World Health Organization

Quality Assessment, Costing, and Development of an Implementation Framework for the Newborn Screening Program in Indonesia

Request for Proposals (RFP)

Proposal Reference

RFP 054-2026

Country Office/Unit Name

INO/HSS

Issued on

Thursday, August 20, 2026

Closing date

Thursday, September 3, 2026

Closing Time

04:00 PM

Time Zone

Jakarta time, WIB

Section 1: Cover Letter

Dear Proposers,

The World Health Organization, hereinafter referred to as WHO, hereby invites prospective Proposers to submit a proposal in accordance with the General Conditions of Contract and the Terms of Reference as set out in this Request for Proposal (RFP).

To enable you to submit a proposal, please read the following attached documents carefully.

Contents:

If you are interested in submitting a proposal in response to this RFP:

1. Please acknowledge receipt of this RFP by completing and returning the Letter of Intent in Annex A, indicating your intention to submit a proposal or not, no later than Thursday, September 3, 2026

2. Please submit any requests for clarification no later than Wednesday, September 2, 2026

3. Please prepare your proposal in accordance with the requirements and procedures outlined in this RFP and submit it no later than Thursday, September 3, 2026

All WHO vendors are required to comply with the United Nations Supplier Code of Conduct. We encourage all Proposers to join the United Nations Global Compact and support the Women's Empowerment Principles (WEP).

We look forward to receiving your competitive proposals.

Section 2: General Instructions to Proposers

GENERAL	
1. About WHO	The World Health Organization (WHO) was established in 1948 as a specialized agency of the United Nations. The objective of WHO (www.who.int) is the attainment by all peoples of the highest possible level of health. “Health”, as defined in the WHO Constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.
2. Scope	Proposers are invited to submit a proposal in line with the Terms of Reference (Section 5) and the requirements of this RFP, including any written amendments. A summary of the scope is provided in Section 3: Specific information to this RFP.
3. Interpretation of the RFP	This RFP is conducted in accordance with Policies and Procedures of WHO, a summary of which is accessible at WHO’s website: WHO Procurement: principles and processes Any proposal submitted will be regarded as an offer by the proposer and does not constitute or imply the acceptance of the proposal by WHO. WHO is under no obligation to award a Contract to any proposer as a result of this RFP.
4. Eligible Proposers	Proposers shall have the legal capacity to enter into a binding contract with WHO. All WHO suppliers must abide to the UN Supplier Code of Conduct, which is available at the following link: UN Supplier Code of Conduct Proposers must submit a signed Annex F: Self-Declaration form included in this RFP. Proposers will be excluded if: • They are bankrupt, undergoing court administration, have suspended business, are under creditor arrangements, or in similar situations under national law. • They or individuals with decision-making power have been found guilty of fraud, corruption, involvement in criminal organizations, money laundering, terrorism-related offenses, child labor, or human trafficking. • They or such individuals have been found guilty of financial irregularities. • They misrepresent or fail to provide required information under this RFP or during evaluation. • They have a conflict of interest, as determined solely by WHO. This includes associations with firms involved in preparing specifications for this procurement or any other conflicting situation. • They appear on sanction or ineligibility lists, including the UN Security Council, UN Ineligibility List, World Bank’s non-responsible vendors list, or World Bank ineligible firms and individuals list. WHO may also exclude proposers for other reasons, at its discretion.
SOLICITATION DOCUMENTS	
5. Clarification of solicitation documents	Proposers may request clarifications on any of the RFP documents no later than the date and time indicated in Section 3: Specific Information to this RFP. Any request for clarification must be sent in writing in the manner indicated in Section 3: Specific Information to this RFP. Explanations or interpretations provided by personnel other than the named contact person will not be considered binding or official. WHO will provide the responses to clarifications through the method specified in Section 3: Specific Information to this RFP. No individual presentations or meetings with Proposers will be allowed before the proposal submission deadline. From the issuance of this RFP until final selection, contact with WHO officials is not permitted, except through formal queries as outlined, or if WHO initiates a presentation or meeting as per the RFP terms.
6. Amendment of solicitation documents	WHO may, at any time before the closing date for submission of proposals, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) proposer, modify the RFP by written amendment. Amendments will be made available to all prospective Proposers. If the amendment is substantial or for other reasons, WHO may extend the Deadline for submission of proposals.
PREPARATION OF PROPOSALS	
7. Cost of preparation of the proposal	The proposer shall bear all costs related to the preparation and/or submission of the proposal, regardless of whether its proposal is selected or not. WHO shall not be responsible or liable for those costs, regardless of the conduct or outcome of the procurement process.

8. Language	The proposal, as well as any and all related correspondence exchanged by the proposer and WHO, shall be written in the language(s) specified in Section 3: Specific Information to this RFP.
9. Documents comprising the bidders' proposal	The proposal shall comprise of the forms requested in Section 7: Returnable forms as well as any associated documentation requested in the RFP
10. Technical proposal format and content	The proposer must submit a technical proposal addressing all requirements in Section 4 Evaluation Criteria attaching the forms provided in Section 7 Returnable Forms and responding to RFP requirement as described in Section 5 Terms of Reference. The technical proposal shall not include any price or financial information. A technical proposal containing material financial information may be declared non-responsive.
11. Financial proposal	The financial proposal shall be prepared using the form provided in Section 7 and taking into consideration the requirements in the RFP. The proposal shall list all major cost components associated with the services, and the detailed breakdown of such costs. Any output and activities described in the technical proposal but not priced in the financial proposal, shall be assumed to be included in the prices of other activities or items as well as in the final total price. Prices and other financial information must not be disclosed in any other place except in the financial proposal.
12. Prices, Duties and taxes	WHO is entitled to tax exemption by reason of the Privileges and Immunities it enjoys, subject to the conditions included in the WHO General Terms and Conditions in Section 6. During bidding, vendors must submit prices excluding taxes. However, in jurisdictions / countries where VAT is mandatory, as evidenced by the vendor, the selected vendor will include VAT on invoices to WHO. Procurement Team in the Country Office will handle tax exemption recommendation with the relevant authorities in accordance with applicable tax laws and procedures in Indonesia. Any quantity or other discounts (e.g.: volume discounts) shall be clearly indicated. Prices quoted by the Proposer shall be fixed during the bidder's performance of the contract. Any adjustment or revision to the prices shall only be made effective upon agreement based on written amendment signed by both parties.
13. Currencies	Prices may be quoted in US Dollar, or any currency of the bidder's choice, unless otherwise stipulated in Section 3 Information Specific to the RFP. However, for the purposes of comparison of all offers, WHO will convert the currency quoted in the offers to USD, in accordance with the UN Operational Rate of Exchange on the closing date for bid submission specified in Section 3: Specific information about this RFP.
14. Proposal validity period	Proposals shall remain valid for the period specified in Section 3: Specific information about this RFP commencing on the deadline for submission of proposals. A proposal valid for a shorter period may be rejected by WHO and rendered non-responsive. During the proposal validity period, the proposer shall maintain its original proposal without any change, including the availability of the key personnel, the proposed rates and the total price. In exceptional circumstances, prior to the expiration of the proposal validity period, WHO may request Proposers to extend the period of validity of their proposals.
15. Joint Venture, Consortium or Association	Two or more entities may form a joint venture or consortium and submit a joint proposal offering to jointly provide the services described in the proposal. Such a proposal must be submitted in the name of one member of the consortium hereinafter the "lead organization". The lead organization will be responsible for undertaking all negotiations and discussions with, and be the main point of contact for, WHO. The lead organization and each member of the consortium will be jointly and severally responsible for the proper performance of the contract
16. Only one proposal	Each proposer, including individual members of any Joint Venture, may submit only one proposal—either independently or as part of a Joint Venture. Proposals will be rejected if any of the following apply:

	• They share at least one controlling partner, director, or shareholder. • One has received a direct or indirect subsidy from another. • They have the same legal representative for this RFP. • They are related in a way that gives access to or influence over another's proposal. • They are subcontractors to each other, or a subcontractor also submits a separate proposal as a lead proposer. • Key personnel are proposed in more than one team (this does not apply to subcontractors appearing in multiple proposals).
17. Alternative proposals	Unless otherwise specified in Section 3: Specific information to this RFP, alternative proposals shall not be considered. If submission of alternative proposal is allowed in Section 3: Specific information about this RFP, a proposer may submit an alternative proposal but only if it also submits a proposal conforming to the RFP requirements. Where the conditions for its acceptance are met, or justifications are clearly established, WHO reserves the right to award a contract based on an alternative bid.
18. Pre-proposal conference	When appropriate, a pre-proposal conference will be held at the date, time, and location specified in Section 3: Specific information to this RFP. If marked as mandatory, non-attendance will result in ineligibility to submit a proposal. If not mandatory, non-attendance will not lead to disqualification.
19. Site inspection	If specified in Section 3: Specific information to this RFP, a site inspection will be held at the indicated date, time, and location, following the given instructions. If marked as mandatory, failure to attend will render a proposer ineligible. If not mandatory, non-attendance will not lead to disqualification. Proposers are responsible for their own visa arrangements. The site inspection is for background information only, and any information provided is not binding unless confirmed by WHO in writing.
SUBMISSION AND OPENING OF PROPOSALS	
20. Instruction for proposal submission	The proposer shall submit a complete proposal in the format and with the documents required in Section 3: Specific information to this RFP, using the delivery method specified therein. Submission of a proposal implies that the proposer has accessed, read, understood, and agrees to comply with WHO's General and Contractual Conditions in Section 6.
21. Deadline for proposal submission	Complete proposals must be received by WHO in the manner, and no later than the date and time, specified in Section 3: Specific information to this RFP. In case of any doubt regarding the time zone, Proposers should refer to Section 3: Specific information to this RFP. It is the sole responsibility of Proposers to ensure their proposal is received by the stated deadline. Late submissions will not be possible or accepted. Proposers are strongly advised to take all necessary steps to ensure timely submission. WHO accepts no responsibility for proposals that are delayed due to technical issues and will consider only the actual date and time of receipt. WHO may, at its discretion, extend the proposal submission deadline by amending the solicitation documents in accordance with Clause 6 (Amendment of solicitation documents) of Section 2. In such cases, the new deadline will apply to all Proposers.
22. Withdrawal, substitution and modification of proposals	The proposer may withdraw its proposal any time after the proposal's submission and before the tender closing date of the proposals, provided a written and signed notice of the withdrawal is received by WHO prior to the closing date for the submission of proposals. No Proposal may be withdrawn in the interval between the closing date for submission of proposals and the expiration of the proposal validity period.
23. Proposal opening	Proposals will be opened after the deadline for proposal submission by the bid opening committee There will be separate proposal openings for technical and financial proposals. The opening panel will open only the financial proposals of suppliers who meet the minimum criteria of the technical evaluation.
EVALUATION OF PROPOSALS	
24. Evaluation of proposals	WHO shall evaluate a proposal using only the methodologies and criteria defined in this RFP. No other criteria or methodology shall be permitted.

	WHO shall conduct the evaluation solely on the basis of the submitted technical and financial proposals. Evaluation of proposals shall be undertaken in the following steps: (i) preliminary examination. (ii) evaluation of minimum eligibility and qualification (if pre-selection is not done) / mandatory requirements (iii) evaluation of technical proposals on weighted scoring; and (iv) evaluation of financial proposals.
25. Preliminary examination	WHO shall examine the proposals to determine whether they are complete with respect to minimum documentary requirements, whether the documents have been properly signed, and whether the proposals are generally in order, among other indicators that may be used at this stage. WHO reserves the right to reject any proposal at this stage. Technical proposals found to contain financial proposal or pricing information will be rejected.
26. Evaluation of eligibility and qualification	Eligibility and qualification of the proposer will be evaluated against the minimum eligibility and qualification requirements specified in Section 4: Evaluation Criteria and in Clause 4 (Eligible Proposers) in Section 2.
27. Evaluation of technical and financial proposals	After the preliminary evaluation, the panel will assess technical proposals based on their responsiveness to the Terms of Reference and other RFP documents, using the evaluation criteria, sub-criteria, and point system in Section 4: Evaluation Criteria. Proposals that do not meet the minimum technical score will be considered non-responsive. Only the financial proposals of technically qualified Proposers will be opened and evaluated in the second stage. If required, WHO may invite technically responsive Proposers for a presentation, with conditions provided in the RFP. Presentations may be held at WHO offices or via tele/videoconference. The applicable evaluation method is indicated in Section 3: Specific information about this RFP, typically the combined scoring method based on both technical and financial scores.
28. Clarification of proposals	WHO may request clarifications or additional information in writing from Proposers at any stage of the evaluation. Responses must not alter the substance or price of the proposal, except to confirm corrections of any arithmetical errors identified by WHO, as outlined in the General Instructions to Proposers.
29. Nonconformities, reparable errors and omissions	Provided that a proposal is substantially responsive, WHO may request the proposer to submit the necessary information or documentation within a reasonable period in order to rectify nonmaterial nonconformities or omissions in the proposal related to documentation requirements. Such omission shall not be related to any aspect of the price of the proposal. Failure of the proposer to comply with the request may result in the rejection of its proposal. For financial proposals that have been opened, WHO shall check, and correct arithmetical errors as follows: a) if there is a discrepancy between the unit price and the line item total that is obtained by multiplying the unit price by the quantity, the unit price shall prevail and the line item total shall be corrected, unless in the opinion of WHO there is an obvious misplacement of the decimal point in the unit price; in which case, the line item total as quoted shall govern and the unit price shall be corrected; b) if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail, and the total shall be corrected; and c) if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetical error, in which case the amount in figures shall prevail. If the proposer does not accept the correction of errors, its proposal shall be rejected, and its proposal security may be forfeited.
AWARD OF CONTRACT	
30. Award criteria, award of Contract	Before the expiration of proposal validity, WHO will award the Contract to the qualified proposer based on the criteria set out in the tender document.

	WHO reserves the right to: a) award the Contract to any proposer, even if not the lowest. b) award separate contracts for different parts, components, or items to one or more proposers, even if not the lowest. c) accept or reject any proposal or cancel the entire solicitation process at any time before award, without liability or obligation to inform proposers of the reasons. d) award the Contract based on WHO's specific objectives to the proposer whose offer best meets the Organization's needs. e) decide not to award any contract.
31. Right to vary requirements at time of award	At the time the Contract is awarded, WHO reserves the right to revise the scope of the work or to increase or decrease the quantity of services originally specified in Section 5: Terms of Reference / Schedule of requirements, and without any change in the unit prices or other terms and conditions of the proposal and the solicitation document.
32. Notification of award	Prior to the expiration of the period of proposal validity, WHO will notify the successful proposer in writing via email or via a notification from e-tendering system. After signing the contract with successful vendor, the unsuccessful vendors will be sent a regret notification.
33. Payment terms	Full payment of 100% is due within 30 days following receipt and acceptance of services, upon receipt of the invoice.
34. Debriefing	WHO does not routinely offer debriefings to unsuccessful bidders. However, for tenders over $300,000 or complex tenders, WHO may provide a debriefing upon written request. The request must be submitted within 30 calendar days of receiving the notification of non-award. The debriefing aims to highlight the strengths and weaknesses of the proposer's submission to help improve future proposals. It will not include discussion of other proposals or comparisons. Debriefings will be conducted only through in-person meetings, teleconference, or videoconference.
35. Proposal complaint	When a supplier believes that WHO did not follow its own procurement rules, the supplier may choose to raise a formal complaint. The Procurement Complaint Mechanism is only available to suppliers who: • Participated in a competitive procurement process and were not awarded a contract; and • The value of the contract award is higher than US$ 300,000. A formal complaint must be submitted in writing within one month of the notification of the outcome of the competitive bidding process, to the following email address: procurementcomplaint@who.int and must include the minimum information detailed on the WHO website (WHO Procurement: frequently asked questions).
36. Publication of Contract award	WHO publishes on its contract awards webpage the list of contracts for acquired goods and services of a value of USD 25 000 or more. This information is published with due observance of the requirements of confidentiality and security. Further procurement data about WHO can be obtained through WHO's Procurement Report or at UNGM's Annual Statistical Report on UN Procurement..
37. Performance Security	This is not mandatory; however, if specified in Section 3: Specific information to this RFP, the successful Proposer must provide a performance security in the stated amount and form within the specified timeframe after receiving the contract from WHO.

Section 3: Specific Information to this RFP

The following specific information shall complement, supplement or amend the provisions in Section 2: General Instructions to Proposers. In case there is a conflict, the provisions herein shall prevail over those in Section 2: General Instructions to Proposers.

Instructions to Bidders article	**Specific Instructions / Requirements**
Scope of RFP and Intention to Bid **(Article 2)**	The reference number of this Request for Proposal (RFP) is RFP 054-2026 The services include the Quality Assessment, Costing, and Development of an Implementation Framework for the Newborn Screening Program in Indonesia as further described in Section 5 of this RFP. The purpose of this RFP is to establish Contract
Clarification of the RFP **(Article 5)**	a) **Contact details for clarification of solicitation documents** should be sent to WHO by: **Email :** address wpinobids@who.int with copy to wpinoprocurement@who.int **b) Deadline for submitting requests for clarifications / questions:** **Date:** 01 September 2026 **Time** 4:00 PM **City and Country**: Jakarta, Indonesia Responses to requests for clarification will be communicated in writing by WHO to all bidders via same medium as stated above.
Language of the RFP **(Article 8)**	Language of this proposal shall be in English
Currency of proposal (preferred) **(Article 13)**	Prices included in the proposal shall be preferably quoted in IDR currency
Proposal validity **(Article14)**	180 days from the deadline for proposal submission.
Alternative proposals **(Article 17)**	Shall not be considered.
Pre-proposal conference **(Article 18).**	Will be held but not mandatory Pre-bid conference will be held in virtual mode on **Tuesday 25 August 2026, at 10.00 hrs Jakarta time.** Interested participant is required to register their details through : Pre-Bid Meeting RFP 054-2026 – Fill in form The pre-bid meeting will be delivered in English/Indonesia
Site Inspection **(Article 19)**	A site inspection will not be held.
Instructions for submission of Proposals **(Article 20)**	Proposals are to be submitted via **email to** : wpinobids@who.int The submitted technical and financial proposal shall be in reference to the enclosed Terms of References and budget component. A technical and financial proposal should be submitted **separately in 2 emails** stating in the subject the following reference number: **RFP 054-2026**

Instructions to Bidders article	Specific Instructions / Requirements
	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) ▪ All information and documentation related to the technical proposal (including the attached Annexes A, B, C, D, F and G shall be submitted to **wpinobids@who.int** stating in the email subject : "**Technical Proposal – RFP 054-2026_Name of Institution/Company"** ▪ All information and documentation related to the financial proposal including Annex E, shall be submitted to **wpinobids@who.int** stating in the email subject: "**Financial Proposal - RFP 054-2026_Name of Institution/Company"** **ATTENTION: Proposals which do not comply with the selected method of submission may be rejected.**
Deadline for proposal submission **(Article 21)**	Public proposal opening will not be held **CLOSING DATE: 03 September 2026** **CLOSING TIME: 04:00 PM**
Evaluation of technical and financial proposals **(Article 24)**	Evaluation will be based on the combined scoring method using a distribution of 70% : 30% of Technical Proposal to Financial Proposal respectively. This means that Technical Proposal will take 70%. and Financial Proposal will take 30% To be technically compliant, Proposers must obtain a minimum threshold of 60 out of 100 points in the technical evaluation.
Performance Security (Article 37)	Not Required

Section 4: Evaluation Criteria

The evaluation criteria are divided into two.

A- Technical Evaluation Criteria Weighting 70%
B- Financial Evaluation Criteria Weighting 30%

A- TECHNICAL EVALUATION CRITERIA

The technical evaluation criteria will follow the below process

1. Preliminary examination.
2. Evaluation of minimum eligibility and qualification/mandatory requirements.
3. Technical Proposal Weighted Scoring.

1. Preliminary examination

WHO shall examine the proposals to determine whether they are complete with respect to minimum documentary requirements, whether the documents have been properly signed, and whether the proposals are generally in order, among other indicators that may be used at this stage. WHO reserves the right to reject any proposal at this stage. Technical proposals found to contain financial proposal or pricing information will be rejected

2. Minimum eligibility and qualifications (Mandatory Requirements)

The vendors proposals will be assessed on pass and fail methodology and failure in any of the criteria may exclude the vendor for consideration at next stage of weighted scoring. WHO deserves the right to seek clarification when a proposal contains unclear or ambiguous information that makes it difficult to evaluate the submission fairly against the published technical criteria.

Item	Minimum eligibility and qualifications (Mandatory Requirement)	Required supporting documents	Pass /Fail?
1.	**Corporate status of the company**: Proposer is a legally registered entity	Vendor to provide proof of registration or accreditation in form of incorporation certificate, trading licences by filling the form in **Annex D**	
2.	**Vendor Eligibility:** Vendor is not suspended, nor otherwise identified as ineligible, by any UN Organization, the World Bank Group or any other International Organization in accordance with Section 2: Clause 4.	Vendor to declare that its company is eligible by filling the form in **Annex D**	
3.	**Conflict of Interest:** The Proposer must have no conflict or perceived conflict of interest	Vendor to declare that he has no conflict / perceived conflict of interest by filling the form in **Annex F**	
4.	**Bankruptcy**: Proposer has not declared bankruptcy, is not involved in bankruptcy or receivership proceedings, and there is no judgement or pending legal action against the vendor that could impair its operations in the foreseeable future	Vendor to declare that he has no conflict / perceived conflict of interest by filling the form in **Annex F**	
5.	**Non-performing contracts and History of Litigation**: Vendor must declare that during the last 3 years, that its company has no non-performing contracts because of its company's default and that its company has no consistent history of court/arbitral award decisions against itself.	Vendor to declare that its company is eligible by filling the form in **Annex D**	

6.	**Company / Experience**- The proposer must have minimum 3 years of relevant experience in health service quality standards development, traditional/ complementary medicine, patient safety, or related regulatory/technical work in traditional health services. (*For Joint Venture/Consortium/Association, all Parties cumulatively should meet the requirement)*.	Company should provide a list of relevant projects demonstrating that required experience through completion of form D.	
7.	**Past performance**: The proposer must submit at least: a) List of 3 relevant/comparable contracts and b) at least one reference letter or certificates of satisfactory performance for related services.	Company / respondent should provide reference letter related to the current project, Fill form D for the list of relevant projects.	

N.B Failure in any of the above mandatory criteria will result in the vendors proposal not being considered for weighted Scoring.

3. Weighted Scoring Criteria

Vendors who pass the preliminary and minimum eligibility requirements will have their proposals evaluated using a weighted scoring system, depending on the quality and clarity of the submitted proposal. Each proposal will be assessed against the set criteria, and a weighted score will be calculated to determine the most technically and/or financially advantageous offer.

The number of points which can be obtained for each evaluation criterion is specified below and indicates the relative significance or weight of the item in the overall evaluation process. As indicated, these points or even the criteria can be changed depending on the RFP requirements

The scoring scale per criteria was defined as follows:

Criteria evaluated as:	Based on the following supporting evidence:	Corresponds to the % of maximum score
Excellent and fully detailed	Excellent evidence of ability to exceed requirements	100%
Substantially detailed	Good evidence of ability to exceed requirements	80%
Averagely detailed	Satisfactory evidence of ability to support requirements	50%
Marginally detailed	Marginally acceptable or weak evidence of ability to support requirements	20%
Very minimally detailed	Lack of evidence to demonstrate ability to comply with requirements	10%
No submission	Information has not been submitted or is unacceptable	0%

Weighted Criteria and maximum Score for each criteria is as follows.

Section 1. Organizational Capacity		Max Points	Min Pass Point
1.1	The institution/company can demonstrate no less than five years of relevant experience in newborn and child health, health financing, and health policy research, evidenced through the successful implementation of projects, studies, or technical assistance activities.	6	
1.2	Demonstrated experience working with government institutions, public sector agencies, and/or international organizations on policy-related technical assistance, research, or advisory engagements.	6	
1.3	Proven experience in the development of technical guidance documents, implementation tools, operational frameworks, and policy briefs or papers addressing public health priorities,	8	
	Total Section 1	**20**	14
Section 2. Quality of the technical proposal			

2.1	The proposal clearly articulates the objectives, scope, methodology, and expected outputs of the assignment, providing detailed and well-reasoned responses to all required components and demonstrating an original and thoughtful interpretation of the Terms of Reference.	10	
2.2	The proposal demonstrates a well-structured and technically robust methodology for assessing the quality and costs of newborn screening services and developing an implementation roadmap. It clearly outlines the assessment framework, costing approach, stakeholder engagement process, and roadmap development methodology, reflecting a strong understanding of newborn screening systems, including quality assurance, referral systems, laboratory networks, human resources, data systems, and financing. The methodology should provide a logical sequence of activities from assessment and analysis to roadmap development and implementation planning.	15	
2.3	The proposal presents a clear and practical implementation plan, including a comprehensive Gantt chart, sequenced and time-bound activities, defined milestones, deliverables, and management arrangements. The plan demonstrates effective mechanisms for coordinating, monitoring, and managing project activities to ensure timely and high-quality delivery of outputs.	10	
2.4	The proposal demonstrates a clear approach for monitoring progress, ensuring quality, and evaluating the completion of key assignment activities and deliverables. It defines milestones, performance indicators, reporting mechanisms, and quality control measures, and explains how findings from monitoring and stakeholder feedback will be used to strengthen the assessment, costing analysis, and roadmap development process.	10	
	Total Section 2	**45**	32
Section 3. Key Personnel			
3.1	**Structure:** The proposal presents a multidisciplinary team structure with the technical and operational capacity required to undertake newborn screening quality assessment, costing analysis, and roadmap development. Roles and responsibilities are clearly defined across technical, analytical, and administrative functions, with explicit FTE allocations for each team member. The proposed staffing arrangement demonstrates sufficient expertise and level of effort to support data collection, stakeholder engagement, costing analysis, validation workshops, roadmap formulation, and overall contract management.	10	
3.2	**Key Personnel Qualifications:**		
	Team Lead: Demonstrated expertise and substantial professional experience in newborn and child health, health policy, and health systems strengthening. Proven track record in leading research and policy analysis, producing high-quality technical reports and policy briefs, and facilitating multi-stakeholder policy dialogue and consultation processes.	10	
	A health economist/ financing expert: Demonstrated experience in health financing analysis, health policy, and health systems strengthening, including assessment of health financing arrangements, provider payment mechanisms, and health insurance schemes. Experience in preparing policy papers, technical reports, and policy briefs is highly desirable	6	
	A health policy analyst/ health system researcher: emonstrated experience in health policy formulation, policy advocacy, and health systems research. Proven ability to conduct policy analysis, synthesize evidence, and produce	6	

	high-quality policy papers, technical reports, and policy briefs to inform decision-making.		
	Additional desirable expertise of team: Experience in newborn screening programmes, implementation research, health technology assessment, costing studies, economic evaluation, and development of implementation frameworks or scale-up strategies for health interventions.	3	
	Total Section 3	**35**	14
	Grand Total	**100**	**60**

NOTE

a) A minimum of 60% or 60 points is required to pass the technical evaluation. Non-technically compliant proposals will not be opened for financial evaluation

b) Rating the Technical Proposal (TP):
TP Rating = (Total Score Obtained by the Offer / Max. Obtainable Score for TP) x 100

B- FINANCIAL EVALUATION

Once the technical evaluation is finalized, all evaluation panel members will sign the technical evaluation report. Only financial proposals from bidders who meet the minimum technical score, as indicated above, will be opened and evaluated. Proposals that do not meet the minimum technical threshold will be rejected.

The formula for the rating of the proposals will be as follows:

Rating the Technical Proposal (TP):
TP Rating = (Total Score Obtained by the Offer / Max. Obtainable Score for TP) x 100

Rating the Financial Proposal (FP):
FP Rating = (Lowest Priced or Cost Offer / Price or Cost of the Offer Being Evaluated) x 100

Total Combined Score:
(TP Rating) x (Weight of TP 70%+ (FP Rating) x (Weight of FP i.e.30% = Total Combined and Final Rating of the Proposal.

Section 5: Terms of Reference -Services

5.1 Introduction

Birth defects represent a major public health concern and are significant contributors to neonatal and infant mortality, stillbirths, long-term morbidity, and lifelong disability. Over the past decade, improvements in environmental hygiene, maternal and child health services, and disease prevention have resulted in substantial reductions in infection-related neonatal mortality. Consequently, the relative contribution of congenital anomalies to neonatal and infant deaths has become increasingly prominent. In Indonesia, congenital anomalies are estimated to account for 9.1% of neonatal deaths and 12.7% of post-neonatal infant deaths. Children who survive congenital conditions are at elevated risk of chronic disability and developmental impairment, which may adversely affect quality of life, educational achievement, economic productivity, and social participation, while imposing substantial social and economic burdens on families, communities, and the health system.

Newborn screening (NBS) is a well-established secondary prevention strategy that facilitates the early identification, timely referral, and appropriate management of selected congenital and inherited disorders. Recognizing its importance for improving child health outcomes, newborn screening has been designated a national health priority in Indonesia. In accordance with Minister of Health Decree No. HK.01.07/MENKES/33/2025 on Free Health Examinations, the national newborn screening package introduced in 2025 includes screening for Congenital Hypothyroidism (CH), Congenital Adrenal Hyperplasia (CAH), and Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency. These services are mandated to be provided by all health facilities offering delivery care.

Despite this commitment, the scope and coverage of Indonesia's newborn screening programme remain limited when compared with international recommendations and established programmes in many middle- and high-income countries. Program implementation continues to face substantial operational and health-system challenges. As of June 2025, only 27.5% of newborns had reportedly undergone dried blood spot sample collection through heel-prick testing. After accounting for an estimated specimen rejection rate of approximately 6%, the effective screening coverage for Congenital Hypothyroidism is estimated at 25.8%. Coverage for Congenital Adrenal Hyperplasia and G6PD deficiency remains considerably lower, reaching only 5.3% and 3.9% of newborns, respectively. Furthermore, only around 70% of infants with positive or suspected CH screening results have reportedly undergone confirmatory diagnostic testing. Similar gaps have been documented for other newborn screening interventions, including screening for Critical Congenital Heart Disease (CCHD), where a proportion of infants do not receive appropriate diagnostic evaluation and follow-up care in accordance with screening outcomes.

Financing of the newborn screening programme, particularly for laboratory testing and diagnostic services, is currently supported through several funding mechanisms that have evolved over time. Key cost components include medical consumables, specimen collection and transportation, laboratory analysis, programme management, and confirmatory diagnostic services. In 2025, programme funding is sourced from the State Budget (APBN), Non-Physical Special Allocation Funds (DAK Non-Fisik) allocated to districts and municipalities, and regional government budgets (APBD). Beginning in 2026, programme financing will be channelled exclusively through the DAK Non-Fisik mechanism at the subnational level. Screening tariffs are determined through a review process led by the Ministry of Health.

Given the need to ensure programme efficiency, sustainability, and value for money, robust evidence is required to inform future financing arrangements and resource allocation decisions. At the same time, substantial improvements in programme quality, coverage, referral systems, confirmatory testing, and long-term follow-up are necessary to maximize the public health impact of newborn screening and ensure equitable access to benefits across all populations. Evidence-based and actionable policy recommendations are therefore needed to strengthen programme effectiveness, sustainability, and scalability.

Looking ahead, Indonesia intends to expand the scope and reach of its newborn screening programme as part of broader efforts to improve child survival, developmental outcomes, and quality of life. In this context, independent technical expertise is required to generate rigorous evidence and provide objective recommendations to support future policy and strategic planning.

Accordingly, the Ministry of Health seeks technical assistance from WHO Indonesia to engage an institution or consulting agency capable of providing independent, scientifically rigorous, and impartial recommendations to inform policy development and strategic decision-making for the national newborn screening programme.

Therefore, WHO invites qualified and eligible institutions to submit proposals for the **Quality Assessment, Costing, and Development of an Implementation Framework for the Newborn Screening Program in Indonesia**.

5.2 Characteristics of the Contractor is

5.2.1 Status

The Proposer shall be a Non-Profit company/entity operating in the field of health policy development, and newborn and child health

5.2.2 Previous experience

1. **Mandatory (Essential Qualifications)**
    1. At least five (5) years of professional experience in health financing, health policy, health systems strengthening, or related fields.
    2. Demonstrated experience in newborn and child health, including policy, programme implementation, service delivery, or research.
    3. Proven experience in developing policy products, including policy reports, policy briefs, technical recommendations, or strategic guidance documents.
    4. Demonstrated experience in stakeholder engagement and consultation processes, including facilitation of focus group discussions (FGDs), key informant interviews (KIIs), workshops, and policy dialogues.
    5. Experience working with national and/or subnational government institutions in the health sector.
    6. Knowledge of Indonesia's health financing system, including JKN and BPJS Kesehatan.
    7. Excellent analytical, report-writing, and communication skills in English.
2. **Preferred (Desirable Qualifications)**
    1. Previous engagement with WHO, United Nations agencies, international development partners, or other major international organizations.
    2. Prior experience supporting the development of national policies, guidelines, implementation frameworks, or roadmaps.
    3. Experience conducting costing studies, economic evaluations, budget impact analyses, or health financing assessments.
    4. Experience in newborn screening/ birth defect surveillance programmes, maternal, newborn,and child health initiatives
    5. Familiarity with Indonesia's policy-making processes and health-sector governance mechanisms.
    6. Demonstrated publication record or authorship of policy papers, technical reports, or peer-reviewed articles related to health systems and financing.

5.2.3 Staffing

The selected contractor is expected to dedicate the following human resources to the project

a. Team Lead:
    - A medical doctor with five years experience in newborn screening/ birth defect surveillance program/ research or or a pediatrician with public health work experience
    - Demonstrated expertise and substantial professional experience in newborn and child health, health policy, and health systems strengthening. Proven track record in leading research and policy analysis, producing high-quality technical reports and policy briefs, and facilitating multi-stakeholder policy dialogue and consultation processes.

b. A health economist/ financing expert:
    - Bachelor degree in health dicipline, public health, economics
    - Master degree in health economics/ health financing
    - Experience in health financing analysis, health policy, and health systems strengthening, including assessment of health financing arrangements, provider payment mechanisms, and health insurance schemes.
    - Experience in preparing policy papers, technical reports, and policy briefs is highly desirable

c. A health policy/ health system analyst (1 person)
    - Master degree in Public Health/ Health system/ Health policy
    - Experience in health policy formulation, policy advocacy, and health systems research.

- Proven ability to conduct policy analysis, synthesize evidence, and produce high-quality policy papers, technical reports, and policy briefs to inform decision-making.
- Understanding health system of Indonesia or other low and middle income countries

d. Administrative and Research Support Personnel (1 person)
- Diploma or Bachelor's degree in Administration, Management, Finance, or related field.
- Experience supporting research projects, stakeholder consultations, workshops, and administrative coordination.
- Responsible for logistics, documentation, scheduling, and administrative support.

One of the team member have experience in newborn screening programmes, health technology assessment, costing studies, economic evaluation, and development of implementation frameworks or scale-up strategies for health interventions.

WHO pays utmost attention to the level of qualification and experience of the individuals involved, and to continuity in the services. The profiles (no individual names required) of the personnel proposed for these services should be included in the technical proposal.

All staff with full professional working proficiency/native or bilingual proficiency in English.

The Proposer is expected to outline the roles and responsibilities of those staff in the technical proposal. Activities will be carried in normal working hours of Jakarta time zone

5.2.4 Work to be performed

Objective

The overall objective of this assignment is to generate evidence-based recommendations to inform strategic planning and optimize resource allocation for the implementation and scale-up of Indonesia's newborn screening (NBS) program. The assignment aims to strengthen the effectiveness, quality, sustainability, and equity of newborn screening services by assessing the current program, identifying implementation bottlenecks and enabling factors, and developing a comprehensive framework for national expansion.

Specifically, the assignment will:
- Assess the quality, coverage, and performance of the existing newborn screening program, including key barriers and enablers affecting implementation;
- Conduct a comprehensive costing analysis of newborn screening services across the continuum of care, from screening and diagnosis to treatment and follow-up;
- Develop a national implementation framework and roadmap to guide the phased expansion and institutionalization of newborn screening services in Indonesia.

The assignment contributes to Indonesia's efforts to improve newborn and child health outcomes through the early detection and timely management of congenital and inherited conditions.

Scope of Work

The selected consulting institution will undertake the following activities to deliver the objectives of this assignment.

1. Preparation Phase

In close consultation with the Ministry of Health (MoH), WHO, and other relevant stakeholders, the consulting institution will:
- Refine and finalize the technical proposal, including the conceptual framework, methodology, analytical approach, and work plan;
- Develop a detailed implementation plan, including timelines, stakeholder engagement strategies, and data collection activities;
- Prepare and submit an inception report outlining the finalized methodology, work plan, expected outputs, and quality assurance mechanisms.

2. Assessment and Analysis Phase

The consulting institution will conduct a comprehensive review and analysis of newborn screening implementation in Indonesia by:
- Reviewing relevant policies, regulations, strategic documents, financing mechanisms, implementation guidelines, and national and international evidence related to newborn screening, essential newborn care, postnatal care, primary and referral health care systems, laboratory services, and the management of congenital and inherited disorders;
- Assessing the availability, accessibility, affordability, and equity of newborn screening services, including geographical coverage, referral pathways, turnaround times, and financial barriers for different population groups;
- Evaluating the quality of service delivery, including the availability and functionality of equipment, laboratory capacity, workforce competencies, adherence to standards and protocols, and effectiveness of referral and follow-up systems;

- Identifying and analysing barriers and enabling factors that influence service utilization, program coverage, quality, and sustainability, considering both supply-side and demand-side perspectives;
- Conducting field assessments in selected provinces and districts, including visits to primary health care facilities (Puskesmas), hospitals, and laboratory networks involved in newborn screening services;
- Undertaking a comprehensive costing analysis of the newborn screening program across the entire service pathway, including screening, confirmatory diagnosis, treatment, follow-up care, and program management costs;
- Facilitating technical consultations and policy dialogues with the national newborn screening expert group, relevant Directorates within the Ministry of Health, development partners, professional associations, and other key stakeholders;
- Developing evidence-based recommendations, including a national implementation framework and strategic roadmap for scaling up newborn screening services in Indonesia.

3. Reporting and Dissemination Phase

The consulting institution will:

- Prepare and submit the agreed technical products and reports in accordance with WHO requirements;
- Present preliminary findings and recommendations to key stakeholders for validation and feedback;
- Incorporate stakeholder inputs and finalize all deliverables;
- Support dissemination of the technical products through stakeholder consultations, policy dialogues, and dissemination workshops, as appropriate.

Methodology

The consulting institution is expected to apply a mixed-methods approach combining quantitative and qualitative analyses. The methodology should include, but not be limited to, the following components:

- Literature and Document Review
  A comprehensive review of relevant legislation, regulations, policy documents, financing mechanisms (including BPJS Kesehatan and DAK), implementation guidelines, program reports, and published evidence related to newborn screening and birth defect management.
- Secondary Data Analysis
  Analysis of available national and subnational datasets, including birth defects surveillance data, newborn screening data, JKN utilization data, DAK allocations and expenditures, coverage rates, referral pathways, confirmatory testing rates, treatment uptake, and service outcomes.
- Key Informant Interviews and Focus Group Discussions
  Consultations with key stakeholders, including representatives from the Ministry of Health, BPJS Kesehatan, provincial and district health offices, primary and referral health care facilities, laboratories, professional associations, academic institutions, development partners, and caregivers, where relevant.
- Health System and Policy Analysis
  Assessment of governance, financing, service delivery, workforce, laboratory networks, information systems, and regulatory frameworks using a structured policy and health systems analysis framework examining inputs, processes, outputs, outcomes, and implementation feasibility.
- Costing and Resource Analysis
  Estimation of the financial and economic costs of newborn screening implementation and scale-up, including scenario-based projections and resource requirements for national expansion.
- Development of Recommendations
  Formulation of actionable, evidence-based recommendations tailored to Indonesia's health system context, including an implementation framework, costed scale-up scenarios, and a national roadmap to support sustainable expansion of newborn screening services.

Deliverables

The consulting institution will be responsible for producing a final synthesis report and dissemination materials, incorporating stakeholder feedback and presenting key findings, recommendations, costing results, and the proposed implementation roadmap for dissemination to the Ministry of Health and relevant stakeholders.

the following sections:

1. **Comprehensive Assessment Report on the Newborn Screening Program in Indonesia**, including:
   - An analysis of program coverage, service availability, accessibility, and quality;
   - Assessment of governance, service delivery, laboratory capacity, referral systems, and workforce competencies;
   - Identification and analysis of key barriers, bottlenecks, and enabling factors affecting program implementation, utilization, and scale-up;
   - Evidence-based recommendations for strengthening newborn screening services.
2. **Costing Analysis Report for Newborn Screening Implementation and Scale-up**, including:
   - Estimation of unit costs across the newborn screening continuum of care, including screening, confirmatory diagnosis, treatment, follow-up, and program management;
   - Analysis of financing mechanisms and resource requirements;

- Estimation of total program costs under different scale-up scenarios, including both direct and indirect costs;
- Recommendations for sustainable financing and resource allocation.

3. **National Newborn Screening Implementation Framework and Roadmap**, including:
   - A strategic implementation framework outlining service delivery, governance, financing, laboratory network strengthening, workforce development, monitoring and evaluation, and referral pathways;
   - A phased roadmap for national scale-up with clear priorities, milestones, timelines, roles and responsibilities, and resource considerations;
   - Policy and operational recommendations to support the sustainable expansion and institutionalization of newborn screening services in Indonesia.

The work will end after the submitted deliverables are technically approved by the WHO technical team. Failure to address this might results in delay in payment process.

5.3 Key requirements

Deliverables	**Spesification**	**Due date (indicative)**
Inception Report and Detailed Workplan	Maximum 20 pages detailed report Soft copy (Subject to technical review of WHO technical focal points)	31 December 2026
Comprehensive Assessment Report on the Newborn Screening Program in Indonesia – Section 1	Maximum 30 pages detailed report Soft copy (Subject to technical review of WHO technical focal points	12 February 2027
Costing Analysis Report for Newborn Screening Implementation and Scale-up – Section 2	Approximately 30 pages detailed report Soft copy (Subject to technical review of WHO technical focal points)	12 February 2027
National Newborn Screening Implementation Framework and Roadmap- Section 3	Approximately 50 pages of comprehensive report. Soft copy (Subject to technical review of WHO technical focal points)	12 February 2027
Final report	A consolidated final report incorporating all analyses, consultation findings, stakeholder feedback, and final recommendations. At a minimum, the report should include the following sections: • Executive Summary • Background and Rationale • Methodology • Section 1: Assessment of the Current Newborn Screening Program (Coverage, Accessibility, Quality, and Equity) • Section 2: Costing Analysis and Resource Requirements for Scale-Up • Section 3: Implementation Framework and National Roadmap for Expansion • Conclusions • Recommendations • Annexes (including data collection tools, consultation summaries, detailed costing tables, references, and other supporting materials) Dissemination Materials • A package of dissemination materials for technical and policy audiences, which may include:	12 March 2027

	• PowerPoint presentation summarizing key findings and recommendations; • Executive summary brief (5-10 pages); • Policy brief highlighting strategic recommendations and investment priorities; • Materials for stakeholder consultation and dissemination workshops.	

5.4 Place of Performance

Remotely with travel to 3 district/ municipal located in Jakarta, Papua Barat, and East Java (Proposed district/ city DKI Jakarta, Manokwari, and Sidoarjo. Regular coordination via zoom/ teams meeting with WHO and MoH will be conducted biweekly to check progress and issue during the project implementation

5.5 Timelines

Total working duration is 120 days between November 2026 to March 2027

5.6 Reporting requirements

Apart from the technical deliverable, during the project implementation, the team lead of the selected contractor will be expected to provide an updated status in a verbal format on a biweekly basis. The field visit implementation report should be submit separatedly and outline detail activity implementation.

Formal reporting (by VC and in the format of a technical report) is expected upon delivery of each deliverable (see above).

5.7 Finance and accounting requirements.

Payments will be released by WHO against the satisfactory and timely production of deliverables.

5.8 Performance monitoring

The technical evaluation shall assess the Contractor's performance across four principal dimensions: (i) the quality, completeness, accuracy, and technical soundness of the deliverables; (ii) adherence to the approved workplan, contractual milestones, and delivery schedules; (iii) the effectiveness of project management, coordination, and communication with WHO and other relevant stakeholders; and (iv) the Contractor's responsiveness, service orientation, and ability to address WHO requirements in a timely and satisfactory manner. The evaluation shall also consider the Contractor's effectiveness in managing project costs and demonstrating value for money in the execution of the agreed technical approach.

The Contractor's performance will be evaluated based on:

- its capacity to deliver technically sound, complete, and high-quality outputs in accordance with the agreed scope of work and timelines;
- its effectiveness in managing and controlling project costs while ensuring value for money;
- the adequacy and efficiency of its project management, including planning, coordination, risk management, and communication with the WHO Technical Officer, Project Lead, and other relevant stakeholders; and
- its responsiveness, client-service orientation, and ability to meet WHO's operational and technical requirements in a timely and professional manner.

5.9 Further Capacities

NA

5.10 Format of the Bidders Proposal

The proposal from the Proposer should include among others the following information

5.10.1 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary (of 2 pages maximum) introducing the proposed solution and approach / methodology.

5.10.2 Approach/Methodology

Bidders are invited to describe the methodology of work that will be adopted in the various stages of the workplan, and their proposed approach to satisfy WHO's expectations (in line with Requirements detailed under 5.3 above) including performance indicators and quality control methods.

5.10.3 Proposed Solution

The activity should result in Outputs, according to the description provided under 5.3 above and the proposer should detail its proposal solution in line with requirements in 5.3 above.

5.10.4 Proposed Timeline

This work is planned for 5 months, with the following breakdown:

Activities	Month 1	Month 2	Month 3	Month 4	Month 5
1. Preparation Phase					
Kick-off meeting with MoH, WHO, and stakeholders					
Finalization of technical proposal, framework, and methodology					
Development of detailed implementation plan					
Submission of inception report					
2. Assessment and Analysis Phase					
Literature review and document review					
Review of policies, regulations, financing mechanisms, and implementation guidelines					
Secondary data collection and analysis					
Assessment of service availability, accessibility, affordability, and equity					
Assessment of quality of service delivery and laboratory capacity					
Analysis of barriers, enablers, and implementation challenges					
Field assessments (Puskesmas, hospitals, laboratory networks)					
Comprehensive costing analysis of newborn screening services					
Stakeholder consultations and policy dialogues					
Development of implementation framework and recommendations					
Drafting national roadmap for NBS scale-up					
3. Reporting and Dissemination Phase					
Preparation of draft technical products and reports					
Presentation of preliminary findings and recommendations					
Validation workshop with stakeholders					

Revision and incorporation of stakeholder feedback					
Finalization and submission of all deliverables					
Dissemination of technical products and roadmap					

Section 6: General Conditions of Contract

6.1 General Conditions of the Contract for the Agreement for the Performance of Work (APW)

In the event of an Agreement for the Performance of Work (APW) is the resultant contract type, the General Conditions attached to the APW will be applicable and can be downloaded on the link below.

https://www.who.int/publications/m/item/general-and-contractual-conditions.

6.2 General Conditions of the Contract for the Technical Services Agreement (TSA)

In the event of a Technical Services Agreement (TSA) is the resultant contract type, the General Conditions attached to the TSA will be applicable and can be downloaded on the link below.

https://www.who.int/publications/m/item/tsa-general-conditions

6.3 Failure to access the general Conditions of Contract

In case the proposer fails to access and download the above General conditions, please contact us at the email procurement@who.int and the pdf copy will be sent to you.

6.4 General conditions of the contract that will apply to this RFP

For this RFP, the following general conditions of the Contract will apply :

General Conditions of the Contract for the Agreement for the Performance of Work (APW)

6.5. Acceptance of the general Conditions of Contract

By submitting a proposal in response to this RFP, the proposer confirms that they have accessed, read, understood, and accepted the General Terms and Conditions. The proposer further acknowledges that, if awarded the contract, these General Conditions shall apply.

Section 7: Returnable Forms

The following forms must be submitted with the vendor's proposal. Failure to submit the mandatory completed forms may result in proposal rejection.

These forms include.

Nature of Form	Name of the Form
Mandatory	**Annex A: Letter of Intent**
Mandatory:	**Annex B: Confidentiality Undertaking**
Mandatory	**Annex C: Proposal completeness form**
Mandatory	**Annex D: Proposers Information.**
Mandatory	**Annex E: Financial Proposal Form**
Mandatory	**Annex F Self Declaration Form**
Mandatory for joint ventures only.	**Annex G Joint Venture/Consortium/Association Information**

Annex A: Letter of Intent

Please acknowledge receipt of this RFP by completing this form and submitting it under the "Correspondence" tab of UNGM by the date specified, in the Letter of Invitation or through the email indicated in the RFP

From: [Company] UNGM Number: Insert UNGM number

Subject RFP reference: RFP 054-2026

Check the appropriate box	Description
☐	**YES**, we intend to submit a proposal.
☐	**NO**. We are unable to submit a competitive proposal for the requested services at this time.

If you selected NO above, please indicate the reason(s) below:

Check applicable	Description
☐	The requested services are not within our range of supply.
☐	We are unable to submit a competitive proposal for the requested services at this time.
☐	The requested services are not available at this time.
☐	We cannot meet the requested terms of reference.
☐	The information provided for proposal purposes is insufficient.
☐	Your RFP is too complicated.
☐	Insufficient time is allowed to prepare a proposal.
☐	We cannot meet the delivery requirements.
☐	Sustainability criteria/requirements are too stringent (if applicable).
☐	We do not export.
☐	We do not sell to the UN.
☐	Your requirement is too small.
☐	Our capacity is currently full.
☐	We are closed during the holiday season.
☐	We had to give priority to other clients' requests.
☐	The person handling proposals is away from the office.
☐	We cannot adhere to your terms and conditions e.g. payment terms, request for Performance Security etc. *(please provide details below):*
☐	We would like to receive future RFPs for this type of service.
☐	We do not wish to receive RFPs for this type of service.
☐ **Other reasons**	Click or tap here to enter text.

Annex B: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department / Business centre of HSS has access to certain information relating to Quality Assessment, Costing, and Development of an Implementation Framework for the Newborn Screening Program in Indonesia which it considers to be proprietary to itself or to entities collaborating with it (“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 the Quality Assessment, Costing, and Development of an Implementation Framework for the Newborn Screening Program in Indonesia Project ("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. Notwithstanding any specific provision herein, this Undertaking and any dispute arising therefrom or relating thereto shall be governed by general principles of law, to the exclusion of any single national system of law. Any dispute arising from or relating to the Undertaking, including its validity, interpretation, or application, shall, unless amicably settled, be subject to conciliation. In the event the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties 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 parties shall accept the arbitral award as final.

8. Nothing in this Undertaking shall constitute or be deemed to constitute a waiver of any of the privileges and immunities enjoyed by WHO under any source of law, or as a submission to the jurisdiction of any national court or tribunal.

Acknowledged and Agreed:

Company Name:	Company name
Mailing Address:	Indicate your address.
Name and Title of duly authorized representative:	Indicate name and title of your authorized representative
Signature:	
Date:	Select date from drop down

Annex C: Proposal Completeness Form

To be filled by the vendor and submitted as guided. Please ensure Forms in the technical proposal must be separated from forms to be submitted in the financial proposal.

Form	Requirement	Completed in full (Yes/No)
Annex A	**Letter of Intent** ***To be submitted before the closing date either by email or via In-tend Correspondence tab***	☐ Yes ☐ No
Annex B	**Confidentiality undertaking form** To be part of technical proposal	☐ Yes ☐ No
Annex C	**Proposal completeness form** To be part of technical proposal	☐ Yes ☐ No
Annex D	**Information about Proposer** To be part of technical proposal	☐ Yes ☐ No
Annex E	**Financial Proposal** To be part of financial proposal	☐ Yes ☐ No
Anne F	**Self-Declaration Form** To be part of technical proposal	☐ Yes ☐ No
Section 4: Technical Evaluation Criteria	**Technical Proposal**, including: - Executive Summary, - proposed solution, - approach/methodology, - timeline. Please provide all information including relevant attachments to make a robust proposal To be part of technical proposal	☐ Yes ☐ No
Form G	**Joint venture Form** To be part of technical proposal	☐ Yes ☐ No

Company Name:	Company name
Mailing Address:	Indicate your address.
Name and Title of duly authorized representative:	Indicate name and title of your authorized representative
Signature:	
Date:	Select date from drop down

N.B Combining or misplacement of proposals i.e. financial documents in technical envelope and technical documents in financial envelope may lead to the rejection of the proposal.

a) If Submission of proposals is via a dedicated email, please first send the technical proposal only containing forms (B, C, D F and section 5.10) in the first email under the subject “TECHNICAL PROPOSAL”. Please send a second email containing the financial proposal only including forms E and H under the subject “FINANCIAL PROPOSAL”

b) If the submission is via In-Tend, please upload the technical proposal and all technical forms in the Technical Envelope. Upload the Financial proposal and all financial forms. In the Financial Envelope

Annex D: Proposer Information

RFP Reference	RFP 054-2026
Legal name of proposer	Click or tap here to enter text.
Legal address, city, country	Click or tap here to enter text.
Website	Click or tap here to enter text.
Year of registration	Click or tap here to enter text.
Proposer's Authorized Representative information	Name and Title: Click or tap here to enter text. Telephone numbers: Click or tap here to enter text. Email: Click or tap here to enter text.
Legal structure	Choose an item.
No. of full-time employees	Click or tap here to enter number.
No. of staff involved in similar contracts	Click or tap here to enter number.
Are you a UNGM registered vendor?	☐ Yes ☐ No If yes, insert UNGM Vendor Number
Years of supplying to UN organizations	Click or tap here to enter text.
Are you a WHO vendor?	☐ Yes ☐ No
Countries of operation	Click or tap here to enter text.
History of Bankruptcy	☐ Yes ☐ No If yes, explain in a separate sheet

History of Non-Performing Contracts

☐No non-performing contracts during the last 3 years			
☐ Contract(s) not performed in the last 3 years			
Year	Non- performed portion of contract	Contract Identification	Total Contract Amount (current value in US$)
		Name of Client: Address of Client: Reason(s) for non-performance:	

Litigation History and Legal Information

☐ No litigation history for the last 3 years			
☐ Litigation History as indicated below			
Year of dispute	Amount in dispute (state currency)	Contract Identification	Total Contract Amount (state currency)
		Name of Client: Address of Client: Matter in dispute: Party who initiated the dispute: Status of dispute: Party awarded if resolved:	

Previous Relevant Experience

Please list only previous similar assignments successfully completed in the last 3 years.

List only those assignments for which your company was legally contracted or sub-contracted by the Client or was one of the Consortium/JV partners. Assignments completed your Company's individual experts working privately or through other firms cannot be claimed as the relevant experience of the Company, or that of the Company's partners or sub-consultants, but can be claimed by the Experts themselves in their CVs. The Company should be prepared to substantiate the claimed experience by presenting copies of relevant documents and references if so requested.

The vendors are required also to provide the below details in their proposals in the chronological order indicated.

Project name & Country of Assignment	Client & Reference Contact Details	Contract Value	Period of activity and status	Types of activities undertaken and role (Contractor, sub-contractor or consortium member)

☐ Attached are the Statements of Satisfactory Performance from the Top 3 (three) Clients or more.

Financial Standing

Please attach the 3-years audited financial statements (balance sheets, including all related notes, and income statements) complying with the following condition:

a) Must reflect the financial situation of the Proposer or party to a Joint Venture (JV), and not sister or parent companies.
b) Historic financial statements must be audited by a certified public accountant.

Historic financial statements must correspond to accounting periods already completed and audited. No statements for partial periods shall be accepted.

Annex E: Financial Proposal Form

Note: The inclusion of any financial information in the Technical Proposal may lead to disqualification of the Proposer

Currency of the proposal: Click or tap here to enter text.

The Undersigned, [Company] confirms to have read, understood and accepted the terms of the Request for Proposals (RFP) No., and its accompanying documents. If selected by WHO for the work, the Undersigned undertakes, on its own behalf and on behalf of its possible partners and Contractors, to perform Title of the RFP in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the amount(s) below as indicated in the attached Excel form.

The itemized amounts for each of the deliverables must be completed in the attached Excel form and must be uploaded as part of the financial proposal. The Proposer must ensure that the amount of each Deliverable or of the total amount is identical in the attached Excel sheet and in table below. In case of inconsistency between those two documents, the most favorable terms to WHO in either the Excel sheet or the table below **shall prevail.**

CURRENCY ----------

The enclosed Proposal is valid for ---- days from the date of this form (Ref. Article 14 of Section **Error! Reference source not found.**).

Agreed and accepted on Select the date.

Company Name:	Company name
Mailing Address:	Indicate your address.
Name and Title of duly authorized representative:	Indicate name and title of your authorized representative
Signature:	
Date:	Select date from drop down

Annex F: Self Declaration Form

Applicable to private and public companies

[Company] (the "Company") hereby declares to the World Health Organization (WHO) that:

a. it is not bankrupt or being wound up, having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning the foregoing matters, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations.

b. it is solvent and, in a position, to continue doing business for the period stipulated in the contract after contract signature, if awarded a contract by WHO.

c. it or persons having powers of representation, decision making or control over the Company have not been convicted of an offence concerning their professional conduct by a final judgment.

d. it or persons having powers of representation, decision making or control over the Company have not been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour, human trafficking or any other illegal activity.

e. it is in compliance with all its obligations relating to the payment of social security contributions and the payment of taxes in accordance with the national legislation or regulations of the country in which the Company is established.

f. it is not subject to an administrative penalty for misrepresenting any information required as a condition of participation in a procurement procedure or failing to supply such information;

g. it has declared to WHO any circumstances that could give rise to a conflict of interest or potential conflict of interest in relation to the current procurement action.

h. it has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept any direct or indirect benefit (finanical or otherwise) arising from a procurement contract or the award thereof.

i. it adheres to the UN Supplier Code of Conduct.

j. it has zero tolerance for sexual misconduct (an all-inclusive term which includes sexual exploitation, sexual abuse, sexual harassment, and all forms of prohibited sexual behaviour), harassment and other types of abusive conduct and has appropriate procedures in place to prevent and respond to sexual misconduct (an all-inclusive term which includes sexual exploitation, sexual abuse, sexual harassment, and all forms of prohibited sexual behaviour), harassment and other types of abusive conduct.

The Company understands that a false statement or failure to disclose any relevant information which may impact upon WHO's decision to award a contract may result in the disqualification of the Company from the bidding exercise and/or the withdrawal of any proposal of a contract with WHO. Furthermore, in case a contract has already been awarded, WHO shall be entitled to rescind the contract with immediate effect, in addition to any other remedies which WHO may have by contract or by law.

Company name	[Company]
Mailing address	Click or tap here to enter text.
Name and Title of authorized representative	Click or tap here to enter text.
Signature	
Date	Click or tap to enter a date.

Annex G: Joint Venture/Consortium /Association Information

Name of Proposer:	[Company]	Date:	Click or tap to enter a date.
UNGM Number:	Click or tap here to enter text.		
RFP reference:	RFP 054-2026		

To be completed and returned with your Proposal if the Proposal is submitted as a Joint Venture/Consortium/Association.

No	Name of Partner and contact information *(address, telephone numbers, fax numbers, e-mail address)*	Proposed proportion of responsibilities (in %) and type of services to be performed
1	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.

Name of leading partner (with authority to bind the Joint Venture / Consortium / Association during the RFP process and, in the event that a Contract is awarded, during contract execution)	Click or tap here to enter text.

We have attached a copy of the below-referenced document signed by every partner, which describes in detail the likely legal structure of and the confirmation of joint and severable liability of the members of the said Joint Venture:

☐ Letter of intent to form a joint venture ***OR*** ☐ Joint Venture / Consortium / Association agreement.

We hereby confirm that, if the Contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to Click or tap here to enter text for the fulfilment of the provisions of the Contract.

Name of partner:
_____
Signature:
_____
Date:
_____

Name of partner:
_____
Signature:
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Date:
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Name of partner:
_____
Signature:
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Date:
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Name of partner:
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Signature:
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Date:
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