



EMBASSY OF SWEDEN

Nairobi, 14th December 2020

Terms of Reference for Framework Agreement for Health Insurance Services

1. Embassy of Sweden in Nairobi

The Embassy represents Sweden in Kenya, Somalia, Seychelles and Comoros. The Embassy also represents Sweden at United Nations Environment Programme (UNEP) and United Nations Human Settlements Programme (UN-HABITAT), the United Nations programmes with headquarters in Nairobi.

The Embassy has staff from the Ministry for Foreign Affairs, the Swedish International Development Cooperation Agency (Sida), the Swedish Migration Agency and locally employed, all in all between 65-70 people. The Embassy is one of Sweden's largest bilateral missions worldwide.

The Embassy works to further and promote the bilateral relations between Sweden and Kenya, as well as with Somalia, Seychelles and the Union of Comoros, by representing and advancing Swedish policies, interests and values in political and economic relations, development cooperation, trade and investment promotion and in cultural and information matters. It provides consular services and migration services.

For more information, please visit www.swedenabroad.com/nairobi

2. Purpose and background

The Embassy of Sweden in Nairobi wishes to enter into a contract agreement with an Insurance Agency Company (Contractor) that can provide a medical cover with the capacity to administrate our in- and outpatient needs, in the most efficient manner in terms of responsive customer care and timely response to medical needs.

The Embassy has a category of employees that are recruited locally. The required medical cover will apply to the local staff employees' category and their dependants (spouse and four children under 18 years old).

3. Objectives

The major objectives of the health insurance services are:

- To provide the employees and their dependents with a comprehensive and high-quality medical insurance.
- Maintain a good level of health care of all employees and dependents.
- Access to good quality healthcare service through an effective process and to an appropriate cost.
- The provision of good quality medical checkup.
- The provision of additional health services as may be requested by the Embassy (e.g. optional add-ons to the general policy cover, health prevention workshop, first aid training, etc).

Specific requirements:

The Embassy invites the tenderers to present different health care plans to the Embassy. Options of self- funding for, for instance maternity cover can preferably be included. Areas that can be added for an additional cost can also be included.

A description on how the service will be administrated and the providers responsiveness should also be included in the offer.

The medical services required are (but not limited to):

1. Inpatient and outpatient cover.
2. Self-funded Maternity cover Option.
3. Pre-existing, congenital and chronic ailments.
4. HIV/Aids and the related ailments and provision of retroviral.
5. Treatment for covid-19 related illnesses.
6. -Road Rescue and evacuation emergency cover within Kenya.
7. Other emergency and ICU-care.
8. Oncology.
9. Doctor's, anaesthetist's operating room's, laboratorie's investigation's and prescribed medicine fees.
10. Vaccinations for children.

11. General health check-ups.
12. -External appliances knee braces, lumbar corset, wrist brace, and crutches.
13. Gynaecologic care

The provider must be:

1. Able to respond immediately to all emergencies.
2. Able to provide rescue and evacuation/transport within the borders of Kenya.
3. Having a well-worked up and functioning network with the top and medium ranked health providers in the country.
4. Able to provide and dedicate personnel with relevant education and experience for this assignment.
5. Able to appoint a limited number of focal points for the Embassy.
6. Able to handle patients outside Nairobi.
7. Able to administer all medical documentations i.e. bills and or claims in a well-functioning system.
8. Able to provide particular and general statistical reports of the services rendered periodically and as per request from the Embassy.

The geographical distribution for the cover is within the borders of Kenya.

The areas that shouldn't be covered are:

- Outpatient Dental and Optical Services unless caused by accident
- Family planning and fertility treatment i.e. costs of treatment related to infertility and impotence.
- Accidents caused by own intoxication or drunkenness
- Riding or driving in any kind of race, participation in extreme sports
- Nutritional Supplements unless prescribed as part of treatment
- Cosmetic surgery unless caused by accident.
- Chiropractors, Acupuncturist, Herbalist
- Massage or beauty treatment

Option of voluntary adds -on by individual scheme members

Areas where scheme members can individually or as a group come together and decide on their own to add some certain services to the cover without involving the Embassy or affecting the premium paid by the Embassy. This can for example include non-accidental dental and optical care.

4. Type of framework

A framework agreement will be put in place with one Company with the following structure:

-Provision of routine health care scheme at the rates regulated in the framework agreement

-Provision of additional/adhoc health care scheme at the rates/prices regulated in the Framework agreement.

The agreement period will be two years with a possibility to be extended with unaltered conditions for a period of twelve plus twelve months.

It should be noted that the Framework Agreement will not include any guarantees of volume of services to be required/provided.

5. Scope of Work

Tasks and responsibilities to consider in the tender proposal include;

i. Provider Network

The provider network should be country wide.

ii. Accessibility

The provider should have consistent procedures that ensure smooth access to facilities.

iii. Reimbursement

The tenderer should outline the time taken and procedures for reimbursement.

iv. Scheme Management

The tenderer should be well established and should possess a reliable country wide provider network that is able to meet emergencies and other routine medical needs for its members. This should be achieved through integrated IT System and country wide branch network. In addition, the proposed service should have an established network of other service providers, consultants/specialists, laboratories and pharmacies.

The proposed scheme should outline the most efficient ways of managing inpatient, emergency/ admissions, outpatient management.

v. Quality Control

The Insurance should have an updated and efficient ICT Infrastructure that ensures delivery of services in line with world recommended standards. A care manager should monitor all medical admissions and visits to ensure that members receive quality medical care. A relationship manager should co-ordinate all administrative matters to ensure smooth running of the scheme and should have all the contacts at hand of main hospitals, admitting facility and out-patient provider outlets.

- vi) The provision of additional services as may be requested by the Embassy

6. Profile of the Contractors personnel and staffing requirements

The health insurance services provided under the agreement can take the organisational form of a health service broker.

7. Labour standards

The contractor must, in the context of this contract comply with the fundamental labour standards laid down in the International Labour Organization (ILO) conventions on abolishing forced labour and slavery (Conventions 29 and 105), abolishing child labour (Conventions 138 and 182), protection from discrimination in respect of employment and occupation such as equal salary for men and women workers for work of equal value (Conventions 100 and 111), the freedom of association and right to collective bargaining (Conventions 87 and 98) and will recognise the human rights specified in the Universal Declaration of Human Rights.

In addition to the above provisions, the contractor will ensure that, in the context of this contract, it will observe the following standards: the labour standards specified in the ILO conventions on hours of work (Convention 1), on occupational safety and health and the working environment (Convention 155) and on wages (Conventions 26, 95 and 131).

8. The Scheme Population.

Below finds the estimated population list of the local staff to be covered (the numbers may change):

Family size	No. of Families	No. of Lives
M+0	7	7
M+1	7	14
M+2	6	18
M+3	6	24
M+4	8	40
M+5	1	6
Total	35	109