



**World Health
Organization**

Health Financing Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia]

Request for Proposals (RFP)

Bid Reference

RFP 004-2026

Country/Unit Name

WHO Indonesia - HHS

Closing Date:

[Tuesday, 31 March 2026 at 12:00 Jakarta Time]



The World Health Organization (WHO) is seeking offers for Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia .

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 Health Financing Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia

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 Health financing, with proven expertise in Health financing, BPJS, Hepatitis, HIV and STI..

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

Mandatory experience:

- Demonstrated experience (minimum 5 years) in conducting health financing, health economics, or costing studies in the health sector.
- Proven experience in conducting service costing, tariff analysis, or budget impact analysis for health programs (e.g., communicable diseases, chronic diseases, insurance benefit packages).
- Experience working with national health insurance schemes or social health insurance systems, preferably including benefit package design, reimbursement mechanisms, or provider payment systems.
- At least two completed projects in the past 5 years involving costing studies, economic evaluation, or health financing reform (with references).
- Demonstrated ability to lead multi-stakeholder technical consultations involving government institutions.

Desirable experience:

- Experience working in Indonesia's health system, particularly with BPJS Kesehatan or Ministry of Health units.
- Experience in costing or financing analysis related to HIV, STI, Hepatitis, or other communicable disease programs.

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

It should explain

- Understanding of the assignment
- Key challenges in integrating HIV/STI/Hepatitis services into BPJS
- Strategic considerations for sustainability
- Proposed Approach/Methodology
Detailed description of:
 - Analytical framework
 - Costing methodology (e.g., micro-costing, step-down, mixed approach)
 - Data sources and sampling approach
 - Budget impact modeling approach
 - Stakeholder consultation strategy
 - Risk mitigation measures
- Proposed time line
The overall project timeline is expected to be 6–7 months (approximately 26–30 weeks).
- Team composition and CVs
- Financial proposal
Financial proposal shall be prepared in IDR currency with clear breakdown of the budget lines for each output with adherence to standard government rate as enclosed. Proposed budget template is enclosed in the RFP document. The technical and financial proposal both are subject to final revision and approval after awarding the bid.

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

3. Instructions to Bidders

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 **27 March 2026**:

Email for submissions of all queries: wpinobids@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 **31 March 2026 at 12:00 hours Jakarta time** ("the closing date"), by email at the following email address:

wpinobids@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 wpinobids@who.int stating in the email subject **"Technical Proposal – RFP 004-2026"**
- All information and documentation related to the financial proposal shall be submitted to wpinobids@who.int stating in the email subject **"Financial Proposal - RFP 004-2026"**
- The technical and financial proposal should be submitted separately in 2 emails stating in the subject the following reference number: RFP 004-2026
- Submission of proposal can only be done electronically by email to: wpinobids@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 004-2026 .

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:

Technical Weighting:	70% of total evaluation
Financial Weighting:	30 % of total evaluation

The technical evaluation of the proposals will include:

Understanding of Assignment & Responsiveness	10
Quality of the overall proposal	25
Experience of the firm in carrying out related project	10
Qualifications and competence of the personnel proposed for the assignment	15
Proposed timeframe for the project	10
TOTAL	70

The scoring scale per criteria was defined as follows:

Criteria evaluated as:	Based on the following supporting evidence:	Corresponds to the score of:
Excellent	Excellent evidence of ability to exceed requirements	100%
Good	Good evidence of ability to exceed requirements	90%
Satisfactory	Satisfactory evidence of ability to support requirements	70%
Poor	Marginally acceptable or weak evidence of ability to support requirements	40%
Very Poor	Lack of evidence to demonstrate ability to comply with requirements	10%
No submission	Information has not been submitted or is unacceptable	0%

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,
HHS Team WHO Indonesia

**Annexes**

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions
5. Budget Template RFP 004-2026 and Standard Government Rate 2026
6. Evaluation Criteria RFP 004-2026
7. CV Template



Annex 1: Detailed Terms of Reference

Health Financing Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia

1. Purpose of the APW

The purpose of this assignment is to generate robust technical, economic, and financial evidence to support the integration of a minimum package of HIV, sexually transmitted infections (STI), and Hepatitis services into BPJS Kesehatan at hospital and primary health care (puskesmas) levels.

The study will assess service delivery pathways, estimate unit costs, analyze reimbursement gaps, and model national budget implications under a non-capitation payment mechanism for relevant services at puskesmas level.

The outputs of this assignment will inform policy dialogue between the Ministry of Health (MoH), BPJS Kesehatan, and relevant financing authorities.

2. Background

Indonesia is transitioning toward greater domestic financing of priority public health programs, including HIV, sexually transmitted infections (STI), and viral hepatitis, as part of broader health system sustainability efforts. Historically, HIV programs in particular have benefited from substantial international donor support, including from DFAT, The Global Fund, and USAID. However, the global funding landscape is changing, while national fiscal policy emphasizes budget efficiency, refocusing, and sustainability.

To ensure continued access to essential HIV, STI, and Hepatitis services, the Ministry of Health (MoH) has initiated steps to integrate these services into the **National Health Insurance Scheme (BPJS Kesehatan)**. HIV, STI, and Hepatitis programs are currently managed through two separate working teams (tim kerja), but recent internal analyses and joint external program review recommendations highlight the need for **harmonized health financing solutions** across these programs.

At present, BPJS Kesehatan covers a limited range of HIV, STI, and Hepatitis services, mainly at hospital level. The existing benefit packages and reimbursement rates are considered insufficient to cover the full continuum of minimum package services, particularly at the outpatient clinic. The **primary health care (puskesmas)** level is also not covered by BPJS and **Non-capitation payment mechanisms** are an option for puskesmas to claim from BPJS for the minimum service package available at puskesmas, in accordance with current regulations.

The Health Financing Unit of the MoH (Pusat Kebijakan dan Desentralisasi Kesehatan / Pusjak PDK) has recommended conducting a structured study to provide robust evidence for:

- Updating BPJS benefit packages for HIV, STI and Hepatitis,
- Revising reimbursement rates,
- Estimating the budgetary implications of integrating minimum service packages for HIV, STI, and Hepatitis.

The World Health Organization (WHO) will support this effort by commissioning a health financing and health economics study through an external consultant team.

3. Planned timelines (subject to confirmation)

Start date: 21/04/2026

End date: 21/11/2026

Total duration: 7 (seven) months (approximately 26–30 weeks).

Indicative phases:

Month 1 – Inception



Month 2–3 – Inventory and financing review

Month 3–5 – Costing analysis

Month 5–6 – Budget impact modeling

Month 6–7 – Stakeholder validation and finalization

The timeline assumes part time and intermittent engagement of team members over the duration of the assignment, consistent with an institutional consultancy model.

The scope of facility sampling and data collection shall be proportionate to the proposed budget and finalized during the inception phase. The sampling facilities survey should be taken at least in **three districts**.

4. Requirements - Work to be performed

4.1 General Objective

To provide evidence-based recommendations for revising BPJS Kesehatan benefit packages and reimbursement rates for HIV, STI, and Hepatitis services. Reliable estimation of unit costs and total costs of priority HIV, STI, and Hepatitis services.

4.2 Specific Objectives

1. To systematically document and analyze existing HIV, STI, and Hepatitis service delivery pathways at puskesmas and hospital levels.
2. To estimate the **unit costs and total costs** of priority HIV, STI, and Hepatitis services using standard health economic costing methodologies.
3. To assess gaps between current BPJS coverage and the actual cost of delivering quality services.
4. To estimate the **budget impact** of integrating minimum service packages into BPJS Kesehatan.
5. To develop feasible policy and financing recommendations for MoH and BPJS Kesehatan.

The consultant team will conduct two interrelated analytical components:

Component 1: Inventory and Case-Based Service Review

Component 2: Costing and Budget Impact Analysis

The study will cover both HIV/STI and Hepatitis programs and apply to services delivered through puskesmas and hospitals.

The scope of work is expected to be **analytical and policy-oriented**, rather than exhaustive or nationally representative. The proposed methodology, facility coverage, and level of effort should be **proportionate to the objectives of the assignment and feasible within a limited institutional consultancy framework**. Proposals that are overly complex, expansive, or not aligned with the intended policy use of the study may be considered less competitive.

The consultant shall submit:

1. Inception Report (end of Month 1)
 - Final methodology
 - Facility selection framework
 - Work plan (Gantt chart)
2. Inventory and Financing Gap Report (end of Month 3)
3. Draft Costing Report (end of Month 5)
 - Unit costs
 - Sensitivity analysis
 - Costing database

4. Draft Budget Impact and Scenario Analysis Report (end of Month 6)
5. Final Consolidated Report (end of Month 7)
 - Integrated findings
 - Minimum three policy options
 - Executive summary (maximum 10 pages)
6. Presentation slides and policy brief

No additional tools, platforms, dashboards, training packages, or software development outputs are expected under this assignment beyond the deliverables listed above.

All final outputs must be delivered in English. The final consolidated report must also be submitted in Bahasa Indonesia.

5. Requirements – Planning

Indicative Duration: 6–7 months (approximately 26–30 weeks). The detailed work plan will be finalized during the inception phase and approved by WHO and MoH.

5.1 Inception Phase

- Review relevant national policies, strategic plans, BPJS regulations, clinical guidelines, and financing documents.
- Review previous donor-supported studies, program reviews, and costing exercises.
- Develop a detailed study protocol, including:
 - Analytical framework
 - Facility selection criteria
 - Data sources
 - Costing methodology
 - Stakeholder engagement plan
- Submit an inception report for validation by WHO and MoH.

As part of the inception phase, the consultant shall propose a limited and purposive facility selection framework, prioritizing feasibility, data availability, and relevance to BPJS policy decisions. The facility sample is not expected to be statistically representative, and national extrapolation may be based on modeling assumptions rather than extensive field visits. Visits survey can be considered at least three districts

5.2 Inventory and Case-Based Service Review

The consultant will:

- Map priority HIV, STI, and Hepatitis services currently delivered at puskesmas and hospitals.
- Document standard clinical pathways, including diagnostics, treatment, follow-up, and referral.
- Identify services currently covered by BPJS, including:
 - Benefit package codes
 - Reimbursement mechanisms
 - Tariff levels
- Analyze service utilization patterns and volumes.
- Identify service delivery and financing gaps.

The service inventory and case based review should focus on priority services and pathways relevant to BPJS integration, and does not require comprehensive mapping of all possible service variations. The level of detail should be sufficient to inform costing and financing analysis, without extending into full clinical audits or operational assessments.

This component should clearly describe what services exist, how they are delivered, and how they are currently financed.

5.3 Costing Analysis

The consultant will:

- Design and apply appropriate costing methods (e.g. micro-costing, step-down costing).
- Estimate:
 - Direct medical costs (medicines, diagnostics, consumables)
 - Direct non-medical costs (personnel time, logistics)
 - Overhead and shared costs
- Calculate unit costs for key services at each level of care.
- Conduct sensitivity analyses to account for uncertainty and variation.
- Ensure costing assumptions are transparent and replicable.

The costing analysis should apply standard and pragmatic health economic methods appropriate for policy decision making. Highly resource intensive approaches (e.g. large scale primary data collection or full bottom up costing across multiple facilities) are not required.

5.4 Budget Impact and Scenario Analysis

- Compare estimated service costs with current BPJS reimbursement rates.
- Model different integration scenarios (e.g. phased integration, limited vs expanded service packages).
- Estimate incremental budget needs under each scenario.
- Identify cost drivers and potential efficiency gains.

5.5 Stakeholder Consultation and Validation

- Organize at least two stakeholder consultations (virtual or in-person), involving:
 - MoH program units
 - BPJS Kesehatan
 - Health financing experts
 - Clinical representatives
- Present preliminary findings and validate assumptions.
- Incorporate feedback into final analyses.

Organize at least two stakeholder consultations (preferably virtual or hybrid, and in person only where justified), involving: travel, per diem and venue cost.

6. Inputs

The Technical / Medical Officer indicate the contribution that the beneficiary will make to produce the Outputs.

7. Activity Coordination & Reporting

Technical Officer:		Email:	
For the purpose of:	Technical supervision and instructions - Reporting		
Administrative Officer:		Email:	wpinobids@who.int
For the purpose of:	Contractual and financial management of the contract		

8. Characteristics of the Provider

The successful bidder must demonstrate:

Mandatory Experience

- Minimum 5 years of experience in health financing or health economics.
- Demonstrated experience conducting health service costing or economic evaluation studies.
- Experience in analyzing health insurance systems or provider payment mechanisms.
- At least two completed projects in the last five years involving costing or budget impact analysis.

Desirable Experience

- Experience working in Indonesia's health system.
- Experience related to communicable disease financing (HI)

Team Composition

- Lead Health Economist / Health Financing Specialist
- BPJS / Health Insurance Specialist
- Clinical Services Expert (HIV, STI, Hepatitis)
- Data Analyst / Costing Specialist

Qualifications

- An advanced degree (at least a Master's degree) in health economics is required for the Lead Health Economist, Health Insurance Specialist, and Costing Specialist, with a minimum of five (5) years of relevant professional experience. A PhD degree is desirable for the Lead Health Economist.
- Advance degree in public health, HIV clinician or related field for clinical service expert with experience at least 4 years.
- Demonstrated experience in health financing or costing studies.
- Experience with national health insurance systems preferred.
- Experience working in Ministry of Health or similar settings is an advantage.
- Demonstrated knowledge of Hepatitis HIV and STI programme

9. Place of assignment

The assignment will be based in Jakarta, with travel arranged as needed as part of the assignment.

10. Ethical and Data Considerations

- No primary data collection involving human subjects is expected (health system perspective).
- Data confidentiality must be maintained.
- All outputs will remain the property of WHO and MoH.

11. Reporting and Governance

- The consultant will report to WHO Indonesia.
- Technical oversight will be provided jointly by WHO and MoH.
- All deliverables require formal approval by WHO.



Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of HHS unit, has access to certain information relating to the proposal 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 “Health Financing Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia” (“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 of 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:

Entity Name:
Mailing Address:
Name and Title of duly authorized representative:
Signature:
Date:



Annex 3: Vendor Information Form

Company Information to be provided by the Vendor submitting the proposal

UNGM Vendor ID Number: <i>If available – Refer to WHO website for registration process*</i>			
Legal Company Name: <i>(Not trade name or DBA name)</i>			
Company Contact:			
Address:			
City:		State:	
Country:		Zip:	
Telephone Number:		Fax Number:	
Email Address:		Company Website:	
<u>Corporate information:</u>			
Company mission statement			
Service commitment to customers and measurements used <i>(if available)</i>			
Organization structure (include description of those parts of your organization that would be involved in the performance of the work)			
Relevant experience (how could your expertise contribute to WHO's needs for the purpose of this RFP) – <i>Please attach reference and contact details</i>			
Staffing information			

* <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/finances-accountability/procurement/en/> for the UN Supplier Code of Conduct and at <http://www.who.int/about/ethics/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

Project Title: Health Financing Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia

Name of Institution:

Currency: IDR

B.1 Professional Fees

No.	Position	Unit (e.g. person-day)	Quantity	Unit Cost (IDR)	Sub-total (IDR)
B1	Lead Health Economist / Team Leader				
B2	Health Insurance / BPJS Specialist				
B3	Clinical Expert (HIV/STI/Hepatitis)				
B4	Data Analyst / Costing Specialist				
Subtotal B1					

B.2 Meetings and Stakeholder Consultations

No.	Item	Quantity	Unit Cost (IDR)	Sub-total (IDR)
B5	Stakeholder consultation meetings (up to two), please breakout to include: - no of participants - transport costs, if applicable			
B6	Meeting logistics (venue, refreshments, materials), please include: - no of participants - No of days			
B7	Resource persons (if applicable and justified)			
Subtotal B2				

B.3 Travel Costs (If Applicable and Justified)

No.	Item	Quantity	Unit Cost (IDR)	Sub-total (IDR)
B8	Local travel for facility visits, please breakout to include: - Mention provinces to visit - No of persons - No of days - Transport costs			



B9	Per diem (as per SBM rates, if applicable)			
Subtotal B3				

B.4 Data and Analytical Costs

No.	Item	Description	Sub-total (IDR)
B10	Data acquisition	Datasets not publicly available and required for analysis	
B11	Software or analytical tools	If required and clearly justified	
Subtotal B4			

B.5 Institutional Overhead / Management Fee

Item	Rate (%)	Amount (IDR)
Institutional overhead (maximum 5%)		

TOTAL PROJECT COST

Total (B1 + B2 + B3 + B4 + B5): IDR



ANNEX 6. EVALUATION CRITERIA

RFP 004-2026 I Health Financing Study to Support Integration of HIV, STI, and Hepatitis Services into BPJS Kesehatan, Indonesia

A.1 Evaluation Overview

Proposals will be evaluated in accordance with WHO procurement procedures. The evaluation will be conducted in two stages: technical evaluation followed by financial evaluation.

- **Technical Proposal Weight:** 70 points
- **Financial Proposal Weight:** 30 points
- **Total Score:** 100 points
- **Minimum Technical Score Required to Pass:** 50 out of 70 points

Only proposals that achieve the minimum technical score will proceed to financial evaluation.

A.2 Technical Evaluation Criteria (70 Points)

1.1.1 1. Quality of the Technical Proposal (35 points)

No.	Sub-criteria	Description	Max Points
1.1	Understanding of the assignment	Demonstrates a clear and comprehensive understanding of the objectives, scope, and expected outputs of the assignment, including inventory of services, costing analysis, and budget impact analysis for integration into BPJS Kesehatan at puskesmas and hospital levels	10
1.2	Methodology and analytical approach	Presents a sound, feasible, and coherent methodology covering service mapping, clinical pathways, costing methods (e.g. micro-costing, step-down costing), tariff gap analysis, and budget impact and scenario modelling	15
1.3	Workplan and timeline	Provides a detailed workplan and timeline aligned with the TOR deliverables, phases, milestones, and the indicative 6–7 month duration	10
Subtotal			35

1.1.2 2. Organizational Capacity and Experience (20 points)

No.	Sub-criteria	Description	Max Points
2.1	Relevant institutional experience	Demonstrated minimum of five (5) years of experience in health financing, health economics, costing, or related analytical studies	8
2.2	Experience in similar assignments	Evidence of at least two completed projects in the past five years involving costing studies, tariff analysis, budget impact analysis, or health financing reform	7



2.3	Stakeholder engagement experience	Proven experience working with government institutions, national health insurance agencies (including BPJS Kesehatan or equivalent), UN agencies, or international organizations	5
Subtotal			20

1.1.3 3. Key Personnel and Team Composition (15 points)

No.	Sub-criteria	Description	Max Points
3.1	Lead Health Economist / Health Financing Specialist	An advanced degree (at least a Master's degree) in health economics with a minimum of five (5) years of relevant professional experience. A PhD degree is desirable for the Lead Health Economist.	7
3.2	BPJS / Health Insurance Specialist	An advanced degree (at least a Master's degree) in health economics with a minimum of five (5) years of relevant professional experience.	5
3.3	Clinical Services Expert (HIV, STI, Hepatitis)	Advance degree in public health, HIV clinician or related field for clinical service expert with experience at least 4 years.	3
3.4	Data Analyst / Costing Specialist	An advanced degree (at least a Master's degree) in health economics with a minimum of five (5) years of relevant professional experience.	
Subtotal			15



Annex 7 CV Template

In addition to the required information stated in Annex 7 Evaluation Criteria, please refer to below format in preparing CVs of proposed personnel.

Name of Personnel	[Insert]
Position for this assignment	[Insert]
Nationality	[Insert]
Language proficiency	[Insert]
Year of Experience Related to this RFP	[Insert]
Project Experience / Portfolio Related to this RFP	<i>[Describe the position in the project, the time of project assignments, tech stack and the scope of project work]</i>
Tech Stack/Technical Skills	[Insert]
Education/ Qualifications	<i>[Summarize college/university and other specialized education of personnel member, giving names of schools, dates attended, and degrees/qualifications obtained.]</i>
	[Insert]
Professional certifications	<i>[Provide details of professional certifications relevant to the scope of services]</i>
	Name of institution: [Insert]
	Date of certification: [Insert]
Employment Experience Record/	<i>[List all positions held by personnel (starting with present position, list in reverse order), giving dates, names of employing organization, title of position held and location of employment. For experience in last five years, detail the type of activities performed, degree of responsibilities, location of assignments and any other information or professional experience considered pertinent for this assignment.]</i>
	[Insert]



References	<i>[Provide names, addresses, phone and email contact information for two (2) references]</i>
	Reference 1:[Insert]
	Reference 2:[Insert]
	List of Relevant Publication 1:[Insert] 2:[Insert]

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe my qualifications, my experiences, and other relevant information about myself.