

Call for Expression of Interest (CEI)

Invitation to local manufacturers of liquid oxygen to submit an expression of interest (“EOI”) for financial and technical support to improve access and affordability of liquid and medical oxygen in Sub-Saharan African countries.

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|---------------------|--|
| Release Date | 22 June 2022 |
| Closing Date | 5pm (GMT), 30 July 2022 |
| Reference | MGL-Unitaid CEI – Oxygen Access |
| Submission | unitaid-proc@who.int |

Disclaimer

This call for Expression of Interest (CEI) is issued by MedAccess and Unitaid for planning and design purposes, in the context of their work within the ACT-A Oxygen Emergency Taskforce. It should not be regarded as a Call for Proposals or Request for Tender. Any information submitted in response to this CEI is provided to MedAccess and Unitaid on a voluntary basis. MedAccess and Unitaid shall not be under any obligation to procure any of the services or products described in this document and the issuing of this CEI shall not be construed as a commitment by MedAccess or Unitaid to engage in commercial or other business relations.

Both MedAccess and/or Unitaid may use the information provided by respondents to the CEI to support strategic decisions and planning within its portfolio, or for its own internal purposes, including but not limited to, the design of future Calls for Proposals or other solicitations. Information received through this CEI could also be leveraged as input in a Request for Proposal (RfP) stage which may be issued in due course.

A. Introduction

Since its launch at the start of 2021, the ACT-A Oxygen Emergency Taskforce (O2 Taskforce) has been supporting the COVID-19 emergency response by increasing access to oxygen. Unprecedented funding and efforts of O2 Taskforce partners have delivered technical support and emergency procurement for medical oxygen for nearly 100 countries. A major milestone of the O2 Taskforce has been the successful engagement with industrial gas suppliers to expand sustainable supply of medical oxygen to LMICs. This engagement has seen better demand visibility and assurance for suppliers, while delivering sustainable price offerings for bulk liquid oxygen and filled cylinders. The O2 Taskforce is working to maximize the impact of these efforts by further increasing liquid oxygen supply, repair broken equipment, grow biomedical engineering capacity and expand the number of functioning oxygen generation systems available in LMICs. As part of the efforts of the O2 Taskforce, Unitaid is issuing this CEI in partnership with MedAccess.

Unitaid is a global health agency engaged in finding innovative solutions to prevent, diagnose, and treat diseases more quickly, affordably and effectively, in low- and middle-income countries (LMICs). Its work

includes funding initiatives to address major diseases such as HIV/AIDS, malaria, and tuberculosis, as well as HIV co-infections and co-morbidities. Unitaid is now applying its expertise to address challenges in advancing access to therapies and diagnostics for the COVID-19 pandemic response, serving as a key member of the Access to COVID-19 Tools Accelerator (ACT-A), and leads the ACT-A Oxygen Emergency Taskforce (Oxygen Taskforce). Leveraging the progress made during the pandemic is increasing access to oxygen, Unitaid is now exploring how to support countries prepare for future health emergencies.

[MedAccess](#) Guarantee Ltd (“MedAccess”) is a social finance company established with the intention of making medical supplies more widely available at lower prices in underserved markets, specifically through the provision of financial tools to pharmaceutical companies and healthcare suppliers and procurers.

Established in November 2017, MedAccess is wholly owned by British International Investment, the UK’s Development Finance Institution which is wholly owned by the UK Government. MedAccess has executed eight transactions to date supporting access to HIV, tuberculosis, malaria, and COVID-19 commodities.

B. Overview and Purpose

Oxygen is an essential component of treatment in preventing hypoxemia-related morbidity and mortality. Though the COVID-19 pandemic focused global attention on medical oxygen as one of the key products to manage severe COVID-19 patients, oxygen therapy is also critical to manage other common illnesses and procedures, including preterm birth, malnutrition, sepsis, severe malaria, and neonatal encephalopathy in children, and trauma, anaesthesia and emergency obstetric care in adults. Despite being an essential medicine with no alternative, and oxygen needs outstripping supply in LMICs; there is a lack of reliable access to medical oxygen in sub-Saharan Africa due to cost, logistical difficulties, and limited capacity (infrastructure and technical).

The O2 Taskforce, including Unitaid and MedAccess is considering interventions to increase access to medical oxygen and improve supply security across sub-Saharan Africa. **The purpose of this CEI is to identify opportunities to support local suppliers interested in increasing availability and affordability of medical oxygen for public procurers.**

This invitation is addressed to suppliers based in sub-Saharan Africa, involved in the production, distribution, or delivery of liquid oxygen (“Companies”), interested in (one or a combination of):

- Scale-up of production capacity of medical oxygen, with commitment to supply to public procurers at more affordable prices;
- Expanding distribution capabilities (through investments in bulk tanks, filling stations, cylinders, etc);
- Supporting geographic diversification to other countries in sub-Saharan Africa; and/or
- Executing projects aimed at increasing availability and affordability of medical oxygen in sub-Saharan Africa.

Companies are invited to submit a proposal (using the form in the Appendix), indicating the capacity of medical oxygen that could be offered if external support was provided, as well as information of the support they require. For these purposes, it should be assumed that implementation support and technical

assistance for navigation of regulatory affairs would be available, together with the opportunity to participate in tenders.

Proposals should clarify any need for financial support, taking into account that potential financial support could include a range of options, such as debt finance (concessional loans for working capital or capital expenditure), volume guarantees/offtake guarantees, and grants, or a combination of these using a blended finance approach.

C. Eligibility Criteria

Companies wishing to submit an EOI must fulfil each of the following criteria:

- 1) Are willing and able to expand production and/or distribution capabilities, and supply bulk liquid medical oxygen in domestic and/or regional markets, either within or outside sub-Saharan Africa.
- 2) Are able to supply, or have capacity to start supplying, bulk liquid oxygen with purity levels acceptable for medical use¹.
- 3) Have a relevant track record as 1) a manufacturer of high-purity oxygen operating Air Separation Unit(s) with liquid and/or gaseous output for medical or industrial use; OR 2) a merchant supplier / distributor of liquid oxygen for medical or industrial use.
- 4) Have a valid business trading license.
- 5) Meet the relevant quality assurance standards for their business activity.
- 6) Are willing to engage with MedAccess, Unitaid and O2 Taskforce partners to increase the availability and affordability of medical oxygen in domestic and/or regional markets, noting that technical and financial support could be made available to companies committing to these objectives.

D. Submission Instructions

i. Expression of Interest

- a. All EOIs should be submitted in English and be signed by an authorized representative of the respondent.
- b. A complete EOI will include the Company's Proposal (as detailed in the Appendix) and all relevant annexes requested therein.
- c. EOIs should be submitted via e-mail with the subject line "Expression of Interest Liquid Oxygen", to Unitaid-proc@who.int.
- d. Following EOI submissions, MedAccess and/or Unitaid may contact Companies individually, with requests for further information or clarification.

ii. Timeline

¹ In accordance with the International Pharmacopoeia
<https://dicollections.net/phint/2020/index.html#p/home>

| | |
|---|---------------------|
| CEI Released | <i>22 June 2022</i> |
| Information Session | <i>20 July 2022</i> |
| Questions Deadline for Manufacturers (via email) | <i>10 July 2022</i> |
| Q&A Response Document Released | <i>17 July 2022</i> |
| EOI Due | <i>30 July 2022</i> |

iii. Questions and Answers:

- a. Questions regarding this CEI should be sent by *10 July 2022* via email to Unitaid-proc@who.int. All questions and answers will be shared at the information session (see b below) and published on the Unitaid website (please see above timeline).
- b. An information session to clarify the purpose of this CEI will be held on *20 July 2022*. A recording of the information session will be posted on Unitaid’s website.

iv. Costs of preparing documents

All costs associated with preparing and submitting an EOI will be borne by the Company.

v. Confidentiality

Information submitted by Companies in response to this CEI will be received by Unitaid and promptly shared in full with MedAccess. The Information will be used by MedAccess and Unitaid as described in the section headed “Disclaimer”, above.

Any confidential information submitted in the EOI should be clearly marked as such by the Company on the completed form. Unitaid and MedAccess will take all reasonable measures to maintain the confidentiality of information marked confidential. Information marked Confidential will not be shared with other entities or individuals outside Unitaid and MedAccess, including their O2 Taskforce partners, without the Company’s written authorization.

Nevertheless, this confidentiality commitment shall not apply if the information concerned, or any part of it: (a) was known to Unitaid or MedAccess prior to any disclosure by the Company; or (b) was in the public domain at the time of disclosure by the Company; or (c) becomes part of the public domain through no fault of Unitaid or MedAccess; or (d) becomes available to Unitaid or MedAccess from a third party who is not in breach of any legal obligation of confidentiality to the Company.

Information not marked as confidential may be shared with O2 Taskforce partners or individuals outside Unitaid and MedAccess without the respondent’s written authorization, provided it has first been anonymized and/or aggregated by Unitaid and MedAccess, to deter identification of individual companies (e.g., used without specifying individual Company or Organization names, product names, geographical location).

If processing the EOI involves the recording and processing of personal data (such as name, address), such data will be processed by MedAccess and Unitaid in accordance with any applicable law and/or policies.

Information relating to the assessment of the EOI shall not be disclosed to entities or individuals not officially concerned with this process.

vi. Clarifications regarding process

This CEI invites Companies to indicate an interest in engaging with MedAccess, Unitaid and their O2 Taskforce partners, to increase the availability and affordability of medical oxygen for domestic and/or regional markets in the region of Sub-Saharan Africa. It is anticipated that submissions received will enable the O2 Taskforce partners to issue a formal Request for Proposals, under which technical and financial support will be awarded to Companies committing to the objectives of the work of the O2 Taskforce. It is nevertheless underlined that this CEI does not constitute an RFP and will not lead to a selection process or the award of funding and/or technical support. In addition, nothing in this CEI commits Unitaid, MedAccess or their partners to subsequently launch an RFP or provide subsequent financial or technical support.

Appendix: Manufacturer Proposal

A. Company and Product Information

| | |
|---|--|
| Company Name | |
| Contact Point | <i>[Name, title, email address, contact number]</i> |
| Product | <i>[Liquid oxygen (LOX) or gaseous oxygen (GOX), please provide purity level]</i> |
| Activity | <i>[LOX or GOX manufacturer / LOX or GOX distributor]</i> |
| For oxygen manufacturing | |
| ASU current production capacity | <i>[State production capacity for LOX and GOX in Nm³/hour. Please indicate if the company has more than one ASU in the country, and provide the information per ASU, including location of each plant.]</i> |
| ASU-Associated Compressed Gas Cylinder Filling Capacity | <i>[State the existing cylinder filling capacity installed at each ASU in 10.2kg oxygen capacity cylinders per hour. Indicate the proportion of cylinder filling capacity capable of serving medical customers.]</i> |
| ASU specifications | <i>[Technical specifications of (each) ASU]</i> |
| Regulatory approvals and quality standards | <i>[Please provide a summary of national / international standards that the Company complies with]</i> |
| For oxygen distribution | |
| Source of LOX | <i>[Please indicate source of LOX, source location, and LOX quality specifications]</i> |
| Regulatory approvals and quality standards | <i>[Please provide a summary of national / international standards that the company complies with]</i> |
| General | |
| Standard operating procedures | <i>[Please annex to the proposal the relevant SOPs for quality assurance of supplied oxygen]</i> |
| Company participation in public tenders to supply liquid or medical oxygen | <i>[Yes/no, if yes, please indicate tender information: procurement body, date, brief summary, whether the Company was awarded the tender, and if any ongoing contracts are in place]</i> |

B. Markets, production, and price information

Provide a table for each country where the Company currently operates

Current operations:

| | | | | | | | | |
|-----------------------------|---|--|---|---|--|---|-------------------------------|---|
| Country | <i>[Country]</i> | | | | | | | |
| ASU location(s) | <i>[Please provide the address of each ASU]</i> | | | | | | | |
| Production capacity | <i>[Production capacity and current production information. If the Company has multiple ASUs, please add a new line for each one]</i> | | | | | | | |
| | | <i>Production capacity</i> | | | <i>Current production</i> | | | |
| | <i>ASU location</i> | <i>Liquid oxygen (Nm³/hour)</i> | <i>Gaseous oxygen (Nm³/hour)</i> | <i>% Target dedicated to medical oxygen</i> | <i>Liquid oxygen (Nm³/hour)</i> | <i>Gaseous oxygen (Nm³/hour)</i> | <i>% Capacity utilisation</i> | <i>Current % dedicated to medical use</i> |
| Distribution network | | | | | | | | |

| - Current markets served | <i>[Countries, regions and cities that are served based on current operations]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|------------------------------------|---------------------------------|------------------------------------|----------------------------|----|-------|-----|--|-----|-----|--|--|-----|-----|--|--|-----|--|--|--|-----|--|--|--|------|--|--|--|--|
| - Number of facilities served | <i>[Please specify by public/ private]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Bulk storage tanks | <i>[(if applicable) size, number and location of bulk storage tanks]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Filling stations | <i>[(if applicable) size, number, location, and capacity utilisation of filling stations]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Storage depots | <i>[(if applicable) size, number and location of storage depots]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Delivery methods | <i>[e.g. LOX tanks / cylinders]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current expansion plans | <i>[(if applicable) description of any ongoing plans that would increase production and/or distribution capacity]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prices* – Liquid oxygen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Price (ex-works) to public sector procurers | <i>[Price/tonne for liquid oxygen at ASU / Bulk Tank location. If relevant, please detail volume / price matrix. If pricing differs based on ASU location, please add new tables to indicate the differences]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Location</th> <th>LOX Sales Volume (Tonne)/month</th> <th>Price / tonne of LOX (ex-works)</th> </tr> </thead> <tbody> <tr> <td>[ASU / Bulk Tank location]</td> <td>[Min]</td> <td></td> </tr> <tr> <td></td> <td>...</td> <td></td> </tr> <tr> <td></td> <td>...</td> <td></td> </tr> </tbody> </table> | Location | LOX Sales Volume (Tonne)/month | Price / tonne of LOX (ex-works) | [ASU / Bulk Tank location] | [Min] | | | ... | | | ... | | | | | | | | | | | | | | | | | | | |
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| [ASU / Bulk Tank location] | [Min] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Price (at location) to public sector procurers | <i>[Price/ tonne for liquid oxygen at health facilities. If relevant, please detail volume / price matrix. If pricing differs based on ASU / Bulk Tank location, please add new tables to indicate the differences]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Location | Delivery distance from ASU (km) | LOX Volume (Tonne)/month | Price / tonne of LOX (at location) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [ASU / Bulk Tank location] | 50 | [Min] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | >250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prices* – Cylinders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Price (ex-works) to public sector procurers | <i>[If relevant, please detail volume / price matrix. If pricing differs based on ASU / filling station location, please add new tables to indicate the differences]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | [Min] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Price (at location) to public sector procurers | <i>[If relevant, please detail volume / price matrix. If pricing differs based on ASU / filling station location, please add new tables to indicate the differences]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | ASU / Bulk Tank Location | Filling station location | Delivery distance from ASU/filling station (km) | Compressed gas volume (kg) | Price / kg (at location) |
|----------------------------|---|--------------------------|---|----------------------------|--------------------------|
| | | | 50 | [Min] | |
| | | | 100 | ... | |
| | | | 150 | ... | |
| | | | 200 | | |
| | | | 250 | | |
| | | | >250 | | |
| Prices - conditions | [Please include a brief description of standard order requirements and payment terms in current operations] | | | | |

* Prices for Medical Liquid Oxygen and Compressed Medical Gas cylinders should not include rental fee for tanks / cylinders or any other fees.

Expansion of capacity with external support:

Note: specific price targets will vary according to the market(s) in scope for any proposal; however, a primary goal of any technical and/or financial support that is ultimately awarded to Companies is to establish supply at prices substantially below current market rates in geographies where investments are made.

| | | | | | |
|--|--|-------------------------|--------------------------------------|-------------------------|------------------------------------|
| Country | [Country (ies) to which the Company is willing and able to expand its operations and medical oxygen supply if support is provided] | | | | |
| ASU / Bulk Tank location(s) | [Please provide the address of each ASU/ Bulk Tank (detailing, if applicable, if it is a new facility)] | | | | |
| For LOX distributors, indicate source of LOX for expanded operations | [Please provide source, technical specifications and quality assurance standards] | | | | |
| Production capacity | [Production capacity and target production information with support. If the Company is proposing to expand number of ASUs, please add a new line for each one] | | | | |
| | ASU | Production capacity | | Current production | |
| | ASU location | (Nm ³ /hour) | % Target dedicated to medical oxygen | (Nm ³ /hour) | % Capacity utilisation |
| | | | | | Current % dedicated to medical use |
| | | | | | |
| Distribution network | [Please indicate the extended coverage of the distribution network, if external support (loan, grant, volume guarantee) were provided] | | | | |
| - Markets served | [Countries / regions / cities that could be served if external support is provided. Please detail if this would entail international expansion] | | | | |
| - Number of facilities served | [Please specify by public/ private] | | | | |
| - Bulk storage tanks | [(if applicable) size, number and location of bulk storage tanks] | | | | |
| - Filling stations | [(if applicable) size, number, location, and capacity utilisation of filling stations] | | | | |
| - Storage depots | [(if applicable) size, number and location of storage depots] | | | | |
| - Delivery methods | [eg. LOX / cylinders] | | | | |

C. Summary of proposal and detail of required support

[Short write-up including the following information:

- *Value proposition and expected impact*
- *Vision for proposed business model supporting increase in availability and affordability of medical oxygen in SSA*
- *Proposed activities, deliverables and timeline*
- *Estimated funding need and other support requirements*
- *Partnerships (if relevant) and role of each entity*
- *Team / key staff*

Applicable qualifications, restrictions, or conditions (ie. terms, supply agreement requirements)]

D. Additional comments

[Space to provide any further commentary (e.g., interest in and motivation for working with Unitaid and MedAccess, past experience implementing similar partnerships)].