PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION
EXECUTIVE SECRETARIAT
733 Bishop Street, Suite 1820 • Honolulu, Hawai`i 96813
Telephone (808) 537-3131 • FAX (808) 537-6868
www.pihoa.org | Facebook | LinkedIn

REQUEST FOR PROPOSAL

RFP Title	Developing and Strengthening Laboratory Data Exchange (LDX) Ecosystems and Capacities in the US-Affiliated Pacific Islands (USAPIs)
Required Registration of Interest	All prospective respondents are required to register their interest in applying for this RFP via email to PIHOA's Deputy Director Janet Camacho (janetc@pihoa.org), Grants Manager Cerina Mariano (cerinam@pihoa.org), and Contracts Management Officer Keleise Reid (keleiser@pihoa.org). Changes or clarifications made on this RFP will be communicated with all prospective respondents through the registered point of contact.

I. PROPOSED TIMEFRAME

ACTIVITY	DATES
Release of RFP	September 17, 2024
Proposal Submission Deadline	October 1, 2024
Period of Performance	Immediate upon contract execution to July 31, 2025, with possible extension to July 31, 2026 based on the availability of funding and satisfactory performance

II. BACKGROUND

Established in 1986 by the chief health officials of the US-Affiliated Pacific Islands (USAPIs) of American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Federated States of Micronesia (FSM), Guam, Republic of the Marshall Islands (RMI), and the Republic of Palau, the Pacific Island Health Officers' Association (PIHOA) is a 501(c)3 headquartered in Honolulu, Hawaii, with a field office in Hagåtña, Guam. PIHOA's mission is to provide, through collective action and decision-making, a credible regional voice for health advocacy in and for the Pacific.

PIHOA is governed by the ministers, directors, and secretaries of health of the five USAPIs representing American Samoa, FSM, Guam, Palau, and RMI (Board of Directors) and their respective deputies, FSM state-level directors, and the Chief Executive Officers of the local public hospitals (Associates). PIHOA also has Affiliate members comprised of Pacific regional professional associations and development partners.

PIHOA leadership have identified the following as key regional priorities for health systems strengthening: 1) health workforce development/human resources for health; 2) health information systems, epidemiology, and surveillance; 3) performance improvement; 4) laboratory services; 5) regional health policy and advocacy; 6) health security; and 7) partnership engagement.

A. Status of USAPI Laboratories

The USAPIs have historically experienced significant challenges in developing and maintaining comprehensive and high-standard public health infrastructure and systems. Though some USAPIs have achieved critical gains in improved and expanded healthcare and laboratory infrastructure, systems, and personnel capacities over the past decade, there remain a range of shared challenges, particularly with

respect to timely and cost-effective procurement and inventory management of lab equipment and supplies; developing and sustaining standard US and/or internationally-recognized lab practices, protocols, and measures; reliance on external reference laboratories for higher-level diagnostic testing; under-trained or limited pool of qualified laboratory staff; under-resourced laboratory staffing plans and limited opportunities for supporting effective staff recruitment and retention strategies; and, general high cost of conducting business in the islands due to limited and expensive shipping and supply chain management infrastructure across the Pacific region. Due to small populations sizes spread across an ocean area equivalent to the continental US, all the USAPIs do not have economies of scale that enable them to capitalize on more optimal scenarios for the procurement and movement of resources and is a critical rate-limiting factor to the development and sustainability of quality, comprehensive laboratory services able to be delivered locally.

Financial and human resource constraints have and continue to result in some USAPI laboratories experiencing chronic and acute shortages of laboratory staff, protracted timelines for procurement, installation, and certification of laboratory equipment, stock-out of laboratory supplies and consumables, and continued reliance on transporting specimens to outside reference labs in Guam, Hawaii, the US, and Australia for confirmatory and reference testing. Conversely, the demand for clinical and public health laboratory services has only continued to increase in the USAPIs due to the rise of emerging and re-emerging infectious diseases, compounded by climate change and the acute and chronic presence of non-communicable diseases (NCDs) in the islands.

Though a couple of USAPIs have successfully established and implemented a Lab Information Management Systems (LIMS), the remaining USAPI laboratories have yet to acquire and/or deploy fully automated and interoperable LIMS. Some labs are still paper and Excel-based, while others are still in transition to migrate to and fully implement a more formal LIMS ecosystem that is interoperable with agency-wide information management systems. In addition, standardization and maintenance of lab-based quality control and assurance mechanisms remain a challenge for some USAPIs, impacting the accuracy of data collected and reported.

B. PIHOA Regional Laboratory Strengthening Initiative

In response to the critical need to address USAPI laboratory capacities and systems development needs and priorities, the ***PIHOA Regional Lab Strengthening Initiative*** (RLSI) was established and endorsed by the USAPI chief health officers in 2003. In 2005, PIHOA recruited a dedicated Regional Laboratory Strengthening Coordinator (RLSC) to plan, coordinate, and provide technical assistance on an array of laboratory development interventions to all 10 USAPI labs, with a particular focus on infectious and other outbreak-prone diseases such as measles, rubella, influenza, dengue, leptospirosis, TB, HIV, chlamydia, syphilis, gonorrhea, typhoid, cholera, agents of bioterrorism, and more recently, H1N1, Zika, chikungunya, MERS-CoV, and SARS-CoV-2 (COVID-19).

The RLSC routinely travels to all 10 labs annually to conduct routine assessments, provide training and technical assistance, and serve as the regional troubleshooter and advocate for all lab-related matters. The RLSC maintains close working relationships with an extensive network of partnering reference labs, airlines, and freight forwarders to assure effective and timely laboratory specimen transport and logistics coordination to meet the higher-level diagnostic and confirmatory testing needs of the USAPI labs for both routine and public health emergency testing and surveillance needs under PIHOA's ***USAPI Laboratory Specimen Transport Mechanism*** and ***USAPI Laboratory Revolving Fund (LRF)***. As a US Clinical Laboratory Improvement Amendments (CLIA)-approved Lab Director and IATA-certified trainer for specimen shipment and packaging, the RLSC serves as a regional resource for IATA Specimen Shipping

and Packaging training and certification, and when needed, to gap-fill as Lab Director for the US Pacific territorial laboratories to maintain their US CLIA compliance requirements.

Today, the USAPI Laboratory Network (LabNet) includes ten USAPI laboratories: three US CLIA-regulated labs in American Samoa and Guam, and seven non-regulated labs in the RMI (Majuro and Ebeye), Palau, and the FSM (Chuuk, Pohnpei, Yap, and Kosrae). Guam, in addition to its public health lab, has laboratories at Guam Memorial Hospital, Guam Naval Hospital, and some other private laboratories; the other five USAPIs have only one hospital laboratory that performs clinical/medical and public health laboratory testing. All USAPI labs, except for Guam Public Health Laboratory which is a Level 2 lab, are considered Level 1 labs, providing primarily screening for infectious diseases and limited testing in bacteriology, hematology, clinical chemistry, blood banking, and in Guam only - histology and cytology. For higher Level 2 and Level 3 reference and confirmatory testing, most clinical specimens are sent to laboratories in the US mainland, Hawaii, or Australia. PIHOA has a complete catalog of Level 1 testing capacities among the LabNet participants, including all Level 2 and 3 labs utilized by the USAPI labs.

With PIHOA's support, the AUL was established in 2009 and is comprised of the laboratory leadership of 11 USAPI labs, with the chairmanship of the association rotated amongst its member lab managers/supervisors. The AUL serves as a collective voice for USAPI lab needs and priorities and a community of practice amongst laboratory peers for information and learning exchange. The RLSC provides direct technical advisory support to AUL, including resource mobilization and capacity development.

C. Lab Data Exchange (LDX)

CDC's Laboratory Data Exchange (LDX) Initiative dates back to at least 1997. However, the COVID-19 Pandemic re-emphasized the importance and need to upscale laboratory data modernization efforts and LDXs. The emphasis on LDX post-COVID is just one of several CDC strategies to align modernization efforts at all levels of public health. The aim is to advance the four core missions of a robust public health data ecosystem aimed at improving health outcomes equitably.

In 2023, the CDC awarded funding directly to all USAPI health departments to develop and/or upscale LDX efforts under their respective Public Health Infrastructure Grant (PHIG) awards. Per CDC guidance, LDX funding is intended for activities to advance a seamless, bidirectional, automated LDX ecosystem, including advancing Electronic Laboratory Reporting (ELR) and Electronic Test Ordering and Results (ETOR) implementation.

In addition to PHIG LDX funding, USAPI PHIG grantees also received Core PHIG Data Modernization Initiative (DMI) funding intended for planning, coordination, and capacity building; enhancing collaborations with local health departments; supporting a DMI Director and team; and general data infrastructure modernization in line with the CDC Public Health Data Strategy. Core DMI funding may be used to support LDX activities. Additionally, as early as 2019, USAPI health departments received funding through the CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement to also support DMI-associated work. PHIG grantees are encouraged to build on ongoing progress under ELC to execute and upscale an integrated, enterprise-wide DMI approach that supports the needs of public health agencies and aligns with the CDC Public Health Data Strategy, with additional focused work on enhancing LDX.

III. PURPOSE AND SCOPE OF WORK

PIHOA is seeking an organization to serve as a technical consultant specializing in laboratory development in limited resource settings. The candidate should have organization and staff experience

and qualifications in foundational and advanced-level LIMS and LDX systems development and training and be able to coordinate and deliver both remote and on-site technical assistance. PIHOA's RLSC will oversee the consultancy in coordination with the PIHOA executive and management team and with additional technical support from PIHOA's Health Information Systems (HIS)/Regional Epidemiology Unit (REU) team.

Key resources and literature to be reviewed include, but are not limited to:

- Evaluating the Impact of the PIHOA Regional Laboratory Strengthening Initiative 2005-2020: Evaluation Report, June 2023
- Focus Papers/Presentations and Laboratory Assessment Reports
    1. PIHOA Opportunities for Action, February 2003
    2. PIHOA Strategic Plan: 2003 – 2007
    3. Developing the LabNet in the US Pacific, February 2005
    4. Infectious Disease Testing Capabilities and Quality Management System Implementation in the United States Affiliated Pacific Island Laboratories, 9 May 2014
- USAPI Laboratory Specimen Transport Mechanism (i.e., PIHOA Shipping Mechanism)
- Laboratory Quality Management Assessments conducted by PIHOA
    1. Summary of LQMS Lab Assessments: 2010 – 2013
    2. Summary of LQMS Lab Re-assessments for Palau and Yap, FSM Labs: 2014 – 2015
- PIHOA Board Resolutions
    1. Resolution 41-06 *"Recognizing the Importance of Supporting the Continuation of the PIHOA/Guam Regional Public Health Lab"*
    2. Resolution 48-03 *"Concerning Lab Strengthening Among PIHOA Member States"*
    3. Resolution 57-01 *"Concerning lab preparedness among PIHOA member states to support shipping of Ebola and other highly infectious disease specimens for public health reference laboratory testing, and other emergent outbreak response situations."*
    4. Resolution 2019-66-01 *"Concerning the development and strengthening of the laboratory workforce of the USAPIs"*
- WHO International Health Regulation Joint External Evaluation (JEE) Reports for FSM, RMI, and Palau
- PIHOA Executive Board Meeting minutes and presentations
- Guam Public Health Lab Schematic Basis of Design, Version 3, June 2015
- WHO International Health Regulations Joint External Evaluation Reports for FSM (2018), RMI (2019) and ROP (2019)

Key tasks for this consultancy will include:

1. Develop a Concept Plan for a regional approach to strengthening and supporting USAPI LDX and DMI efforts, including approaches and methodologies for planning/coordination and USAPI consultation processes, implementation planning and tracking, and monitoring and evaluation;
2. Develop a Regional Implement Plan for strengthening USAPI LDX systems and capacities in consultation with the PIHOA Board, Secretariat, and AUL. The planning and implementation elements will include:
    a) A timeline for completing the scope of work over the project period, incorporating a phased approach for each budget year ending July 31, 2025 and July 31, 2026;
    b) Data collection methods and development of appropriate assessment/evaluation tools, approaches, and methodologies in consultation with PIHOA board members, Secretariat staff, and the AUL; and
    c) Plans for:

i) Conducting document/literature review of key PIHOA regional laboratory activity documents, regional/local lab data/information, and other documents of relevance to the review, including all Strengthening Laboratory Management Toward Accreditation (SLMTA) and Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) work;
ii) Conducting focus group discussions and key informant surveys/interviews with PIHOA members including affiliate members, USAPI laboratory staff and local/regional laboratory partners;
iii) Collaboration with PIHOA's RLSC on the approach for data/information collection from local/regional laboratory contacts and partners;
iv) Conducting on-site comprehensive assessments of current USAPI Lab Information Management Systems (LIMS) and LDX systems and capacities, including IT and other structural, financial, operational, and policy environments that underpin appropriately scaled, cost-effective, and sustainable lab-based information systems and data exchange; and
v) Regularly communicating with a designated PIHOA and AUL advisory team on work progress.

3. Plan and conduct formal on-site assessments and environmental scans of USAPI LIMS and LDX systems and capacities;
4. Work with each participating USAPI lab to develop LIMS/LDX readiness and/or implementation plans. This will also include mapping of existing local strategic plans and efforts for DMI and LDX development to ensure alignment of project efforts with local priorities, needs, and existing DMI/LDX architecture and development processes;
5. Directly assist participating USAPI labs to recruit, onboard, train, mentor, and deploy (sub-contract) LIMS/LDX Subject Matter Experts (SMEs) that will be directly deployed to each participating USAPI lab for extended periods of time on-site (may be variable depending on need and readiness/implementation plan, but can be up to a full 12 months). SMEs will be advanced-level and highly experienced individuals who will provide hands-on and virtual training, coaching, and mentorship of local USAPI lab counterparts to plan, implement, monitor, and troubleshoot LIMS/LDX development and implementation activities, including technical guidance to local USAPI lab and health leadership to identify appropriately scaled LIMS/LDX systems and tools, identify and manage costs, and troubleshoot vendor service contracts;
6. Support USAPI labs to develop new and/or refine and update LIMS/LDX plans, standard operating procedures (SOPs), and protocols;
7. Plan and conduct periodic LIMS/LDX activity/progress assessments to gauge uptake, effectiveness, and impact of consultancy work;
8. Periodically report directly to the PIHOA governing board/health leadership and seek input on the progress of work; and
9. Submit both programmatic and financial reports prior to the last two invoices being submitted for payment.

IV. FIRST YEAR SCHEDULE OF DELIVERABLES		
ACTIVITY	**COMPLETION DATES**	**SUBMISSIONS**
Develop a Concept Plan for Regional USAPI LDX Strengthening and Enhancement that outlines approaches and methodologies for assessments, planning, implementation, and monitoring and evaluation	Within 2 weeks of contract execution	Concept Plan (to be reviewed and endorsed by the PIHOA Board)

Conduct LIMS/LDX Systems and Capacities On-Site Assessments in participating USAPI labs	Within 3 months of contract execution date	Assessment Report
Develop USAPI Regional LDX Development and Implementation Plan	Within 4 months of contract execution date	USAPI Lab DX Development and Implementation Plan, including tools/templates
Develop LIMS/LDX Readiness and/or Implementation Plans with each USAPI Lab	No later than July 31, 2025	USAPI LIMS/LDX Readiness and/or Implementation Plans
Provide ongoing technical assistance and support to USAPI Labs implementing LIMS/LDX Plans	Through to July 31, 2025	Progress Reports, forms, tools, SOPs, etc. developed
Submit final programmatic and financial reports	No later than September 31, 2025	Final Reports and Invoice

V. MANDATORY QUALIFICATIONS

1. Post-graduate degree(s) in laboratory science, public health, or health administration with specialization in laboratory development, or other relevant social and health sciences fields.
2. At least 5 years of experience in designing, implementing, and providing oversight for medium to large-scale LIMS/LDX systems.
3. Experience working in the Pacific region or other resource-constrained, high-disease-burden environments, with experience conducting similar laboratory or health program assessments in the Pacific, is highly preferred.
4. Ability to conduct activities on-site and remotely.
5. Ability to travel extensively and to deploy SMEs to the USAPIs, Pacific Region, and Hawaii.

KNOWLEDGE AND DEMONSTRATED MASTERY

1. Expertise in LIMS/LDX system development, including analysis, design and implementation, data gathering and analysis of methods and procedures; design recommendations in the form of user proposals, operational instructions, and computer program specifications; and implementation and support involving systems testing and user training;
2. Experience with building information systems capacity in non-profit, public, or private organizations/agencies;
3. Excellent verbal and written communication skills (English), with experience in developing detailed reports and presenting technical information that can be easily understood by non-technical audiences;
4. General project management skills – i.e., designing and tracking program budgets as well as identifying project risks and recommending mitigation approaches;
5. Work experience in the field in public health, health care, or related relevant settings (e.g., university research centers); and
6. Demonstrated client management, stakeholder engagement, and meeting facilitation skills.

PREFERRED SKILLS/QUALIFICATIONS

1. Experience working with and in the USAPIs and/or multi-cultural, limited-resource settings
2. Experience in foundational and advanced-level LIMS/LDX systems development, training, and remote and on-site technical assistance;
3. Excellent English writing and oral presentation skills; and
4. Current membership in professional laboratory/health association(s); or certificate from an accredited and recognized certifying body.

VI. RFP RESPONSE

Respondents should include the following information in their proposals:

1. Experience with a similar scope of work.
2. A clear summary of their approach to the work.
3. Statement of qualifications and experience to perform the scope of work, including staffing plan (as applicable), summary of related experience for all those to be involved in the project, and a resume/CV for all those to be involved in the project.
4. Description of project management approach and ability to manage the project scope within the designated timeline.
5. Fee for services based on the performance period and completion of stated deliverables as itemized in ***Section IV. Schedule of Deliverables***. This is anticipated to be a flat-rate consultancy contract inclusive of consultant fees, travel expenses, and sub-contracting and deployment expenses of LIS/LDX SMEs out into the field.
6. Sample LIS/LDX development plan/report.
7. The names, phone numbers and email addresses of three individuals, preferably at different organizations, who have been clients during the last three years and can be contacted as references.
8. **Certification of Eligibility.** All respondents must include a signed certification that the respondent is not debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities, the applicant is an equal employment opportunity employer, and the applicant will comply with all applicable contract provisions required for contracts under federal awards or other grantor stipulations.

RFP RESPONSE FORMAT

1. May not exceed 10 pages, excluding the budget, attachments, and sample work
2. Should be organized in the order in which the requirements are presented above and should clearly indicate the specific requirement that is being addressed
3. Shall include all the required information indicated herein. Failure to submit all required information may result in a request for prompt submission of missing information, giving a lowered evaluation of the Proposal, or rejection of the Proposal.

VII. EVALUATION

DESCRIPTION	MAX POINTS
Proposals will be scored on the following criteria:	
– Experience and technical proficiency in LIS/LDX systems development	25
– Technical proposal, work methodology, and proposed work plan in line with consultancy objectives	35
– Staffing/capacity to complete the work	20
– Proposed consultancy cost	20
TOTAL POSSIBLE POINTS: *Proposals must have a minimum score of 70 to qualify for a contract.*	**100**

VIII. PROPOSAL SUBMISSION

Proposals will be accepted until consultancy is awarded. Submit proposals via email to:

- Janet Camacho (Deputy Director) at janetc@pihoa.org
- Cerina Mariano (Grants Manager) at cerinam@pihoa.org

- Keleise Reid (Contracts Management Officer) at keleiser@pihoa.org

The award of the contract is subject to approval by the Executive Director. Any protest or dispute regarding the solicitation may be addressed to the Executive Director and submitted via email to emic@pihoa.org.

PIHOA is an equal-opportunity employer. Discrimination based on age, race, sex, handicap, or national origin is expressly prohibited.

IX.	RFP TERMS & CONDITIONS
a.	PIHOA is not liable for any costs or expenses incurred by the Respondent or any other person or entity in the preparation of their Proposal.
b.	PIHOA reserves the right to reject any and all Proposals received from Respondents as a result of this RFP, as is in the best interests of PIHOA, as determined solely by PIHOA.
c.	In determining which Proposal is best, PIHOA will consider the responsiveness to the requirements, the consultant cost, and the experience, qualifications, references, responsibility, and current availability of the Respondent to perform the Services. PIHOA may waive any technicalities or formalities in determining how best to serve PIHOA's interests. PIHOA reserves the right to cancel the award of the contract at any time prior to execution of the contract without liability on the part of PIHOA.
d.	This RFP may be sent as a courtesy to known interested individuals and firms. The receipt of this RFP from PIHOA in no way implies that the recipient is a qualified Respondent.
e.	Any Proposal submitted to PIHOA is not confidential. All materials submitted become the property of PIHOA. PIHOA has the right to use any or all uncopyrighted concepts presented in any Proposal. Approval or disapproval of a Proposal does not affect this right.
f.	Any changes to any part of this RFP will be communicated to all Respondents who have registered their interest, as required and explained on page 1 of this RFP.
g.	To be considered, proposals must be complete, in the format indicated in this RFP, and delivered by the date and time indicated in this RFP. Respondents will not be given an opportunity to change any part of a proposal after submission. A respondent may submit only one proposal. More than one proposal from an individual, firm or partnership, corporation, or association under the same or different names will not be considered and will be considered grounds for disqualification and/or rejection of the proposals involved unless prior approval has been given by PIHOA.
h.	If the Respondent to whom the award is made fails to execute the subsequent contract within 14 days of receipt, the award may be annulled and the contract awarded to the second lowest responsible Respondent, and such Respondent shall fulfill every stipulation embraced herein, as if the Respondent were the original party to whom the award was made, or PIHOA may reject all of the bids, as its interest may require.
i.	From the issue date of this RFP until a determination is made regarding the qualification of Respondents, all contacts with PIHOA concerning this RFP must be made through the Deputy Director, Janet Camacho, and Grants Manager, Cerina Mariano. All questions about the meanings or intent, discrepancies, or omissions of the RFP shall be submitted in writing. Replies to these inquiries shall be made in writing. The written responses become part of the RFP and will be provided to each Respondent who has registered their interest in this RFP.