No. NHM/NPCDCS/Oncology Project/ MoM/2021 (VIII) Dated: 12.08. 2022

Minutes of the FIRST cancer care - Pre Bid Meeting for Selection of Project Implementation Partner - Govt of Meghalaya held virtually on 10th August 2022 at 11:00 A.M onwards

36 participants joined the zoom session.

The team of NHM, Government of Meghalaya along with World Economic Forum Present during the Meeting:

1. Shri Ram Kumar S (IAS), Addl. Secretary, Health & Family Welfare Cum Mission Director, NHM Meghalaya
2. Dr. A. Mawlong, HOD Oncology, Civil Hospital, Shillong
3. Tenneychell Khongrangjem, State Epidemiologist NPCDCS, NHM Meghalaya
4. Dr. Ruma Bhargava, Project Lead, World Economic Forum
5. Dr. Devansh Pathak, World Economic Forum
6. Satyanarayana Jeedigunta, World Economic Forum
7. Purushottam Kaushik, World Economic Forum

The Other persons including bidders present during the meeting:

1. Dr Jagannath, Chairman at Department of Surgical Oncology, Lilavati and SL Raheja Hospitals
2. Dr. Avinash Deo, Medical Oncologist, Raheja Hospital
3. Abhishek Srivastava
4. Abhishek
5. Akash Pradhan, Karkinos
6. Anisha Saha, Jeevika
7. Bernadine Mathew
8. Dr. Aman Kr. Singh, Tata Trust
9. Berdanine Mathew
10. Daniel Thimmayya, Apollo Hospitals
11. Eshan Nanda, C-DAC
12. Dr. Karthika
13. Keren Priyadarshini, Microsoft
14. Kumar Satyam
15. Manisha Mantri, C-DAC
16. Masson Samarth, Amazon

17. Mayank Chhabra
18. Pavithra Amit Kumar
19. Priti Sharma, ROCHE
20. Ravinder Anand, Microsoft
21. Sham Julian, Amazon
22. Sriprpya Rao, Karkinos
23. Sudhanshu Mittal, NASSCOM
24. Sunita Nadhamuni, Dell
25. Tushar Fedgde, C-DAC
26. Dr. Usha Poli, IIPH-Hyderabad
27. Venkata Gudlavalleti, PHFI
28. Venkat Ramchandran, Karkinos
29. Dr. Subramanyam, V Sahaya Healthcare

The following points were discussed:-

The objectives of the meeting is to invite queries from the perspective bidders based on the detailed RFP that was shared via email and uploaded in the NHM website.

The meeting started with the brief introduction on the Request for Proposal (RFP) of First Cancer Care (FCC) Project initiated by NHM Meghalaya with World Economic Forum (WEF) to all perspective bidders after which bidders are requested for putting forth their queries. The detailed Request for Proposal (RFP) was uploaded in the NHM website

The Perspective bidders raised their queries and the O/o Mission Director, NHM Meghalaya and World Economic Forum team responded to all queries listed in the table below:

Sr.No 1	Name of the Respondent: MD, NHM and Dr. Ruma: **Karkinos and PHFI**	Relevant Section and Page Number in RFP	Response to the Queries
1.	How many institutions/partners can jointly come together for the consortium for PIP. What is the expected rating of contribution among	Section 10.3; Pg no. 14 Figure 1; Section 9.5; Pg no. 8	There is no minimum number defined for partners to form a consortium and the PIP may opt to choose the members as deemed fit for the successful implementation of the project. The roles and responsibilities of the project

	the above institutions/partners in terms of roles and responsibilities?		implementation partner have been outlined in the relevant section. The PIP may define clearly the responsibilities of each member of the consortium.
2.	Do the eligibility criteria apply to each consortium partner/only to the lead partner/to the consortium as a whole?	Section 7; Pg no. 4-5	The eligibility criteria apply to the consortium as a whole
3.	Is it required to cover all common cancer types such as - Breast cancer, Lung Cancer, Cervical Cancer, Oral Cancer, Oesophageal cancer or is there a possibility to prioritise the more prevalent cancer type in the region?	Section 9.6; Pg No. 9	3 out of 5 cancers namely: Breast, Cervical, Oral will be prioritised in the Phase 1 of the pilot implementation whereas plan for the other 2 types of cancers: Oesophageal and Lung should be submitted before the end of Phase 1
4.	Would you recommend a standardized approach (Similar study design) for selected cancers across the district?		A standardised study approach will be better to evaluate impact.
5.	What is the Meghalaya Government policy on indirect costs for PIP?		The question is not clear. The financial proposal may include the cost for all the items specified in the Format 5.6 of the RFP.
6.	What is the recommended Referral pathway for screen positive citizens?	Annexure 4; Sr no : 4C ; Point 6	Co-ordinate with the local health administration to refer the screen-positive cases for treatment. The pathway will be as defined in the NPCDCS. It is incumbent on the FCC program to ensure speedy commencement of treatment and to track the outcome in each case identified.
7.	Can the referral pathway include both private and public centres?		Whereas all public centres are included, the private centres can be those which are empanelled under Ayushman Bharat
8.	What are the ongoing Government led health initiatives that can complement the cancer control programme?	Section 9.7; Pg no. 10	NPCDCS (National Program for Prevention and Control of Cancer, Diabetes, CVDs and Stroke)
9.	What are the current training policies and preferred training mediums that are deployed at public health centres and		Training manuals and modules (PPTs and manuals) have been developed for the training

	other health facilities?		of healthcare personnel under NPCDCS
Sr.No. 2	Name of the Respondent: MD, NHM Meghalaya and Dr. Ruma: **Apollo Hospitals**	**Relevant Section and Page Number in RFP**	**Response**
1.	How many years does the PIP need to have operated (in India)?	Section 7; Pg no. 4; Criteria 1	It will be good to have a previous experience in the similar domain, though it is not mandatory.
2.	Does the PIP need to be a Sec 8/Sec 25 NFP company or will it suffice if any consortium member is registered as a not-for-profit organization or trust?		The PIP should be a registered legal entity, not restricted to Sec 8/ Sec NFP.
3.	What does the turnover of the PIP need to be and for how many preceding financial years?	Section 7; Criteria 5; Pg no. 5	Does not fall under the selection criterion
4.	Does the PIP necessarily need to form a consortium even if the PIP alone has experience in all the value pathways?	Section 7; Criteria 2; Pg no. 4	No it is not necessary. However for developing the Oncology Data Model, it may be necessary to collaborate with the present solution providers like NCDC app used under CPHC.
5.	With respect to the screening population targets indicated, can a recipient be screened only for one type of cancer or can they be screened for multiple. Will this add to the target achieved or be non-inclusive?	Table 1; Pg no. 9 Section 9.7; Assumption on Pg no. 11	It is population based screening and maximum utilisation of the screening opportunity to be made so that this is comprehensive.
6.	Will the PIP have the freedom to use diagnostic tests/brands/methods of their choosing for the screening - as long as they conform to accepted usage standards – or will it have to be done in accordance with the GoM and FCC?	Annexure 4; Sr no 4A: Screening	Tech solutions for screening identified by Project Implementation Partner (Consortium) have to be refined, tested, got certified by competent authority (GoM and FCC) but standard accepted products should not be an issue.
7.	Will there be any financial support given to patients should they need higher referral/treatment – to ensure they stay within the 30-day timeline		It is envisioned to treat patients in pubic health facilities and private health facilities which are empanelled under Ayushman Bharat. In both cases the treatment is covered by govt, hence

	prescribed?		no extra financial support will be given to the patient.
Sr. No. 3	Name of the Respondent: Dr. Ruma & Dr. J.S: **Dr. Subramayam, Vsahaya Healthcare, Vishakhapatnam**		
1.	Annual turn over not clearly mentioned in the RFP document		For the turn over, the budget has been kept as a place holder and the whole criteria is on how the partner is implementing on the ground
2.	Number of years for the FCC Project		18 months
3.	Can we participate for one component exclusively or all the mentioned pathway		Yes. Particular provision is possible but no Individual bid. The bid has to be submitted as a consortium
4.	Do the partners need to have certificate for participation in Tender		The bid has to be submitted as a consortium.
Sr. No. 4	Name of the Respondent: MD, NHM Meghalaya and Dr. Ruma: **GVS Murthy**		
1.	Every consortium needs to be registered or individual registration required		Lead partners needs to be a registered entity
Sr. No. 5	Name of the Respondent: Dr. Ruma: **Sudhanshu Mittal**		
1.	How will WEF facilitate?		WEF will facilitate and bring in the different stakeholders in to one consortium for the FCC Project. NHM Meghalaya with WEF will be the Overarching body to look after the overall implementation of FCC Project
Sr. No. 6	Name of the Respondent: Dr. J.S, Dr. Ruma, Dr. Aman Kumar Singh: **Keren**		
			ODM will be built on the indicators which are not present as of now in the cancer continuum

1.	Applicability of Oncology Data Model (ODM)		of care right from ASHAs/ ANMs to treatment component in the existing CPHC-NCD application. The aim of ODM are as follows:- i. Creation of specific oncology data format following the global (FHIR/ HL-7) and national standard (ABDM) with the help of CDAC and PIP ii. Populating data in the ODM model

As discussed during the meeting, the following points are to be informed to the perspective bidders:

1. As for the sole purpose of the project, no need of trading license or registration of partners is required.
2. Any solutions of foreign origin with regard to usage of data modelling or bring in Artificial Intelligence or using Algorithms to be taken through separate expert ethics committee for clearance of solutions. The start-ups can be associated with the Project Implementing Partners (PIP) to get the solutions in the ground as mentioned in the RFP document in Phase II and Phase III for taking up emerging technologies, the role of start-ups will come in the picture which aims to do justice to the intervention.
3. The ICMR NCDIR release report on "Monitoring Survey of Cancer Risk factors & Health System Response" in North East Region (NER) of India, Meghalaya (2020-21) to be shared to the bidders along with the queries response.
4. With regard to continuum of care, it was clearly mentioned by the Mission Director that the State is committed to save lives inside or outside of it. However, the larger goal of the project is to develop the capabilities within the State to solve the same.

The meeting ended with a note of thanks from the Chair.

Sd/-

Mission Director
NHM Meghalaya

The document is digitally approved. Hence signature is not needed.