



Development and Update of Indonesia Tobacco Fact Book for Evidence-Based Policy Development

Request for Proposals (RFP)

Bid Reference

005 - 2026

Country/Unit Name

WHO Indonesia/TFI

Closing Date:

Monday, 23 March 2026

The World Health Organization (WHO) is seeking offers for supporting the Ministry of Health for developing and updating the tobacco fact book.

Your 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 development and update of tobacco fact book .

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 policy..

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

Mandatory experience:

- Proven experience in collecting epidemiological and economical data, systematic review, data representation.
- Previously collaborate with WHO, and/or international organization and/or major institution in the field of public health.

Desirable experience:

- Experience in working and/or providing technical support to government institution.
- Experience in working on tobacco control projects

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 Approach/Methodology to develop the draft of the tobacco fact book.
- Proposed time line for the completion of the draft of the tobacco fact book with specific key milestones.
- Financial proposal - in IDR Currency. The proposal must be submitted with detailed and clear breakdown of budget lines and subtotal for each of the outputs. The technical and financial proposal both are subject to final revision and approval after awarding the bid.
- Composition of the team and CVs of the team members demonstrating required expertise for their designated roles in every deliverables.

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 **19 March 2026** :

Email for submissions of all queries: wpinobids@who.int, with copy to wpinoprocurement@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 **23 March 2026 at 16:00 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 005-2026**"
 - All information and documentation related to the financial proposal shall be submitted to wpinobids@who.int stating in the email subject "**Financial Proposal - RFP 005-2026**"
 - The technical and financial proposal should be submitted separately in 2 emails stating in the subject the following reference number: **RFP 005-2026**
 - 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)
1. 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: 005 - 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:

Quality of the overall proposal including methodology, and timeline.	35
Previous experience of the organization in carrying out similar projects	20
Qualifications and competence of the personnel proposed for the assignment	15
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:

1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. 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;
3. 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;
4. 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;
5. 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,
WHO Indonesia



Annexes

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions
5. Budget template.
6. Evaluation criteria.
7. Tobacco/Arms related disclosure statement for non-state actors



Annex 1: Detailed Terms of Reference

1. Purpose of the APW

The purpose of this RFP is to select a contractor to support the Ministry of Health and WHO Indonesia in updating the Indonesia Tobacco Fact Book, which was last published in 2020. (Available at https://perpustakaan.badankebijakan.kemkes.go.id/index.php?p=show_detail&id=38764&keywords=) The updated Fact Book will serve as an authoritative, evidence-based resource for policymakers, advocates, researchers, and the general public, supporting tobacco control efforts.

2. Background

The World Health Organization (WHO) works closely with the Government of Indonesia in developing and implementing strong tobacco control measures. The tobacco industry often uses economic arguments such as potential job losses, reduced government revenue and negative impact on farmers to oppose stronger regulations. The industry also aggressively disseminates these misleading claims through the media, influencing both policy makers and the general public.

A reliable, up to date and evidence-based information is essential to inform policy makers in formulating and implementing effective tobacco control policies. The data would also help in addressing unsubstantiated and exaggerated claims by the tobacco industry which mislead the Government in shaping effective tobacco control policies.

The Tobacco Fact Book would serve as a key reference document for a wide range of audiences, including policymakers, advocates, researchers, and the general public. It collates comprehensive data on tobacco consumption trends, health and economic impacts, production, sales, import and export, market share, and farming. The current edition requires an update to reflect the latest national and subnational data, recent policy developments, and emerging trends such as new tobacco and nicotine products.

Updating the Tobacco Fact Book will strengthen the capacity of government agencies to formulate and enforce effective evidence based tobacco control policies. It will also support tobacco control advocacy efforts, particularly in countering industry's false and misleading arguments. WHO seeks a qualified contractor to provide technical support in updating the current Tobacco Fact Book, including compiling the most recent available data, reviewing and analyzing the information, and drafting the updated version of the book in alignment with WHO standards for both professional and public audiences.

3. Planned timelines

Start date: 1/5/2026

End date: 15/12/2026

Total duration: 7,5 months

4. Requirements - Work to be performed

Objective:

To support the Ministry of Health and WHO Indonesia in updating the Indonesia Tobacco Fact Book, through the following activities:



Output 1: Outline for the content of the Tobacco Fact Book.

The selected contractor will develop a comprehensive outline that specifies the overall structure, proposed chapters and sections, key questions to be answered in each chapter, and the core indicators, tables and figures to be included. The outline will be informed by a rapid review of current national and subnational evidence, international exemplars, and WHO guidance; and refined through initial consultations with WHO and MoH. The approved outline will serve as the binding blueprint for drafting under Output 2.

Output 2: Manuscript of the updated Tobacco Fact Book.

The contractor will assemble a multidisciplinary authoring team and where appropriate, may engage external subject-matter experts and/or academic contributors to draft specific chapters or thematic sections of the book—for example on epidemiology, economics and taxation, health system responses including cessation, or emerging tobacco and nicotine products.

The contractor will set clear terms of reference for each contributor (scope, deliverables, style and citation standards, datasets to be used, and timelines) and will maintain a unified writing plan anchored to the approved outline. All chapters will be harmonized through a centralized editorial process that enforces consistent terminology, statistical conventions, uncertainty and limitations statements, and formatting of tables and graphics.

The contractor will implement quality-assurance steps including triangulation against primary data sources, fact-checking of claims, and technical peer review with WHO/MoH and designated reviewers. All internal and external writers will complete WHO tobacco/arms disclosure and conflict-of-interest declarations prior to assignment and will adhere to applicable WHO policies. Version control and a documented comment-resolution log will be maintained through to a consolidated “clean” draft that is ready for design and layout under Output 3.

Output 3: Stakeholder consultation and consensus building on the document including executive summary

The contractor will facilitate targeted consultations with key stakeholders, including MoH, WHO, and relevant partners. This process will involve circulating draft versions of the document, organizing focused group discussions or review sessions, and systematically gathering feedback. The contractor will document stakeholder input, address substantive comments, and work towards consensus on the final messaging and recommendations. The goal is to produce an executive summary that reflect shared priorities and are endorsed by all major stakeholders prior to finalization and dissemination.

Output 4: Design and layout of the Fact Book.

The contractor will layout the approved manuscript into a compelling publication that meets MOH and WHO branding and accessibility standards. This includes developing a coherent visual concept; producing high-quality infographics and charts that accurately reflect the underlying data; ensuring clear typography and navigability; and preparing both print-ready and digital-first formats (including tagged PDFs suitable for accessibility). Short user testing with representative technical and public readers will be used to identify and resolve readability or interpretability issues.

Output 5: Finalization and dissemination of the updated Fact Book in Bahasa Indonesia and English, including executive summary, infographics, and presentation materials.

The contractor will complete final technical editing, bilingual proofreading, and alignment across the Bahasa Indonesia and English versions; generate a concise executive summary and a slide deck; and deliver all open files and dataset registries. While the Ministry of Health will lead the dissemination, the contractor will provide technical and logistical support to MoH to organize the dissemination event, including developing agendas and talking points, preparing visual materials, coordinating speakers, and supporting media-ready assets, so that the launch effectively reaches technical stakeholders and the general public.

5. Requirements - Planning

To deliver **Output 1**, the contractor will begin with a structured evidence review and an assessment of prior Fact Books, MOH and WHO publications, mapping findings to the MPOWER framework and Indonesia's current policy context. Initial consultations with WHO and MOH will refine audience needs and priority topics. Based on this, the contractor will produce an outline that specifies chapter aims, core indicators, figures and data sources, and a clear logic for progression from burden and determinants to policy action and outcomes. The outline will be submitted for joint WHO/MoH review and finalized before drafting commences.

For **Output 2**, the contractor will establish a coordinated authoring process that permits the engagement of external experts or academic contributors where this adds depth or methodological rigor to specific chapters. Contributors will work to uniform style, data and referencing protocols; use agreed national datasets or internationally recognized sources; and document any assumptions or limitations. The contractor will run iterative drafting cycles with integrated technical review, fact-checking, and legal/ethical compliance checks, ensuring all contributors have completed WHO disclosure forms. A central editorial team will reconcile overlapping content, standardize terminology, and ensure that cross-chapter narratives and indicators align, resulting in a coherent manuscript suitable for a mixed audience.

To accomplish **Output 3**, the contractor will map stakeholders and plan consultation touchpoints that are efficient and decision-oriented. Materials will be circulated in advance with clear review questions. Feedback will be logged, categorized (substantive vs. editorial), and addressed transparently through a tracked disposition table. Where divergent views arise, the contractor will facilitate resolution with WHO/MoH, documenting rationale for the final editorial choices.

For **Output 4**, the contractor will develop a design system that enhances comprehension for technical readers while remaining accessible to the broader public. Data visualizations will be reproducible, source-cited, and accompanied by plain-language captions. Accessibility considerations—including color contrast, font choices, alt-text for images, and navigable tagging—will be embedded from the outset. Pilot layouts will be tested with small groups of intended users to identify improvements prior to final artworking.

For **Output 5**, the contractor will implement bilingual editorial control to ensure terminological and numerical consistency across languages, complete final quality checks, and prepare dissemination assets (executive summary, slide deck, media-ready graphics). In support of MoH's dissemination lead, the contractor will help shape the event concept and run-of-show, prepare speaker notes, and coordinate technical logistics for presentations and display materials, while ensuring that all public-facing materials align with WHO and MoH communication standards.

Proposed Timeline (To be discussed after the contract award)

No	Activity/Output	Timeline
1	Project initiation and planning	1 May 2026
2	Outline for the content of fact book	1 - 15 May 2026
3	Drafting and editing	16 May - 31 October 2026
4	Stakeholder consultation and consensus	1-15 November 2026
5	Design and layout	16-30 November 2026
6	Finalization and Dissemination	1-15 December 2026

6. Inputs

WHO and MoH will provide relevant policy documents, datasets (or access points), style and branding guidelines, and designated focal points for technical review. The contractor will ensure all internal and external contributors complete required WHO disclosure forms prior to engagement and will share a consolidated authorship plan, review calendar, and version-control protocol with WHO/MoH at project start. Regular progress updates will be provided via email, accompanied by a change-log and an issues/risk register where needed.



7. Activity Coordination & Reporting

Technical Officer:		Email:	
For the purpose of:	Technical supervision and instructions – Reporting		
Administrative Officer:		Email:	
For the purpose of:	Contractual and financial management of the contract		

8. Characteristics of the Provider

The contractor may be an academic institution, health professional organization, or non-governmental organization (NGO) that is legally registered in Indonesia. Previous experience in tobacco control projects is greatly desired. The organization must demonstrate strong capacity and previous experience in tobacco control or related public health projects, including the development of technical documents, policy papers, or publications. The team must include members fluent in both Bahasa Indonesia and English, with skills in scientific writing, data collection and analysis, and publication development. The organization should have a proven track record of collaborating with government entities, such as the Ministry of Health, and/or international organizations.

The core team should consist of:

1. Team Leader

- Holds at least a master’s degree (S2) in public health, policy development, medicine, or a related field.
- Has a minimum of 10 years’ experience in public health or health policy.
- Demonstrated experience in drafting technical documents, policy papers, policy notes, and peer-reviewed scientific articles.
- Proven ability to lead multidisciplinary teams and coordinate complex publication projects.
- Experience working with the Ministry of Health or government entities is an advantage.

2. Senior Technical Writer

- Advanced degree in public health, social sciences, or a related discipline.
- Demonstrated experience in scientific writing, editing, and publication development for health topics.
- Fluent in both Bahasa Indonesia and English, with experience translating and harmonizing technical content across both languages.
- Skilled in ensuring consistency, clarity, and accessibility for both technical and public audiences.
- Experience in preparing bilingual health publications is highly desirable.

3. Statistician/Epidemiologist

- Holds at least a master’s degree in epidemiology, biostatistics, or another quantitative field
- Demonstrated experience in working with national/subnational datasets and conducting epidemiological or statistical analyses.
- Proficiency in statistical software (R, Stata, SPSS, or Python) and demonstrated ability to produce reliable indicators, trend analyses, and harmonized datasets.
- Proven ability to translate data into clear tables, figures, and narrative sections for technical reports, factbooks, or policy documents

4. Publication Designer

- Minimum 3 years’ experience designing health publications, reports, or educational materials.
- Proficient in design software (e.g., Adobe InDesign, Illustrator, Photoshop).

- Demonstrated ability to create accessible, visually appealing layouts and infographics aligned with WHO branding standards.
- Experience in preparing materials for both print and digital dissemination.

5. Administrative and Finance Focal Point

- Minimum 2 years' experience providing administrative and financial support for government, UN agencies, or NGOs.
- Skilled in scheduling, documentation, budgeting, and coordination of meetings and events.
- Experience in supporting project logistics and reporting requirements.

6. Able to recruit External Experts in following fields (as necessary)

- Recognized subject-matter expertise in relevant chapters (e.g., epidemiology, economics, cessation, youth tobacco use).
- Advanced academic qualifications (e.g., PhD, or equivalent) in their area of expertise.
- Demonstrated experience in contributing to technical documents, policy papers, or peer-reviewed publications.
- Proven ability to work collaboratively within a multidisciplinary team.

9. Place of assignment

The contractor may be based anywhere in Indonesia; however, preference will be given to those located in the Greater Jakarta Area to facilitate effective coordination and timely onsite meetings with the Ministry of Health and WHO Indonesia.

While most project activities may be conducted from the contractor's office or remotely, regular in-person meetings, stakeholder consultations, and consensus-building sessions will be expected to take place at the Ministry of Health or other designated venues within Jakarta. All travel and related expenses for the contractor's team members to attend these activities are the responsibility of the contractor and will not be covered by WHO. This preference is intended to ensure smoother logistical arrangements, reduce travel time and costs, and enable more frequent and efficient face-to-face engagement with key stakeholders, thereby supporting timely decision-making, fostering stronger collaboration, and minimizing potential delays in project implementation.



Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of TFI , has access to certain information relating to Tobacco 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 “Development and Update of Indonesia Tobacco Fact Book for Evidence-Based Policy Development” (“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:
 1. was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
 2. was in the public domain at the time of disclosure by or for WHO to the Undersigned;
 3. becomes part of the public domain through no fault of the Undersigned; or
 4. 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).
5. 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.
6. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.
7. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.
8. 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.
9. 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 (PLEASE SEE SEPARATE ATTACHMENT)

ANNEX 6. EVALUATION CRITERIA**PROJECT TITLE: DEVELOPMENT AND UPDATE OF THE INDONESIA TOBACCO FACT BOOK FOR EVIDENCE-BASED POLICY DEVELOPMENT / RFP 005-2026**

No.	Category	Max Points
	QUALITY OF THE TECHNICAL PROPOSAL	35
1.	a. The proposal demonstrates a strong grasp of the project objectives, WHO expectations, the role of the Fact Book, and its importance for evidence-based tobacco control	5
	b. Outlines a rigorous approach/methodology in developing the manuscript of the Fact Book (review and analysis of national datasets, fact checking, quality assurance, etc.)	15
	c. Planned activities are elaborated with sufficient details to achieve each of the outputs specified in the TOR	10
	d. Include a detailed timeline for each of the outputs	5
	ORGANIZATIONAL CAPACITY	20
2.	a. The institution/organization has proven experience in developing data books on tobacco control or similar topics	10
	b. The institution/organization has proven experience in producing high quality technical documents, publications, or policy papers (links included in the proposal)	5
	c. Track record of working with government counterparts, UN Partners or other international organizations	5
	KEY PERSONNEL	15
3.	a. The team personnel meet all the qualifications specified in the TOR	5
	b. The team composition aligns with the composition specified in the TOR	5
	c. Proven ability to work with government counterparts	5
TECHNICAL PROPOSAL		70
BUDGET PROPOSAL		30
TOTAL MARKS		100

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. The scoring scale system 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 contract requirements	100%
Good	Good evidence of ability to exceed contract requirements	90%
Satisfactory	Satisfactory evidence of ability to support contract requirements	70%
Poor	Marginally acceptable or weak evidence of the ability to support the contract	40%



Country/Unit Name WHO Indonesia/TFI

Very Poor	Lack of evidence to demonstrate the ability to comply with the contract	10%
No submission	Information has not been submitted or is unacceptable	0%

During the financial evaluation, the price proposal of all bidders who have passed the technical evaluation will be compared.

4. If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation.

Please note that the WHO Secretariat reserves the right to request additional information from your entity in this regard.

By providing this statement, your entity commits to promptly inform WHO of any change to the above information and to complete a new statement that describes the changes.

Signature: _____
(duly authorized representative)

Name and Title of duly authorized representative:

Name of entity:

Date: