

July 10, 2019

## Request for Proposals (RFP)

### RP410-2019-02 for Public & Patient Engagement to Inform Action Plan for Elimination of Cervical Cancer in Canada

Please see the answers below regarding any questions raised in relation to this RFP.

**1. Question:**

Will First Nations, Métis and Inuit peoples be engaged on the Action Plan in a separate process, or is the expectation that bidders include them as a target audience in the same engagement process outlined in the RFP?

**Answer:**

There is **not** an expectation that First Nations, Inuit and Métis peoples be engaged separately within this project. The Partnership will also be engaging a First Nations Inuit and Métis Cervical Cancer Prevention + Screening Working Group, as part of the Action Plan development process.

**2. Question:**

Would a French language engagement session need to be located in Quebec, or could it be held in other potential locations in Canada with higher levels of francophone population?

**Answer:**

The French language face- to-face engagement session, if required, may also be held in Toronto, ON; however, we are open to alternate locations such as Ottawa, ON or Montreal, QC to best reach Francophone participants.

**3. Question:**

Does the budget maximum outlined in the RFP include hard costs for participant recruitment and honoraria?

**Answer:**

The budget maximum does include costs for recruitment and honoraria.

**4. Question:**

Has the Partnership done any research to date in pursuit of the Action Plan, beyond the landscape analysis currently being conducted by Edelman for the Prevention and Communications teams?

**Answer:**

In addition to the work currently being conducted to scan for information on the current Canadian public discourse on HPV vaccination and cervical cancer, the Partnership has synthesized key evidence related to HPV immunization and cervical cancer screening and treatment in Canada.

**5. Question:**

Does the Partnership anticipate specific or unique engagement for under-served communities (e.g. First Nations Inuit and Métis , rural)? How are these communities being included in the action plan research?

**Answer:**

There is **not** an expectation that First Nations, Inuit and Métis peoples be engaged separately within this project. The Partnership will also be engaging a First Nations Inuit and Métis Cervical Cancer Prevention and Screening Working Group as part of the Action Plan development process.

**6. Question:**

What does success look like for this research?

**Answer:**

Successful or effective engagement with patients and public would yield the information the Partnership needs to ensure that patients and the public see their voices reflected in the Action Plan.

**7. Question:**

What were the key learnings coming out of your most recent public engagement exercise to support the refresh of the Canadian Strategy for Cancer Control?

**Answer:**

Please refer to the FAQ on the refresh of the Canadian Strategy for Cancer Control available [here](#), which speaks to the main takeaway from the public engagement effort. The cross-country dialogue shaped the key priorities and pressing challenges to tackle over the next decade outlined in the [refreshed Strategy](#).

**8. Question:**

Are you able to disclose who the RFP decision makers and proposal evaluators are at the Partnership?

**Answer:**

No.

**9. Question:**

Are you able to disclose how many agencies are responding with enquiries on July 8th?

**Answer:**

No.

**10. Question:**

Has CPAC or its vendors already publicly engaged on this Action Plan?

**Answer:**

No patient or public Action Plan engagement has been conducted at this time.

**11. Question:**

In order to align public consultation with the development of the Plan, will there be opportunities for direct collaboration with the vendors that are developing the Action Plan?

**Answer:**

There will be opportunities to collaborate with the vendor that are writing the Action Plan.

**12. Question:**

Is CPAC able to share the timeline/key milestones of the Action Plan's development?

**Answer:**

A draft of the Action Plan will be completed in December 2019.

**13. Question:**

Please clarify the scope of the public engagements. Is it anticipated that participants will be providing insight and feedback on specific aspects/targets of the Action Plan OR will the participants be focused on higher level priorities and themes?

**Answer:**

The engagement sessions should be focused on higher-level priorities and themes rather than specific actions or targets within the action plan. Examples include:

- the values, priorities, and expectations of public and patients that have experience with HPV vaccination, cervical cancer prevention, screening and treatment broadly
- participants' perspectives on the development of an Action Plan focused on the elimination of cervical cancer in Canada
- Action Plan sections/themes that will roughly be focused on increasing HPV immunization, implementing HPV primary screening and maintaining access to high quality cervical cancer treatment.

**14. Question:**

To identify potential participants for the public engagement, is the proponent permitted to connect with PFACs from provincial/territorial cancer research and/or advocacy groups?

**Answer:**

Yes

**15. Question:**

Is there an expectation to reserve “seats” for members of your existing patient and family advisors in the in-person engagement?

**Answer:**

Yes, some places should be reserved for existing patient advisors.

**16. Question:**

Is the Proponent permitted to directly contact members of CPAC’s advisory group? For specifically, is there an opportunity to engage the organization’s First Nations Inuit and Métis advisors for direction on engaging Indigenous groups?

**Answer:**

The Partnership will be engaging a First Nations Inuit and Métis Cervical Cancer Prevention and Screening Working Group, as part of the Action Plan development and the vendor is not required to engage with First Nations Inuit and Métis peoples specifically in this process.

**17. Question:**

To ensure meaningful representation, is the number of in-person public engagement sessions limited to one, and geographically, to Toronto?

**Answer:**

One English language face-to-face session will be held in Toronto, ON. If an additional French language engagement session is required, it may also be held in Toronto, ON; however, we are open to alternate locations such as Ottawa, ON or Montreal, QC to best reach Francophone participants.

**18. Question:**

Have certain provinces or territories expressed interest to CPAC in having deliberative engagement occur on this issue?

**Answer:**

No.

**19. Question:**

According to studies, certain groups are under-represented in cervical cancer prevention efforts and other groups are more vulnerable to cervical cancer (e.g. people living with HIV, etc.). It is important to establish appropriate representation of these groups during the public engagement process. Does CPAC have existing strategies to reach these groups who may be key in consultation?

**Answer:**

Harder to reach and underserved populations should be considered in the process of identifying organizations, patients and public for this work.

**20. Question:**

Can CPAC comment on the intended order of the public engagement activities (e.g. survey first, in-person afterward or simultaneously)?

**Answer:**

The Pan-Canadian survey shall be conducted first. It is intended that the results of this survey will help inform the face-to-face engagement session.

**21. Question:**

Are representatives of CPAC (e.g. members of the executive, presenters, etc) expected to attend each consultation session? Which party will cover these costs?

**Answer:**

The successful Proponent is expected to cover the costs of engagement sessions and should factor this cost into the overall budget for this work. Partnership representatives are not expected to attend engagement sessions. However, if Partnership staff do attend, the Partnership will cover travel and accommodation costs.

**22. Question:**

Releasing a pan-Canadian survey will likely require translation into multiple languages (in addition to English and French). Who will be bearing the costs for these services?

**Answer:**

It is expected that the survey will be offered in both English and French formats. In absence of translation capacity by the Proponent, the Partnership will support translation of survey text and responses. If the Proponent is able to provide translation support, it should be factored into the proposed budget.

**23. Question:**

Are there CPAC translators that can be made available to support in-person translation (i.e. during the public engagement) of languages other than French?

**Answer:**

No.

**24. Question:**

Is the Proponent expected to provide public communications for this project? (e.g. advertising the survey, promoting the in-person engagement, etc)?

**Answer:**

The successful Proponent is expected to identify survey and focus group participants using communications outreach and advertising means for engagement. The Partnership will provide guidance to the Proponent to assist in the identification of organizations, patients and public to be engaged in the process, including the identification of existing patient and family advisors with an interest in cervical cancer. The Proponent is expected to fund communications outreach and advertising to effectively recruit and share the engagement and should factor this cost into the proposed budget. The Partnership will use its communication channels to bring awareness for the recruitment, and awareness of the findings from the engagement.

**25. Question:**

Is CPAC committed to publicly releasing the results of each engagement, as approved by the participants themselves?

**Answer:**

Yes.

**26. Question:**

Is it possible to share the mandatory forms (schedules B, C, D, E) in Word format to better fill out the responses?

**Answer:**

Yes, attached with this Final QAs.