LOCATION
Cox’s Bazar - WFP Meeting Room and Teams

DATE
24 March 2020

CHAIR
Logistics Sector and Health Sector

PARTICIPANTS

ACTION POINTS
- Organisations involved in procurement for Isolation centres agreed to attend coordination forums in order to share delivery updates, and raise the constraints they face.
- Organisations involved in procurement for Isolation centres agreed to ensure coordination and information sharing at the Supply Chain level to optimise the collective supply chains.

AGENDA
1. Summary of Isolation centre project plan: need, timeframe, target groups, locations and implementing agencies.
2. Review of the material needs list
3. Discussion and agreement on procurement method: consolidated under one assigned leading organisation, individual organisations, or combination.

1. Summary of isolation centre project plan: need, timeframe, target groups, locations and implementing agencies

- The purpose of this meeting was to agree on a common approach amongst the agencies and partners for the large and complex material procurement. Specifically, the meeting addressed the question of medical equipment, supplies and Personal Protective Equipment (PPE - gloves, masks, gowns, etc.) that are required for the Covid-19 Isolation centres.
• WHO is in the process of rapidly implementing an approximate total of 5 Isolation centres in response to the anticipated potential COVID-19 outbreak. The centres, with a total capacity of approximately 1000 beds will target both the refugee and host community populations in and around the camps.

• The centres must be functioning by mid April or as soon as possible and will initially run as isolation centres with a view that they will later be transformed into treatment centres.

• WHO is in the process of identifying organisations and partners to manage each centre independently in full, from site preparation and construction, to set-up, management and treatment of patients.

2. Review of material list

• WHO presented the first early draft materials list per centre, noting that the cost of procurement of medical equipment and PPE amounted to close to 3 million dollars per centre. This represents a large portion of the total project budget for the 4-6 isolation centres.

<table>
<thead>
<tr>
<th>Budget Components per centre</th>
<th>Budget (USD)</th>
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<tbody>
<tr>
<td>Construction and Set-up Costs</td>
<td>693,400</td>
</tr>
<tr>
<td>Medical Equipment &amp; Supplies/Consumables (excl PPE)</td>
<td>2,222,636</td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td>759,379</td>
</tr>
<tr>
<td>Staffing &amp; Training</td>
<td>2,514,000</td>
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<tr>
<td>Other running costs</td>
<td>307,500</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6,496,915</strong></td>
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</tbody>
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3. Discussion and agreement on procurement method

• The following options were explored:
  o That the procurement for all centres would be consolidated under one assigned/leading organisation.
  o That each organisation would be responsible for procurement for the centres they run.
  o A combination of these two options.

• Procurement is considered urgent and deadlines are short. At the same time, however, it is anticipated that constraints will affect the supply chain, including movement limitations, and overwhelmed local/national/international market capacities supplying items currently in urgent global demand. Discussion took place involving inputs from UNHCR and the main UN agencies that may potentially be involved in this activity or have strong procurement capacity such as IOM, UNICEF and WFP.

• A consensus was reached that the preferred and most efficient method of procurement for each centre will be for each agency to take responsibility for the entirety of their own project, with a coordination between the agencies at the Supply Chain level.

• Organisations have procurement processes and systems in place and prefer to coordinate through the Supply Chain network. It is agreed that coordination between organisations at the Supply Chain level will increase and will involve sharing information about agreements, contracts and suppliers. It will also

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involve coordinating supply partnerships between agencies, as determined by their needs and capacities. For example, in case an organisation has limited procurement capacity, it may request assistance from another organisation via the existing existing working agreements (i.e.: FLAs, MoUs, etc.).

- A coordinated approach at the higher level may save time from some aspects but could also add additional and new layers of bureaucracy to existing structures. Maintaining coordination at the Supply Chain level at the discretion of the organisations responsible will therefore be more practical and save time.
- To date, UNHCR is the only organisation indentified to lead and manage the establishment of one centre. It has commenced sourcing and is willing to share contracts and experience with other WHO implementing partners, when identified.
- Coordination will take place via the Logistics and Health Sector forums.

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