Maintenance and Update of the Measles Laboratory Information System (MLIS)

Request for Proposals (RFP)

Bid Reference
RFP 067-2024

Country/Unit Name
WHO Indonesia – UHC/IVD Unit

Closing Date:
Monday, 29 July 2024 at 16:00 Jakarta time
The World Health Organization (WHO) is seeking offers for Maintenance and Update of the Measles-Rubella Laboratory Information System (MLIS). Your ☒ Company ☒ Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1. Requirements

WHO requires the successful bidder, to carry out technical work as defined in the Term of Reference.

See detailed Terms of Reference in Annex 1 for complete information.

The successful bidder shall be a ☒ for profit / ☒ not for profit institution operating in the field of public health with proven expertise in health information system and vaccine preventable disease surveillance.

The successful bidder is expected to demonstrate experience and list relevant projects as follows:

Mandatory experience:
- Proven experience in designing and developing health information system
- Strong knowledge in the field of vaccine preventable disease surveillance and/or infectious diseases
- Strong knowledge in the field of health information landscape in Indonesia, involving data recording and reporting from health offices and laboratories

Desirable experience:
- Previous experience working with the Ministry of Health and/or other national/local governmental institutions in supporting the development of health information system
- Previous experience working with WHO, other international organizations and/or major institutions in the field of health information system and management.

The bidder is expected to follow the instructions set forth below in the submission of their proposal to WHO.

2. Proposal

The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal shall be concisely presented and structured to include the following information:

- Confidentiality Undertaking (please complete Annex 2)
- Presentation of your Company / Institution (please complete Annex 3)
- Proposed solution
- Proposed Approach/Methodology
- Proposed time line
- Financial proposal – Currency IDR.

Information which the bidder considers confidential, if any, should be clearly marked as such.

3. Instructions to Bidders

RFP 067-2024
The bidder must follow the instructions set forth in this RFP in the submission of their proposal to WHO.

A prospective bidder requiring clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 26 July 2024:

**Email for submissions of all queries:** seinobids@who.int and copy to seinoprocurement@who.int

*(use Bid reference in subject line)*

A consolidated document of WHO’s responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP.

From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

The bidder shall submit, in writing, the complete proposal to WHO, no later than 29 July 2024 at 16:00 hours Jakarta time (“the closing date”), by email at the following email address:

seinobids@who.int.

*(use Bid reference in subject line)*

To be complete, a proposal shall include:

The submitted technical and financial proposal shall be in reference to the enclosed Terms of References and budget component.

- All information and documentation related to the technical proposal (including the attached Annex 2: “Information about Bidders” shall be submitted to seinobids@who.int stating in the email subject “Technical Proposal – RFP 067-2024”
- All information and documentation related to the financial proposal shall be submitted to seinobids@who.int stating in the email subject “Financial Proposal - RFP 067-2024”
- The technical and financial proposal should be submitted separately in 2 emails stating in the subject the following reference number: RFP 067-2024
- Submission of proposal can only be done electronically by email to: seinobids@who.int (including any other email address in the submission will automatically disqualify the bid)
- Annexes 2 & 3, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: RFP 067-2024.

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing before the above closing date and time.

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the
bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal’s submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO at the email address indicated above, before the closing date for submission of proposals.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

All bidders must adhere to the UN Supplier Code of Conduct, which is available on the WHO procurement website at http://www.who.int/about/finances-accountability/procurement/en/.

4. Evaluation
Before conducting the technical and financial evaluation of the proposals received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

The evaluation panel will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

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<tr>
<th>Technical Weighting:</th>
<th>80 % of total evaluation</th>
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<tr>
<td>Financial Weighting:</td>
<td>20 % of total evaluation</td>
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The technical evaluation of the proposals will include:

| Addressing of WHO’s requirements and expectations | 25 |
| Quality of the overall proposal | 5 |
| Experience of the firm in carrying out related project | 20 |
| Qualifications and competence of the personnel proposed for the assignment | 20 |
| Proposed timeframe for the project | 10 |
| **TOTAL** | **80** |

The scoring scale per criteria was defined as follows:
5. Criteria evaluated as:

<table>
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<th>Criteria evaluated as:</th>
<th>Based on the following supporting evidence:</th>
<th>Corresponds to the score of:</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>Excellent evidence of ability to exceed requirements</td>
<td>100%</td>
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<tr>
<td>Good</td>
<td>Good evidence of ability to exceed requirements</td>
<td>90%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Satisfactory evidence of ability to support requirements</td>
<td>70%</td>
</tr>
<tr>
<td>Poor</td>
<td>Marginally acceptable or weak evidence of ability to support requirements</td>
<td>40%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>Lack of evidence to demonstrate ability to comply with requirements</td>
<td>10%</td>
</tr>
<tr>
<td>No submission</td>
<td>Information has not been submitted or is unacceptable</td>
<td>0%</td>
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The number of points which can be obtained for each evaluation criterion is specified above and indicates the relative significance or weight of the item in the overall evaluation process.

A minimum of [50] points is required to pass the technical evaluation.

The final evaluation will combine the weighted scores of both technical and financial proposals to come up with a cumulative total score.

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO’s general principles, including the principle of best value for money, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

NOTE: Individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

5. Award

WHO reserves the right to:

a) Award the contract to a bidder of its choice, even if its bid is not the lowest;

b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;

c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;

d) Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;

e) Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.
At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth in Annex 3.

Any and all of the contractor’s (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor’s offer, or printed or referred to on the Contractor’s letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
UHC/IVD Unit – WHO Indonesia
Annexes

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions
5. Budget template RFP 067-2024 and Standard Government rate (excel)
Annex 1: Detailed Terms of Reference

1. Purpose of the APW
The primary goal of this APW is to secure a solution for the timely and accurate reporting of measles surveillance data, involving both surveillance officers and laboratory personnel as end-users. Specifically, this APW aims to identify an institution capable of updating the Measles Laboratory Information System (MLIS). The updated MLIS is expected to align with the existing reporting template while ensuring compatibility with the latest version of the Windows operating system. Importantly, the enhanced MLIS should offer flexibility, enabling end-users to access and utilize it on different devices and from any location, all while maintaining robust data security measures.

2. Background
Indonesia has set a goal to eliminate measles and rubella by 2026, aligning with the objectives of the WHO South-East Asia Regional Office. Despite significant progress in reducing measles-rubella (MR) cases from 2013 to 2021, there was an unexpected surge in 2022. The disruptions in surveillance and immunization services due to the COVID-19 pandemic led to immunity gaps, causing both measles and rubella incidences to rise. In 2023, Indonesia reported 39,890 suspected cases of measles, marking almost 100% increase from 2022. Of these, 10,628 cases were confirmed as measles. This year, Indonesia has reported almost 10,000 suspected cases of measles as of 17 June 2024.

Despite implementing case-based surveillance since 2008, there’s a need to enhance the system considering the vast spread of the measles. Indonesia has a network of seven WHO-accredited laboratories: Balai Besar Laboratorium Biologi Kesehatan (BBLBK) Jakarta, Biofarma Bandung, Balai Laboratorium Kesehatan dan Kalibrasi (BLKK) Yogyakarta, Balai Besar Laboratorium Kesehatan Masyarakat (BBLKM) Surabaya, Balai Besar Biomedis dan Genomika Kesehatan (BB Binomika) Jakarta, BBLKM Makassar, and BBLKM Palembang. However, only 70% of results obtained from these laboratories reach the immunization program within four days of specimen receipt, causing potential setbacks in public health interventions.

The existing information system for measles surveillance data, MLIS, is identified as a factor contributing to delays in data entry and reporting. The current MLIS is based on EpiInfo software which operates on Windows 7, limiting compatibility and efficiency, and causing bottlenecks in data entry as it restricts entry to specific CPUs in each laboratory without the flexibility to perform it elsewhere. Furthermore, the expansion of the measles laboratory network in 2024 poses challenges as it requires specific CPUs with the outdated Windows 7. This cumbersome process, coupled with the burden on laboratory personnel, necessitates an urgent update to MLIS.

Updating MLIS stands as a priority for Indonesia to ensure efficient and effective MR surveillance and laboratory data recording and reporting. The proposed solution involves transitioning to a user-friendly and versatile information system that supports remote data entry. This will not only alleviate the burden on laboratory personnel and surveillance officers but also contribute significantly to strengthening surveillance timeliness. Furthermore, having an updated MLIS will enable the expansion of the MR laboratory network without having to provide CPUs with requirements as above. Ultimately, this initiative will support Indonesia’s goal of MR elimination by 2026.

Recognizing the crucial role of MLIS data in attaining these goals, it is imperative that the MLIS data maintains high quality and reliability. Additionally, for the MLIS to remain effective in the Ministry of Health's environment, it must be interoperable, anticipating the ongoing development of the information system. This interoperability ensures seamless integration of the update MLIS data with other health information systems, further supporting the Ministry’s overall objectives and initiatives.
3. **Planned timelines** (subject to confirmation)

Start date: 02/09/2024  
End date: 13/12/2024  
Total duration: 3.5 months

4. **Requirements - Work to be performed**

**Objective 1:** Conducting a Needs Assessment and Developing a Maintenance and Update Plan for the MLIS.
Output 1.1: Collaborate with the Ministry of Health (MOH) and the national measles-rubella laboratory network (MRLN) to conduct a needs assessment of the current MLIS. The goal is to identify the root causes of backlogs in MR data recording and reporting, and develop the way forward to address these challenges.

**Objective 2:** Enhancing the Quality of MLIS through System Upgrades.
Output 2.1: Develop the system design based on the existing MLIS reporting scheme, while ensuring compatibility and interoperability with the current MLIS database.
Output 2.2: To upgrade MLIS using Epi Info, MS Access or other softwares that is replicable, interoperable, and user-friendly.

**Objective 3:** Piloting, Implementing, and Ensuring Long-term Sustainability of MLIS.
Output 3.1: Collaborate with the MOH, Provincial Health Office (PHO), and measles laboratory to identify a pilot site for the upgraded MLIS and conduct a pilot test to assess its functionality.
Output 3.2: Coordinate with the MOH, PHOs, and measles laboratory to expand the implementation of the upgraded system to the remaining MR laboratories, ensuring its sustained and effective use over the long term.

5. **Requirements - Planning**

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<tr>
<th>No</th>
<th>Output</th>
<th>Format of report</th>
<th>Expected date (indicative)</th>
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| 1.1 | Collaborate with the Ministry of Health (MOH) and the national measles-rubella laboratory network (MRLN) to conduct a needs assessment of the current MLIS. The goal is to identify the root causes of backlogs in MR data recording and reporting, and develop the way forward to address these challenges. A visit to one of the MR laboratories is advised to understand the system. | • Minutes of meeting incl. photos, list of participants, and other relevant supporting documentation.  
• Report of the needs assessment.  
• Report of the MLIS update plan which addresses the identified gaps. | W1–4 September 2024 |

**Objective 2:** Enhancing the Quality of MLIS through System Upgrades.
2.1 Develop the system design based on the existing MLIS reporting scheme, while ensuring compatibility and interoperability with the current MLIS database.
• Report on the system design.  
• Report on data transfer from current MLIS. 

2.2 To upgrade MLIS using Epi Info, MS Access or other softwares that is replicable, interoperable, and user-friendly.
• Report on the MLIS upgrade.  
• Detailed documentation of the upgraded MLIS, such as the system, infrastructure, and process documentation. 

RFP 067-2024
Objective 3: Piloting, Implementing, and Ensuring Long-term Sustainability of MLIS.

3.1 Collaborate with the MOH, Provincial Health Office (PHO), and measles laboratory to identify a pilot site for the upgraded MLIS and conduct a pilot test to assess its functionality.

- Report on the MLIS pilot test, including strengths and challenges.
- Action plan for further scale-up, which addresses challenges found during the pilot.

W2–W3 November 2024

3.2 Coordinate with the MOH, PHO, and measles laboratory to expand the implementation of the upgraded system to the remaining MR laboratories, ensuring its sustained and effective use over the long term.

- Report on the MLIS scale-up and implementation.

W3 November – W2 December 2024

6. Inputs
The beneficiary will coordinate all activities proposed including conduct collaboration with key stakeholders, ensure all proposed output are scheduled and monitored, and to make the final report of the activities.

7. Activity Coordination & Reporting

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<thead>
<tr>
<th>Technical Officer:</th>
<th>Email: <a href="mailto:seinobids@who.int">seinobids@who.int</a></th>
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<tr>
<td>For the purpose of:</td>
<td>Technical supervision and instructions - Reporting</td>
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<tr>
<th>Administrative Officer:</th>
<th>Email: <a href="mailto:seinobids@who.int">seinobids@who.int</a></th>
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</thead>
<tbody>
<tr>
<td>For the purpose of:</td>
<td>Contractual and financial management of the contract</td>
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8. Characteristics of the Provider

Functional Skills and Knowledge
Health information system; knowledge in VPDs surveillance and laboratory is desirable;

Experience
Mandatory experience:
- Proven experience in designing and developing health information system
- Strong knowledge in the field of vaccine preventable disease surveillance and/or infectious diseases
- Strong knowledge in the field of health information landscape in Indonesia, involving data recording and reporting from health offices and laboratories

Desirable experience:
- Strong knowledge in EpiInfo software
- Strong knowledge in MS Access software
- Previous experience working with the Ministry of Health and/or other national/local governmental institutions in supporting the development of health information system
- Previous experience working with WHO, other international organizations and/or major institutions in the field of health information system and management

Language skills
Fluent in Indonesian and English

9. Place of assignment
RFP 067-2024
Most of the activity is preferred to be conducted virtually. However, if there is a urgency to conduct face-to-face meeting with key stakeholders such as Ministry of Health and other related stakeholders, the cost should be mentioned in the proposed detail budget. For example, when doing laboratory visit to assess the current MLIS
Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of UHC/IVD Unit, has access to certain information relating to Maintenance and Update of the Measles-Rubella Laboratory Information System (MLIS) which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as “the Information”).

2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for “Maintenance and Update of the Measles-Rubella Laboratory Information System (MLIS)” (“the Purpose”), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.

3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
   a) was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
   b) was in the public domain at the time of disclosure by or for WHO to the Undersigned;
   c) becomes part of the public domain through no fault of the Undersigned; or
   d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality (as evidenced by written records or other competent proof).

4. The Undersigned further undertakes not to use the Information for any benefit, gain or advantage, including but not limited to trading or having others trading in securities on the Undersigned’s behalf, giving trading advice or providing Information to third parties for trade in securities.

5. At WHO’s request, the Undersigned shall promptly return any and all copies of the Information to WHO.

6. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.

7. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.

8. Nothing in this Undertaking, and no disclosure of Information to the Undersigned pursuant to its terms, shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, or as submitting WHO to any national court jurisdiction.

Acknowledged and Agreed:

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<th>Entity Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<td>Name and Title of duly authorized representative:</td>
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<tr>
<td>Signature:</td>
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<td>Date:</td>
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Annex 3: Vendor Information Form

**Company Information** to be provided by the Vendor submitting the proposal

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<tr>
<th>UNGM Vendor ID Number:</th>
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<tr>
<td><em>If available – Refer to WHO website for registration process</em></td>
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<th>Legal Company Name:</th>
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<td><em>(Not trade name or DBA name)</em></td>
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<table>
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<tr>
<th>Company Contact:</th>
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<th>Address:</th>
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<th>Telephone Number:</th>
<th>Fax Number:</th>
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<table>
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<tr>
<th>Email Address:</th>
<th>Company Website:</th>
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**Corporate information:**

<table>
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<th>Company mission statement</th>
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<tr>
<th>Service commitment to customers and measurements used</th>
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<th>Organization structure <em>(include description of those parts of your organization that would be involved in the performance of the work)</em></th>
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<tr>
<th>Relevant experience <em>(how could your expertise contribute to WHO’s needs for the purpose of this RFP)</em> – Please attach reference and contact details</th>
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<th>Staffing information</th>
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* [http://www.who.int/about/finances-accountability/procurement/en/](http://www.who.int/about/finances-accountability/procurement/en/)
Annex 4: Contractual Provisions

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth below (with the successful bidder referred to below as the “Contractor”):

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below). In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other natural or legal persons engaged or otherwise utilized to perform any services under the Contract.

   Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.

   For purposes of the Contract, the term “WHO Policies” means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA); (iii) the WHO Policy on Preventing and Addressing Abusive Conduct; (iv) the WHO Code of Conduct for responsible Research; (v) the WHO Policy on Whistleblowing and Protection Against Retaliation; (vi) the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, and (vii) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: http://www.who.int/about/ethics/en/ for the UN Supplier Code of Conduct and at http://www.who.int/about/finances-accountability/procurement/en/ for the other WHO Policies.

2. **Zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct.** WHO has zero tolerance towards sexual exploitation and abuse, sexual harassment and other types of abusive conduct. In this regard, and without limiting any other provisions contained herein:

   (i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA), and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct by any of its employees and any other natural or legal persons engaged or otherwise utilized to perform the work under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the Contractor becomes aware; and

   (ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA), and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct. Without limiting the foregoing, the individual Contractor shall promptly report to WHO, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the individual Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not
to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

4. **Anti-Terrorism and UN Sanctions; Fraud and Corruption.** The Contractor warrants for the entire duration of the Contract that:

i. it is not and shall not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it shall not make any payment or provide any other support to any such person or entity and that it shall not enter into any employment or other contractual relationship with any such person or entity;

ii. it shall not engage in any fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, in connection with the execution of the Contract;

iii. it shall take all necessary measures to prevent the financing of terrorism and/or any fraudulent or corrupt practices as referred to above in connection with the execution of the Contract; and

iv. it shall promptly report to WHO, through the WHO Integrity Hotline or directly to the WHO Office of Internal Oversight Services (IOS), any credible allegations of actual or suspected fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption of which the Contractor becomes aware and respond to such allegations in an appropriate and timely manner in accordance with its respective rules, regulations, policies and procedures. Furthermore, the Contractor agrees to cooperate with WHO and/or parties authorized by WHO in relation to the response. Relevant information on the nature of any credible allegations of such actual or suspected violations, as well as the details of the intended response and the outcome of any such response, should be communicated and coordinated with WHO, with the understanding that, subject to the terms of the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, confidentiality and the due process rights of those involved will be respected.

In the event that any resources, assets and/or funds provided to or acquired by the Contractor under the Contract are found to have been used by the Contractor, its employees or any other natural or legal persons engaged or otherwise utilized to perform any work under the Contract, to finance, support or conduct any terrorist activity or any fraudulent or corrupt practices, the Contractor shall promptly reimburse and indemnify WHO for such resources, assets and/or funds (including any liability arising from such use).

5. **Breach of essential terms.** The Contractor acknowledges and agrees that each of the provisions of paragraphs 1, 2, 3 and 4 above constitutes an essential term of the Contract, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or

ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO’s governing bodies, other UN agencies, and/or donors.
6. **Use of WHO Name and Emblem.** Without WHO’s prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor’s relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

7. **Assurances regarding procurement.** If the option for payment of a maximum amount applies, to the extent the Contractor is required to purchase any goods and/or services in connection with its performance of the Contract, the Contractor shall ensure that such goods and/or services shall be procured in accordance with the principle of best value for money. "Best value for money" means the responsive offer that is the best combination of technical specifications, quality and price.

8. **Audit and Investigations.** WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract. Similarly, WHO may initiate an investigation into credible allegations of fraud and corruption and other forms of misconduct based on information received in accordance with its respective policies, procedures and rules.

In this context, the Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

i. the Contractor’s books, records and systems (including all relevant financial and operational information) relating to the Contract; and
ii. reasonable access to the Contractor’s premises and personnel.

The Contractor shall provide satisfactory explanations to all queries arising in connection with the aforementioned audit and access rights.

WHO may request the Contractor to provide complementary information about the work performed under the Contract that is reasonably available, including the findings and results of an audit (internal or external) conducted by the Contractor and related to the work performed under the Contract.

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor’s name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO’s Information Disclosure Policy and shall be consistent with the terms of the Contract.
ANNEX 5. BUDGET TEMPLATE AND STANDARD GOVERNMENT RATE
(AN EXCEL SHEET ATTACHED)
# ANNEX 6 EVALUATION CRITERIA

## Maintenance and Update of the Measles Laboratory Information System (MLIS)/RFP 067-2024

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MAX. POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Addressing of WHO requirements and expectations</td>
<td></td>
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<tr>
<td>1.1 Proposed activities meet the objectives and deliverables of the RFP  (see TOR).</td>
<td>25</td>
</tr>
<tr>
<td>1.2 Anticipated project risks and mitigation measures as well as quality assurance.</td>
<td>15</td>
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<tr>
<td>2. Quality of the technical proposal</td>
<td>5</td>
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<tr>
<td>2.1 Proposal is well written: explaining clearly the activities proposed, resources (time, person, materials) required, and timeline.</td>
<td></td>
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<tr>
<td>3. Organizational capacity: Experience of the firm in carrying out related project</td>
<td></td>
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<tr>
<td>3.1 Institution/company profile indicating major work, with justification of why the institution is well suited to the assignment.</td>
<td>20</td>
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<tr>
<td>3.2 Detail of relevant experience including work related to training in the field of health information systems, data architecture design, data recording and reporting.</td>
<td>5</td>
</tr>
<tr>
<td>3.3 The institution/organization is well-informed on the health information landscape in Indonesia, including data recording and reporting from health offices and laboratories.</td>
<td>5</td>
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<tr>
<td>3.4 The institution/organization must demonstrate having experience and capacity in disease surveillance and/or infectious diseases.</td>
<td>5</td>
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<tr>
<td>4. Qualification and competence of the personnel proposed for the assignment</td>
<td></td>
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<tr>
<td>4.1 Names and full CVs of the institution personnel who will be directly involved in the consultancy, including (but not limited to) the designated Team Leader/Project Manager. The list should include at least one senior staff with good experience and competency in developing a health information system and/or data recording and reporting platform.</td>
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</tr>
<tr>
<td>4.2 Detail of the personnel with relevant experience including previous works related to public health, preferably in developing a health information system and/or data recording and reporting platform between health facilities and laboratories.</td>
<td>8</td>
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<tr>
<td>4.3 Adequate and appropriate staff combination and number in relation to the respective tasks and deliverables as per TOR.</td>
<td>6</td>
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<tr>
<td>5. Proposed timeframe of the project</td>
<td>10</td>
</tr>
<tr>
<td>5.1 Implementation timeline: identify key tasks and timeline, focal person for each activity/deliverable should be identified.</td>
<td></td>
</tr>
</tbody>
</table>

| TECHNICAL ASPECT | 80 |
| FINANCIAL ASPECT | 20 |
| TOTAL MARKS      | 100 |