Request For Proposal

DATA MANAGEMENT SERVICES for DNDi-OXA-04-HAT trial

Dated: July 2020

Contents

1. PURPOSE

DNDi is seeking an organization to perform Data management in the context of a Phase II/III study to be conducted in 1 or 2 French speaking African countries and entitled as DNDi-OXA-04-HAT "Safety study of Acoziborole in g-HAT seropositive and non-parasitologically confirmed subjects, a multicentre unbalanced randomized double blind versus placebo-controlled study ".

The CRO has to provide the services in French and English languages.

2. RFP INSTRUCTIONS

2.1 General information

a. DNDi invites you as a Service Provider to submit a proposal in regards of this RFP for services in Data Management activities.

b. This entire RFP and all the related discussions, meetings, information exchanges and subsequent negotiations that may occur are subject to the confidentiality terms and conditions of the Intent to Participate attached as Annex 1.

c. All bidders are required to complete, and send return the Intent to Participate letter.

d. The issuance of this current Request For Proposal in no way commits DNDi to make an award. DNDi is under no obligation to justify the reasons of its service provider's choice following the competitive bidding. DNDi could choose not to justify its business decision to the participants of the RFP.

e. DNDI reserves the right to:
   - Reject any proposal without any obligation or liability to the potential service provider
   - Withdraw this RFP at any time before or after the submission of bids without any advance notice, explanation or reasons
   - Modify the evaluation procedure described in this RFP
   - Accept other proposal than the lowest budgeted one
   - Award a contract on the basis of initial proposals received without discussions for best and final offers

- Award all services to only one supplier or allocate them to different suppliers according to what DNDi will consider necessary

f. Late submission proposals are subject to rejection.

g. DNDi reserves the right to request additional data, information, discussions or presentations to support their proposal. All bidders must be available to discuss about details of their proposal during the RFP process.

h. All offers should be submitted in an electronic format.

i. A proposed time plan set out below indicates the process DNDi intends to follow. If there are changes to these timelines, DNDi will notify you in writing.

2.2 Timelines

Procurement steps	Responsible party	Timelines
Launch RFP	DNDi	July 3rd 2020
Send back the LoI signed	Service provider	July10th 2020
Send the synopsis to CROs	DNDi	July 13th 2020
Questions sent to DNDi	Service provider	July 20th 2020
DNDi responses to Questions	DNDi	July 23rd 2020
Reception of proposals	DNDi	August 6th 2020
Bidder Preselection notification	DNDi	August 20th 2020
Bid defence meetings	DNDi & Service provider	September 4th 2020
Project award	DNDi	September 11th 2020
Project start	Service provider	After contract signature

2.3 RFP processes and contact information

2.3.1 Instructions

All bidders may request further clarifications in regards of this current RFP, by addressing its questions in writing to the dedicated key contacts identified below. These questions should be submitted to DNDi at the date mentioned in the section 2.2 Timelines of the RFP.

In order to keep a fair bidding process, questions on the substance will only be answered in a document shared with all the bidders on the date indicated in section 2.2 Timelines of the RFP.

To submit your questions, please use the form attached as Annex 2.

2.3.2 Confirmation of Intent

Please transmit your intent to participate by using and signing the document attached in Annex 1.

Each bidder is required to provide DNDi with a written confirmation of intent or decline to participate by the date as indicated in the section 2.2.

Confirmations of intent should be sent by email to Christophine Marty-Moreau (contacts details below).

Questions types	Contact person	Title	Contact information
Contractual & Technical aspects	Christophine MARTY MOREAU	Senior Procurement Manager	15 Chemin Louis Dunant 1202 Geneva Switzerland Phone:+41 22 906 92 61 Email: cmarty@dndi.org
Clinical Trial Management	Adeline Prêtre	Clinical Program Officer	15 Chemin Louis Dunant, 1202 Geneva, Switzerland Phone : +41 22 907 77 22 Email : apretre@dndi.org

2.4 Format and content of the proposal

Responses to this RFP must be in English and should contain the following information:

- A cover letter including:
    - o Name and address of the service provider
    - o Name, title, phone number and email address of the person authorized to commit contractually the service provider
    - o Name, title, phone number and email address of the person to be contacted in regards of the content of the proposal, if different from above
    - o Signature of this letter done by a duly authorized representative of the company
    - o Acceptance of the consultation principles
- A technical proposal

- o Detailed proposal explaining how your company approach will enable DNDi team to meet project timelines and insure quality results
- o Presentation of the team and organization
- o CVs of the key team members
- o Any other relevant information (recommended IT tools and platforms…)
- A financial proposal
  - o DNDi Budget templates to be completed and attached as Annex 3.
  - o 2 budgets are requested: with or without the options of the exploratory substudy
  - o Please indicate the list of activities you propose to sub-contract as well as the names of your recommended partners. The budget for third-party contracting will be provided as indirect pass-through costs.

- Administrative information
  - o Business Company information: directors and officers, creation date, corporate headquarters, locations, business turnover of the past 3 years (global and in the field of service provided), headcounts (global and in the field of service provided), general services provided, customer's reference, pricing strategy for NGOs…
- Any other relevant information enabling DNDi to assess the opportunity of contracting with your company

2.5 Conflict of Interest

The Company shall disclose any actual or potential conflicts of interest in the Intent to Participate letter.

3. DNDi OVERVIEW: Mission & Objectives

Neglected tropical diseases continue to cause significant morbidity and mortality in the developing to patients in the developing world in addition to a significant socioeconomic impact.

Founded in 2003 to address the needs of patients with the most neglected diseases, DND*i* is a collaborative, patient's needs driven, not for profit drug R&D organization.

Acting in the public interest, DND*i* bridges existing R&D gaps in essential drugs for these diseases by initiating and coordinating drug R&D projects in collaboration with the international research community, the public sector, the pharmaceutical industry, and other relevant partners.

DND*i*'s primary focus has been the development of drugs for the most neglected diseases, such as Human African Trypanosomiasis (HAT, or sleeping sickness), visceral leishmaniasis (kala-azar), and Chagas disease, while considering engagement in R&D projects for other neglected diseases to address unmet needs that others are unable or unwilling to address.

To date DNDi has delivered 8 novel treatment to patients suffering from malaria, Leishmaniasis, HAT, peadiatric HIV, and Chagas disease, with the ambition to deliver in total 16 to 18 new treatments by 2023 and to establish a strong R&D portfolio that addresses patient needs. Expanding upon R&D networks built on collaborations with disease endemic countries, DNDi brings medical innovation to neglected patients by developing field-adapted treatments.

In doing this, DNDi has two additional objectives:
- Use and strengthen existing capabilities in disease-endemic countries via project implementation
- Raise awareness about the need to develop new drugs for neglected diseases and advocate for increased public responsibility.

For more information, please visit DNDi website: http://www.dndi.org/

4. SCOPE OF WORK

4.1 Format and content of the proposal

4.1.1General Information

DNDi would like an easy collection and a rapid transmission of study data in remote centres, where internet access might be limited.
- ✓ Data management systems must be compliant with 21 CFR Part 11
- ✓ Datasets to be compliant with CDISC (SDTM) format
- ✓ Multilingual EDC system (i.e. interface, online help manual) (FR/English)
- ✓ Multilingual eCRF (FR/English)
- ✓ Multilingual data handling (e.g. data review, queries) (FR/English)
- ✓ Multilingual support and documentation (FR/English)
- ✓ Translation of free text data collected (from French to English)

- ✓ Submission ready subject PDFs presenting both (FR/English) eCRF layout and data collected when data was collected in French
- ✓ Offline capability or back up solutions in case of internet/electricity interruption
- ✓ Targeted SDV requirement (page or item level)
- ✓ Data (population set, reason for non-inclusion, demographics, AEs, queries sent with answers to queries…) and metrics (database status, enrolment status, sites metrics, etc…) available to Sponsor through online system
- ✓ For screen failures, informed consent, demographics, adverse events, and reason for screen failure will be captured

4.1.2 Main Data Management Activities

A summary of the main activities is detailed below (list not exhaustive):

- ✓ eCRF development, implementation, and maintenance
- ✓ Data Management Plan development and maintenance
- ✓ eCRF completion guidelines development and maintenance
- ✓ Annotated CRF development and maintenance
- ✓ Data Validation Plan development and maintenance
- ✓ Database set-up (eCRF page, dynamism, programmed edit checks, reports, etc..), testing, deployment, maintenance, and archive
- ✓ Sponsor database User acceptance testing
- ✓ Site, CRA and DNDi training on eCRF use, completion, and relevant data processing process
- ✓ eCRF help desk support with a dedicated chat, email, phone number and/or IM option
- ✓ Data review and validation
- ✓ Medical review
- ✓ Coding set-up (latest versions of MedDRA and WHO Drug + updates)
- ✓ Medical coding
- ✓ Serious Adverse Event reconciliation
- ✓ External data transfers management (e.g. ECG, randomization list)
- ✓ Data export to third parties and DNDi statistician
- ✓ Preparation and review of data prior to the database locks and DSMB meetings
- ✓ eCRF progress reports edition
- ✓ Patient profiles generation (including queries tracking for each patient)
- ✓ Protocol deviations tracking
- ✓ Pre lock Data review meeting preparation, organisation and documentation
- ✓ Database lock
- ✓ Data Management Report development and maintenance

✓ Deliver CDISC ready submission package to sponsor, including but not limited to SDTM datasets (including Define XML and SDTM reviewers guide)

✓ Ongoing Data management files for TMF maintenance and upload into the sponsor e-TMF

Optional (exploratory substudy)

✓ External data transfers management from laboratories (e.g. Molecular and Immuno-histochemical analysis results)

Those points will be detailed in your proposal:

✓ Access a demo instance of the EDC system proposed
✓ Integration with randomization system
✓ Patient identifier number assignment and registration process
✓ eCRF feature regarding visit, page and visit dynamisms and cross pages programmed queries
✓ Specifications development review and approval
✓ How to address lightweight interface or low-income settings compliance (latency, low bandwidth)
✓ Data entry and how DNDi, sites and monitors will have access to study data
✓ eCRF Help desk support (e.g. method of communication, time coverage, language)
✓ eCRF Data validation (e.g.: automated vs manual, by allocating time continuously or when you have the full patient profile) and expected turn-around time for query resolution
✓ Protocol deviations identification and reporting process
✓ Database lock activities (e.g. including data review meeting with DNDi and timelines)
✓ Examples of Progress report, Patient Profiles and data/metrics available online
✓ Budget detail

4.1.3 Other Data Management Activities

To support the study management and follow-up:

✓ Edit and send (study team + investigator) electronic visit calendar for each patient included.
✓ Send reminder for FU visits (study team + investigator)
✓ Send reminder for missing visits (study team + investigator)
✓ Online access to study data (clean and unclean data – based on 'Optional extra') allowing remote monitoring

Reports:

✓ Query reports to CRAs and investigators

✓ If not available online, monthly listing of data (population set, reason for non-inclusion, demographics, AEs…) and reports on metrics (database status, enrolment status, sites metrics, etc…). Reports should be ready for implementation since first patient in order to follow the study progress. Ensure flexibility for unscheduled demands.

4.1.4 DNDi-OXA-04-HAT Assumptions

		Optional (Explo substudy)
Sites	5 (+ 2 back up sites)	6 (+ 2 back up sites)
Countries	Democratic republic of Congo (French speaking country)	Democratic republic of Congo; Guinea (French speaking countries)
Number of Subjects	✓ 1'440 subjects (1200 subjects +potentially 20% of lost to follow up to be replaced) ✓ 20% of Screen Failure: approx. 250subjects	
Recruitment rate	20 patients/site/month; 100-120 patients/month	
Unique eCRF pages	30 pages/patient	+ 5 pages/patients
Total pages/patient	120	+10 pages
Nb of AEs	4000-4800	
Nb of SAEs	120-140	
Nb of queries	Automatic queries: 11280-13530 Manual queries: 5100-6100	
Medical Coding	5700-6500 MedDRA codes (medical history and adverse event) 5100-6100 WHODRUG codes (prior and concomitant medications)	
SAE reconciliation	Quarterly (7)	
DSMB	2	
Database Lock	1	

4.2 Project Management

- ✓ Kick-off meeting
- ✓ Participation to investigator and monitor meetings
- ✓ Organize (agenda) and report (minutes) :
  - Meeting with DNDi: Weekly during the set up then monthly
  - Data review meeting (quarterly)
  - Protocol deviation review meeting (quarterly)
  - Unscheduled meeting or communication with the sponsor
- ✓ Metrics analysis
- ✓ Risk assessment and mitigation

5. CRITERIA FOR SELECTING SERVICE PROVIDERS

The decision to award any contract as a result of this RFP process will be based on Service Providers' responses and any subsequent negotiations or discussions. The decision-making process will consider the ability of each service provider to fulfil DNDi's requirements as outlined within this RFP and the cost of the offer.

Proposals will be assessed against the main following criteria but not limited to:

- o **Technical criteria**
  - ➢ Project approach, methodology and planning
  - ➢ Experiences/skill level of company representatives assigned to this project (CVs)
  - ➢ Quality and applicability of proposal presentation
  - ➢ Customer references / Experience in related area and country

- o **Capacity to deliver**
  - ➢ Ability to meet timelines
  - ➢ Project management capabilities
  - ➢ Track record and references for similar projects
  - ➢ Risk management approach

- o **Financial criteria**
  - ➢ Realistic costing of the proposal and approach to minimize expenses
  - ➢ The costs and deliverables have to be detailed for each set of activity
  - ➢ Costing strategy for non profit organizations

6. TIMELINES

6.1 Study timelines

Activities	Estimated timelines
Final protocol	18-Dec-2020
Final draft eCRF for regulatory submission	21 Dec-2020
Regulatory Submission	23 Dec-2020
Regulatory Approvals	24-Feb-2021
Final draft or final eCRF	01-Mar-2021
Final SAP approved by DNDi	March-2021
Database set-up, tested and ready to go live	15-Apr-2021
Final DM Document (e.g. DMP, DVP) approved by DNDi	15-Apr-2021
First Subject First Visit	16-Apr-2021
First Subject First Dose	26-Apr-2021
Last Subject Last Dose	Apr-2022
Last Subject Last Visit	Oct-2022
Database Lock	Nov-2022
TFLs	Dec 2022
CSR	Feb-2023

6.2 CRO timelines

➢ Beginning of services planned November 16th, 2020

➢ Completion of activities planned December 31st, 2022

7. ANNEXES

Annex 1: Intent to Participate letter

Annex 2: Q&A Form

Annex 3: Budget grid template

Annex 4: Study draft synopsis will be shared after receipt of the LoI signed