

Request for Quotation (RFQ) for printing of cardstock medication sleeves

KNCV Tuberculosis Foundation

KNCV Tuberculosis Foundation (KNCV) is an international non-profit organization dedicated to the fight against tuberculosis (TB), still the second most deadly infectious disease in the world. KNCV is an international center of expertise for TB control that promotes effective, efficient, innovative and sustainable TB control strategies in a national and international context. We are an organization of passionate TB professionals, including doctors, researchers, training experts, nurses and epidemiologists. We aim to stop the spread of the worldwide epidemic of TB and to prevent the further spread of drug-resistant TB.

The ASCENT project

ASCENT (Adherence Support Coalition to End TB) is a Unitaid funded project to help patients successfully complete their course of treatment through the use of digital adherence technologies and data-driven support interventions, utilizing tools such as smart pill boxes and other innovations. The project will be implemented from July 2019 until December 2022 and aims to reach nearly 70.000 patients in Ukraine, Ethiopia, Tanzania, South Africa and the Philippines. These digital adherence technologies empower patients to take their daily medication at a time and place that suits them best. Additionally they provide real-time information to the TB doctor or nurse, helping to determine the most appropriate treatment approach for each individual patient and by enabling focused efforts on those patients that require extra support.

Objective of RFQ

To print cardstock medication sleeves used for repacking of existing Fixed-Dose Combination (FDC) antibiotic medication blister packs for Tuberculosis (TB) in multiple or selected countries that implement the ASCENT project.

Timeline

First contractual period will be from 1st of March 2020 – 1st of March 2021 with the possibility to extend. The candidate should be capable to start activities within 1 month after contract signing.

Published

This RFQ is published from 13th of January to 31st of January 2020 on the ASCENT (<http://www.digitaladherence.org>) and KNCV Tuberculosis website (<https://www.kncvtbc.org/en/downloads/>). Review and selection will take place from 1st of February – 14th of February 2020.

Submission

Proposals should be submitted via ascend@kncvtbc.org and must be received by 11:59 CET on 31st of January 2020. Proposals received after this date and time shall be invalid and will be blocked from review. Proposals should be submitted in English and each interested party shall submit only one quotation. The quotation needs to include the following documents:

1. Completed Requirements document
2. Completed Budget table

Selection

Selection of the candidate(s) will be based upon independent assessment of the proposals by a review committee consisting of in-country and external specialists. KNCV will evaluate all quotations based on the following criteria:

1. **Overall suitability:** proposed solutions must meet the scope and be presented in a clear and organized manner.
2. **Organizational experience:** Organizations will be evaluated on their experience related to the scope of this RFQ.

3. **Value and cost:** Organizations will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project.

Questions and contact

KNCV reserves the right to request further information during the RFQ process. Questions regarding requirements described in this RFQ must be directed in writing via email to ascend@kncvtbc.org before 24th of January 2020.

Responses to questions and/or clarifications originating from such questions that improve the quality of the RFQ will be published on the same websites. To ensure you receive modifications to the RFQ, send an email to ascend@kncvtbc.org to be put on the distribution list. Issuance of this quotation does not in any way constitute a commitment on the part of the ASCENT nor does it commit to pay for costs incurred in the preparation and submission of proposal.

Background

In this section, a background of the cardstock medication sleeve, its utilization and specifications related to medication sleeve types and design is provided.

Background

The cardstock medication sleeve is part of a digital adherence technology that uses custom cardstock sleeves to repack existing Fixed-Dose Combination (FDC) antibiotic medication blister packs for Tuberculosis (TB) treatment. After repacking, these cardstock sleeves provide a series of unpredictable hidden toll-free phone numbers or SMS codes that are revealed each time a patient removes their pills for the day.

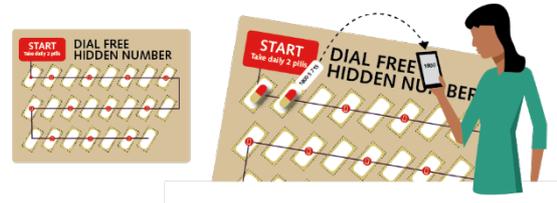


Figure 1. Overview of medication sleeve interaction

Product specifications

The medication sleeve is initially a single large sheet of paper (1) that folds over with the two remaining edges (A and B) that have covers which should be folded over and sealed. The medication sleeve looks like an envelope now (2) with the last flap (C) open so that a medication blister can slide in at a later moment. This last side is preferably fixed with a double-sided tape.

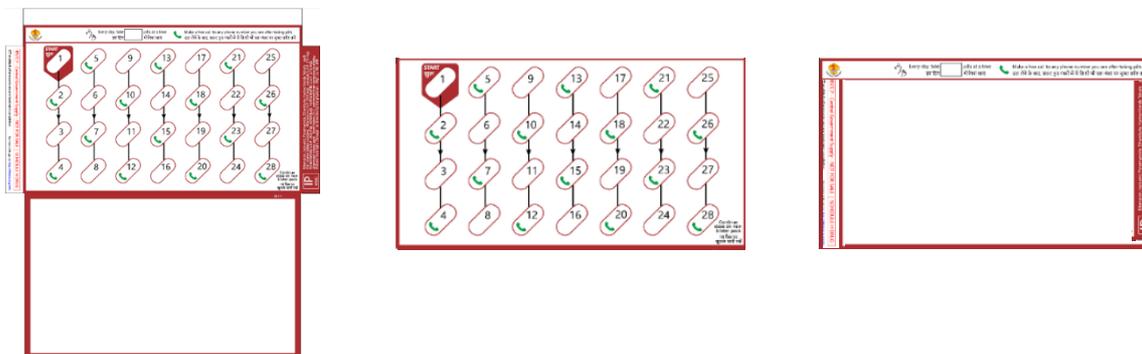


Figure 2 examples of medication sleeves (front and back)

Medication sleeve design

Outside

One side of the medication sleeve has 28 openings for the elevated pill compartments present in the medication blister pack. The other side has covers with perforations to allow pills to be dispensed. Covers are pre-cut along the two long edges, folded at one of the short edges, and perforated along the remaining short edge. It is essential that these covers do not open before medication is pressed out from the blister pack.

Inside

On the inner side, codes are printed on 14 of the 28 flaps. More specifically, codes are printed on the (2nd and 4th cover in the 1st column, 1st and 3rd cover in the 2nd column, 2nd and 4th cover in the 3rd column, 1st and 3rd cover in the 4th column, 2nd and 4th cover in the 5th column, 1st and 3rd cover in the 6th column, 2nd and 4th cover in the 7th column).

Sequence versions

Each medication sleeve type (see Figure 2 examples) will have 50 sequence versions, each with different code sequences. On each version, the codes should be printed as per provided sequence. Each different sequence version per type of medication sleeve can be printed separately and then shuffled before distribution. *Example: If the total required quantity of a medication sleeve type is 1,000, it means that we expect 20 medication sleeves per unique sequence version (1,000/50=20).*

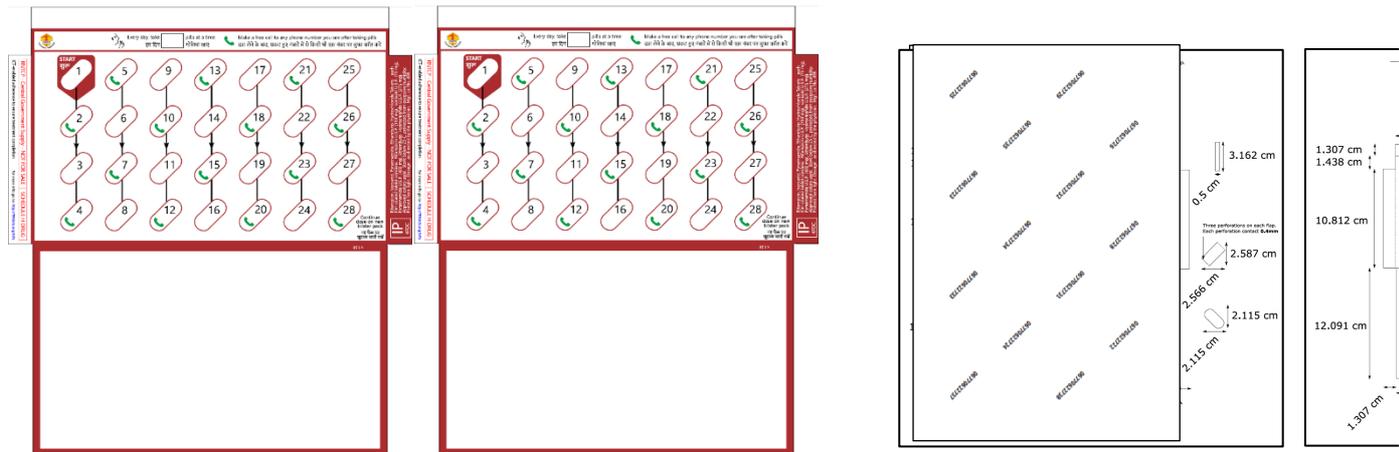
Medication sleeve types: Example technical document and template

A variety of medication sleeves is used for TB treatment in the ASCENT countries. As part of the final order, the following documents will be provided for each specific medication sleeve type per country:

1. Keyline Front and back art work for the medication sleeve
2. Sequence Contains 50 replications of the medication sleeve design (front and back), each with different sequences
3. Die Specifies the design required for building the die cut (measurements, full cuts, perforations etc.)

Examples of these documents can be accessed via

<https://www.kncvtbc.org/uploaded/2020/01/ASCENT-Medication-Sleeve-Example.zip>



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Figure 3 examples medication sleeves (inside and outside)

Requirements document

In this section, technical, organizational and budget requirements of the RFQ are described. Interested candidates should provide a point-by-point response to each requirement. The following pages can be used for answers or make sure that the respective question number is mentioned when using a different document.

Technical

Country or international bid

Select the country or countries for which you can perform the proposed work:

- Ethiopia
- Tanzania
- South Africa
- Philippines

Die

- 1 Review the example die-cut template and describe whether this template is fit for use to produce a die. If not, explain required changes.
- 2 Describe your experience with creation of a die in-house. If not, explain where the required die will be produced.
- 3 Provide the estimated time (in days) to produce a die. This should be split into production, tests and time needed for any adjustments after production prior to printing.
- 4 Explain to what extent adjustments to the die can be performed (e.g. refining perforations per pill cover), where these adjustments will take place and provide estimated time.
- 5 Provide costs to complete the production of the die. Also describe whether the ASCENT project or the candidate has ownership over the die.
- 6 In case that the die will not be produced in-house, explain whether a die that was produced at another manufacturer can be used.

Printing

- 1 Explain paper types available and recommended (e.g. 280 gsm aqueous coated paper) for the medication sleeve.
- 2 Provide a brief description on how the medication sleeves are cut according to the die template.
- 3 Provide a brief description on how the medication sleeves are glued and folded.
- 4 Provide a brief description on how the double-sided tape is applied to the medication sleeve.

Order process and quality control

- 1 Provide a brief description about your order process.
- 2 Provide a (brief) description on your quality control mechanisms from receiving our order until shipment.

Organizational

- 1 Describe your infrastructure, including type of printers and other machines that you will use to successfully perform the proposed work.
- 2 Provide proof of the expertise, capacity and experience in the successful execution of comparable works.

Budget

All quotations must include proposed costs to complete the tasks described in the technical specifications and technical requirements. The quantities of cardstock medication sleeves that will be ordered per country will range from 10.000 to 150.000 per batch. Interested candidates are therefore requested to fill in the budget table below.

- In case multiple countries are selected, shipping costs from manufacturer to the capital city of the receiving country should be added in the Shipping costs column(s) with incoterms Delivery at Place Unloaded.
- In case of in-country manufacturing, local shipping costs from manufacturer to the capital city should be added in the Shipping costs column.

Batch	Quantity	Production costs per sleeve (in USD)	Weight (in kg) per batch	Shipping costs per batch The Philippines	Shipping costs per batch Ethiopia	Shipping costs per batch Tanzania	Shipping costs per batch South Africa
1	10.000						
2	25.000						
3	50.000						
4	100.000						
5	150.000						