Pacific:

South East Asia

Cambodia
Indonesia
Laos
Myanmar
Philippines
Timor-Leste
Vietnam

Pacific

Cook Islands	Republic of Palau
Federated States of Micronesia	Republic of the Marshall Islands
Fiji	Samoa
Kiribati	Solomon Islands
Nauru	Tokelau
Niue	Tonga
Papua New Guinea	Tuvalu
	Vanuatu

6.1.2 Thematic Scope

The report should have a strong focus on quantitative analysis, drawing on current literature and publicly available assessments of Indo-Pacific countries' capacity to respond to a disease outbreak. It is not intended to require new research. It would ideally cover:

- Pathogens or pathogen types that impose the highest burdens on the region, or pose the highest risks, with a focus on both endemic and emerging/re-emerging pathogens
- The current state of national and regional preparedness as particularly reflected in the findings and recommendations of Joint External Evaluations, where completed, or other comparable assessments
- Estimates of the potential impacts of various forms of health emergency in the Indo-Pacific or subregions thereof, including economic costs and mortality/morbidity.
- Specific social, political, economic and geographic qualities of the Indo-Pacific, or subregions thereof, and their impacts on health security risks.

Cross cutting issues

The report should include a discussion of how health security risks and responses might be affected or amplified by factors relating to gender, climate change, or disability, in keeping with DFAT's commitments under the department's [Disability Action Strategy 2017-2020](#), the [2017 Foreign Policy White Paper](#) on Climate Change and [Gender equality and women's empowerment strategy](#).

The report should include dedicated sections addressing these themes, including consideration of, but not limited to, the below:

Gender

Sex and gender differences have a major impact on women's, men's, girls' and boys' exposure, vulnerabilities and behaviours in response to public health emergencies. This matters for the effectiveness of interventions. Disease outbreaks affect men and women differently, and it has been argued that international and regional health security frameworks inadequately address gender. This means that Australia has an opportunity and responsibility to make a difference in how gender is incorporated into health security, by actively promoting gender equity perspectives in policy dialogue, partnerships, research, and people-to-people links.

Disability

People with disabilities, who account for about 15 per cent of the global population, are disproportionately more likely to be marginalised and at risk of being left behind in health security prevention, response and recovery efforts. Disability is frequently a result of infections, often avoidable. Disability-inclusive health security frameworks that include people with disabilities as both beneficiaries and participants enhance effectiveness by increasing reach to all members of at-risk communities.

Climate Change

Human health is directly and indirectly affected by changing environmental factors linked to climate change. Increasing temperatures, changing rainfall patterns, rising sea levels and increasing frequency and severity of extreme weather events amplify risks for infectious disease, contributing to the increased frequency and spread of vector-borne diseases such as malaria, dengue and Zika virus disease. The Indo-Pacific region is particularly vulnerable to the health impacts of climate change, including from extreme weather events and rising sea levels.

6.2 Deliverables

6.2.1 Publication Outline

A publication outline including a proposed table of contents, to no more than three heading levels, and a 1-2 page accompanying rationalisation for the proposed structure.

Acceptance upon written agreement from the Customer.

6.2.2 Draft Bibliography

Initial list of proposed sources cross-referenced with publication outline, demonstrating thorough coverage of key issues

Acceptance upon written agreement from the customer.

6.2.3 First Draft

First draft of the report, which should include:

- At least 70% of expected final content, edited for spelling, grammar and clarity
- At least 50% of expected final tables and figures (data visualisations).

Acceptance on written agreement from customer. This may be after the incorporation of some initial feedback.

6.2.4 Second Draft

Second draft of the report, which should be a complete draft with all intended content (including figures and tables), fully edited for spelling, grammar, structure, clarity and accessibility.

Acceptance on written agreement from customer. This may be after the incorporation of some initial feedback.

6.2.5 Final Report

The final report must meet the aims of the project laid out in section A.A.3. It will be at least 50 pages in length, but not more than 100 pages, not including source list/bibliography but including data visualisations. It should include a clear executive summary of no more than three pages.

Acceptance on written agreement from the Customer.

7.0 Audience

Likely users include foreign and international civil servants from organisations such as partner country governments, regional and international organisations.

Partner Type	Profile	Examples
<i>Regional and international organisations, and other donor governments</i>	International or regional civil servants, interested in pursuing aligned goals and collaboration	ASEAN Secretariat, Pacific Community (SPC), World Health Organisation, United Nations agencies, World Bank, Asian Development Bank, Product Development Partnerships, multiple donor government agencies
<i>Whole-of-Australian Government</i>	Medical, veterinary, or health system specialists from partner agencies	Department of Health, Department of Agriculture and Water Resources, CSIRO, Australian Centre for International Agricultural Research, Department of Defence
<i>Research institutions</i>	University departments, standalone medical and health research institutions	Multiple universities and research institutes, some focused on fundamental or translational medical research, others on health systems or other social science research
<i>Partner governments, philanthropic organisations and NGOs</i>	Nationals and representatives of countries in the Indo-Pacific, and non-government financing and delivery organisations working in those countries or globally	Multiple Indo-Pacific governments, multiple health-oriented NGOs, Bill and Melinda Gates Foundation, Wellcome Trust

8.0 Relevant examples

Some reports within or relevant to the interests to the Foreign Affairs and Trade portfolio that meet broadly similar requirements in health and other fields include:

[World Health Organisation Global Health Risks Report](#)

[Institute for Economics and Peace Global Peace Index](#)

Institute for Economics and Peace Measuring Peace in the Pacific (attached)

[Department of Foreign Affairs and Trade Consular State of Play](#)

A.A.3 (b) Security Requirements

None Specified

A.A.3(c) Workplace Health and Safety

Prior to commencement of the Contract, the Customer's Contract Manager and the Supplier's Contract Manager will identify any potential workplace health and safety issues and assign management of each issue identified to the party best able to manage it.

A.A.3 (d) Delivery and Acceptance

The Customer may accept or reject any deliverables under the Contract in accordance with the Commonwealth Contract Terms [Clause C.C.10].

A.A.3 (e) Facilities and assistance offered by the Customer

No assistance will be provided beyond access to the Centre. Within the Centre, no access to corporate IT systems can be provided. Desk space, printing/copying facilities and wi-fi may be available.

A.A.4 Approach to Market (ATM) Distribution

Distribution

This SOR and any updates will be distributed via the DFAT Business Opportunities webpage and the Centre for Health Security Website and social media channels. Any questions relating to this SOR must be directed to the *Customer's Contact Officer* at A.A.6.

A.A.5 Assessment of Proposals

Proposals received by the closing date will be assessed on the following criteria:

- Evidence of ability to meet requirement
- Appropriateness and strength of methodology to meet the requirement
- Qualifications of proposed personnel and/or institutions

- Value for money

A.A.6 Lodgement Method

Before lodging a response, please notify us of your interest.

EOIs and Responses should be lodged via Email to:

Email Address: caitlyn.mckenzie@dfat.gov.au CC chs@dfat.gov.au

Reference: State of Regional Health Security Report

by the closing time specified above.

The Customer will accept Responses lodged in Word Doc (.docx) and/or PDF (.pdf).

Response files should/must not exceed a combined file size of 20 megabytes per upload.

A.A.7 Customer's Contact Officer

For all matters relating to this ATM, the Customer's Contact Officer will be:

Name: Caitlyn McKenzie

Email: caitlyn.mckenzie@dfat.gov.au

CC: chs@dfat.gov.au

Phone: (02) 6261 3508

Additional Contract Terms

An executed contract will incorporate the Commonwealth Contract Terms and the following Additional Contract Terms:

A.C.1 Intellectual Property

The Supplier hereby assigns to the Customer all rights and interests in the intellectual property rights in the Material provided under the Contract. The Supplier agrees to create, execute or sign any document, which may be necessary to transfer those rights to the Customer.

The Customer grants to the Supplier a fee free, non-assignable, irrevocable, licence to exercise the intellectual property rights in the Material for the sole purpose of fulfilling its obligations under the Contract.

The Supplier warrants that it has full legal authority to assign the rights in the Contract; and that the provision of the Goods and/or Services and any Material under the Contract, and its use by the Customer in accordance with the Contract, will not infringe any third Party's intellectual property rights.

A.C.2 Special Conditions

Further to Commonwealth Contract Term C.C.14 [*Specified Personnel*], the Supplier must not engage any current employee of the Customer or Former Employee of the Customer as Specified Personnel.

Further to Commonwealth Contract Term C.C.20 [*Compliance with Commonwealth Laws and Policies*], the Supplier must comply with, and ensure its officers, employees, agents and subcontractors comply with the following clauses:

(a) Child protection:

- I. The Supplier must, and must ensure that its Subcontractors and Personnel comply with all Customer safeguard policies as listed on the Customer's website <http://dfat.gov.au/childprotection>.
- II. The Customer may conduct a review of the Supplier's compliance with the Customer's Child Protection Policy. The Customer will give reasonable notice to the Supplier. The Supplier must participate cooperatively in any such review.
- III. If the Customer finds that the Supplier has failed to comply with the Customer's Child Protection Policy, the Supplier must promptly, and at the cost of the Supplier, take such actions as are required to ensure compliance with the Customer's Child Protection Policy compliance standards.

(b) Sanctions and Counter-Terrorism:

The Supplier (and where appropriate, the Suppliers' subcontractors) will ensure that no funds are provided, directly or indirectly, to, or otherwise used to provide assistance or support to, persons

or entities designated for targeted financial sanctions by the United Nations Security Council or under Australian law, or to terrorists or terrorist organisations. The Supplier must inform the Customer immediately if, during the course of the Contract, the Supplier determines that any such funds have been so provided or used. Information on Australian sanction laws, including the Customer's Consolidated List of persons and entities subject to targeted financial sanctions, is available at www.dfat.gov.au/sanctions. Information on terrorist organisations for the purposes of the *Criminal Code Act 1995*, including those organisations specifically listed as terrorist organisations, is available at www.nationalsecurity.gov.au.

(c) Anti-Corruption:

The Supplier warrants that neither it nor its Personnel will make or cause to be made, receive or seek to receive any offer, gift or payment or benefit of any kind, which could be construed as an illegal or corrupt act, either directly or indirectly to any individual or organisation in relation to the execution of the Contract. Any breach of this clause will entitle the Customer to issue a notice under Commonwealth Contract Term Clause C.C.11 [*Termination for Cause*] to terminate the Contract immediately.

(d) Fraud:

- I. The Supplier is responsible for preventing and detecting suspected, alleged or attempted Fraud in delivering the goods or services under the Contract.
- II. If the Supplier becomes aware of any suspected or detected Fraud in delivering the goods or services under the Contract, it must report the matter to the Customer in writing within five (5) business days. The Supplier must investigate the Fraud at the Supplier's expense and in accordance with any directions or standards required by the Customer.
- III. After the investigation is finished, the Supplier must promptly report full details of any Fraud to the local police and any other appropriate law enforcement agency in the country where the incident occurred, unless the Customer agrees otherwise in writing.
- IV. If the investigation finds Fraudulent Activity in delivering the goods or services under the Contract, the Supplier must promptly:
 - a) Pay to the Customer the full value of any Customer funds that have been misappropriated; and
 - b) Either return any misappropriated property to the Customer or, if the property cannot be recovered or has been damaged so that it is no longer usable, replace the property with property of equal quality.

For the purposes of this clause:

'Former Employee of the Customer' means a person who was previously employed by the Customer, whose employment ceased within the last nine (9) months and who was substantially involved in the design, preparation, appraisal, review, and or daily management of the Contract.

‘Fraud’ or ‘Fraudulent Activity’, means dishonestly obtaining a benefit, or causing a loss, by deception or other means.

‘Personnel’ means the Supplier’s officers, employees, agents, advisers, Suppliers and Subcontractors (including their respective personnel), and includes Specified Personnel and associates.

A.C.3 Meetings

The Supplier must ensure that its personnel and subcontractors (where applicable), attend meetings with the Customer to discuss the Goods and/or Services as required for fulfilment of the supplier’s obligations, at no additional cost to the Customer. All meetings with the Customer will be held at Canberra or at a location which provides best value for money as determined by the Customer.

A.C.4 Travel

The Supplier must ensure that its personnel and subcontractors (where applicable), make travel arrangements in consultation with the Customer, if the Customer requires the Supplier or its personnel to undertake travel to perform any part of this Contract.