World Health Organization

Development of a Human Resource-Plan Document for Tuberculosis Program

Request for Proposals (RFP)

Proposal Reference

RFP 073-2026

Country Office/Unit Name

INO/TB

Issued on

Monday, September 21, 2026

Closing date

Monday, October 5, 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 Monday, October 5, 2026

2. Please submit any requests for clarification no later than Thursday, October 1, 2026

3. Please prepare your proposal in accordance with the requirements and procedures outlined in this RFP and submit it no later than Monday, October 5, 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 073-2026 The services include the Development of a Human Resource-Plan Document for Tuberculosis Program 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 October 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 22 September 2026, at 15.00 hrs Jakarta time.** Interested participant is required to register their details through : Pre-Bidding Meeting RFP 073-2026 – 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 073-2026**

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 073-2026_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 073-2026_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: 05 October 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 a minimum of 3 years of relevant experience in human resources for health planning, health workforce assessment, health systems strengthening, or development of national/subnational health sector strategic plans. (*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. Institutional Capacity		Max Points
1.1	Demonstrated institutional experience in relevant experience in human resources for health planning, health workforce assessment, health systems strengthening, or development of national/subnational health sector strategic plans.	8
1.2	Experience in health workforce assessment, workload analysis (WISN or equivalent), workforce projection and costing	6
1.3	Experience working with government institutions (MoH, provincial/district health offices) and/or international organizations in development of national/subnational health sector strategic plans, TB, or Health workforce areas	6
Total Section 1		**20**
Section 2. Quality of Technical Proposal		
2.1	Proposed methodology comprehensively addresses all phases of the assignment (inception and desk review, multi-level workforce assessment, HR management and governance review, education and training system review, workforce projection, supportive supervision framework, costed plan development and validation). Also mention data strategy, including use of SISDMK and SITB, alignment with National Health Workforce Accounts (NHWA) indicators, mitigation of data quality limitations, ethics clearance and personal data protection	12

2.2	Soundness of the proposed workforce projection and costing approach, including scenario design and treatment of the Global Fund to domestic financing transition	10
2.3	Demonstrated understanding of Indonesia's health workforce context, including Health Law No. 17/2023 and its implementing regulations, ASN/PPPK and non-ASN employment schemes, decentralisation and district staffing (formasi) processes, primary care integration (ILP),	8
2.4	Proposed approach for multi-stakeholder consultation, coordination and FGD facilitation, including engagement of government, practitioners, professional collegia and traditional healers	6
2.5	Proposed approach for pilot testing of the NSPK and INM in the six selected provinces and refinement of outputs based on results	5
2.6	Proposed capacity strengthening approach, including dissemination and online/distance socialization sessions for non-pilot provinces (western, central, eastern regional groups)	4
2.7	Proposed workplan clearly outlines activities, sequencing, milestones and deliverables aligned with the timeframe, with logical phasing and feasibility	5
Total Section 2		**50**
Section 3. Key Personnel		**Max Points**
3.1	Relevant expertise and experience of the proposed team in health workforce planning and national plan development	12
3.2	Team composition, structure and roles are appropriate and aligned with the scope of work and provides role on : workforce planner, health economist/costing expert, TB technical expert and data analyst.	10
3.3	Adequacy of team composition and availability of resources to deliver the assignment	8
Total Section 3		**30**
Grand Total		**100**

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

WHO is seeking a qualified, eligible, and competent institutional contractor or consortium to conduct an assessment of the management and capacity of health and community human resources for the Tuberculosis Programme and to develop a comprehensive and costed National TB Human Resources Plan for Indonesia.
The primary reference for workforce definitions, baseline data and projection methodology shall be the Indonesia health workforce provisions of Law No. 17/2023, Peraturan Pemerintah No. 28 Tahun 2024 on the implementation of the Health Law, including its provisions on workforce planning through both the area-based (top-down) and institution-based (bottom-up) approaches, and related regulation in TB and health workforce

5.2 Characteristics of the Contractor is

5.2.1 Status

The Proposer shall be a legally registered institution, company, university, research institution, consultancy firm, or consortium operating in one or more of the following fields: public health, human resources for health, health workforce planning and development, health systems strengthening, tuberculosis, health policy, health financing, or related areas.

5.2.2 Accreditations

An accreditation (ISO 9001 or equivalent; other in a relevant field or specific accreditation/certification) or an on-going accreditation process by a certified accreditation body would be an asset (desirable).

5.2.3 Previous experience

1. **Mandatory**
   At least Three (3) years of demonstrated institutional experience in health workforce assessment, human resources for health planning, health workforce projection or costing, organizational assessment, or health systems strengthening Previous work with WHO, other international organizations and/or major institutions in the field of health workforce development, public health, TB, or health systems strengthening.

2. **Desirable**

- Previous work with WHO, other United Nations agencies, international organizations, development partners, or major national institutions in health workforce development, public health, tuberculosis, or health systems strengthening;
- Experience supporting National Tuberculosis Programmes or other national disease control programmes;
- Experience in workforce projection, workload analysis, competency assessment, supportive supervision systems, and health workforce information systems;
- Experience in costing of health sector plans, fiscal space analysis, or transition planning from donor to domestic financing;
- Experience conducting multi-provincial assessments in Indonesia, including in remote, rural or archipelagic settings;
- Experience working in Indonesia with government counterparts at national and subnational levels.

5.2.4 Staffing

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

- A project manager of an adequate level of qualification and experience (please attach resume to your proposal) shall be dedicated to the project.

- The designated project manager that should be the same all along implementation, including consideration in contingency plans in case the focal point is absent.

- Sufficient capacity and knowledge is required to cover the following areas of expertise:
  - Adequate technical knowledge to demonstrate expertise in health workforce assessment, health systems strengthening, workforce planning and projection, workforce costing, and strategic plan development.
  - Adequate technical knowledge of the tuberculosis service delivery model in Indonesia across the full range of personnel contributing to TB prevention, screening, diagnosis, treatment, care, surveillance and community engagement

- Adequate technical knowledge to demonstrate expertise in quantitative and qualitative research methodologies, workforce analysis, competency assessment, workload analysis, supportive supervision systems, and facilitation of stakeholder consultations.

- 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 Bahasa Indonesia and English.

The bidder is expected to outline the roles and responsibilities of those staff in the technical proposal. Activities will be carried in normal working hours of Indonesia Western (WIB, UTC+7) time zone.

5.2.5 Work to be performed

The selected institution shall undertake the following activities:

1. Inception and Desk review
    - Conduct an inception meeting with the National Tuberculosis Programme (NTP), WHO, and relevant stakeholders.
    - Review relevant national policies, regulations, strategic plans, workforce data, training curricula, programme reports, supervision tools, and previous assessments related to TB workforce development. The reference set shall include, at minimum:

    1. Health workforce: UU No. 17/2023; PP No. 28/2024; Permenkes No. 13/2025 on Pengelolaan SDMK;
    2. Planning and budgeting: RPJPN 2025–2045 (UU No. 59/2024); RPJMN 2025–2029 (Perpres No. 12/2025); RIBK 2025–2029; Renstra Kemenkes 2025–2029 (Permenkes No. 12/2025).
    3. Tuberculosis: Perpres No. 67/2021; the current National Strategic Plan for TB; and the current Ministerial regulation on TB control.

2. Assesment of the Current TB Workforce
    - Assess the availability, distribution, composition, workload, competencies, and performance of the TB workforce at national, subnational, facility, laboratory, and community levels.
    - Map existing cadres involved in TB prevention, screening, diagnosis, treatment, care, surveillance, and community engagement, including community health workers and treatment supporters, consistent with the TB workforce boundary agreed at inception.Analyse workforce distribution against TB burden, service delivery needs, and geographic priorities, including remote, rural and archipelagic settings (DTPK).Identify critical workforce gaps, bottlenecks, and inequities affecting programme performance.

    To ensure that the assessment reflects the diversity of TB service delivery contexts and workforce challenges across Indonesia, the selected institution shall conduct field visits and primary data collection in five selected provinces:

    - East Java Province (Surabaya)
    - North Sumatera Province (Medan)
    - South Sulawesi Province (Makassar)
    - East Nusa Tenggara Province (Kupang)
    - East Kalimantan Province (Samarinda)

    The field assessment shall include consultations, interviews, focus group discussions, direct observations, and review of relevant workforce records at provincial, district/city, health facility, laboratory, and community levels, as appropriate.

    The assessment should involve key stakeholders including provincial and district health offices, public and private health facilities, laboratory networks, TB programme managers, health-care providers, community health workers, treatment supporters, civil society organizations, and other relevant partners involved in TB service delivery.

3. Human Resource Management and Governance Assessment
    - Review existing human resource management systems, policies, and governance arrangements relevant to TB services.
    - Assess organizational structures, roles and responsibilities, staffing norms, recruitment mechanisms, performance management systems, supportive supervision approaches, retention policies, and career development pathways.
    - Identify opportunities to strengthen accountability, workforce management, and integration within national health workforce systems.

4. Assessment of education, training and workforce development system
    - Review pre-service and in-service education and training systems relevant to TB service delivery.
    - Assess curricula, competency frameworks, certification mechanisms, continuing professional development (CPD) systems, mentoring approaches, and digital learning platforms.
    - Evaluate the adequacy, quality, effectiveness, and sustainability of existing workforce development mechanisms.
    - Identify priority competency gaps and future training requirements across all TB workforce categories

5. Workforce Needs Analysis and Projections
    - Estimate current and future TB workforce requirements using the national planning methodology under PP No. 28/2024 as the basis for all official workforce figures:
        1. Pendekatan Wilayah (top-down): supply–demand projection per Proyeksi Kebutuhan Melalui Pendekatan Wilayah 2023–2032, using DREAMS (dreams.kemkes.go.id) parameters and baseline data, extended to reflect TB epidemiological trends, service delivery models, programme targets and planned expansion of TB interventions.
        2. 2. Pendekatan Institusi (bottom-up): ABK and Standar Ketenagaan Minimal per KMK No. HK.01.07/MENKES/605/2026 at facility and laboratory level. Since most TB tasks are performed by multipurpose staff, the contractor shall develop explicit norma waktu for TB-related tasks so that the TB component of workload can be isolated within the ABK calculation.Conduct workforce projection analyses under different planning scenarios, including the transition from Global Fund support to full domestic financing.
    - Estimate staffing requirements by cadre, level of care, and geographic area through 2030 and beyond, as appropriate, based on supply–demand projection

6. Development of Supportive Supervision and Performance Improvement Framework
    - Review existing supportive supervision practices and tools used within TB services.
    - Develop standardized supportive supervision guidelines, tools, checklists, and performance monitoring mechanisms.
    - Propose systems for routine performance assessment, feedback, coaching, mentorship, and continuous quality improvement.
    - Define key workforce performance indicators and monitoring approaches.

7. Development of costed National TB Human Resources Plan
    - The findings from the workforce availability and distribution assessment, competency and performance assessment, workforce needs and projections analysis, review of human resource management systems, assessment of pre-service and in-service training, and supportive supervision review will be synthesized into a comprehensive costed National Tuberculosis Human Resources Plan.
    - The plan will provide evidence-based projections of workforce requirements and a strategic roadmap for recruitment, deployment, retention, capacity development, supportive supervision, performance improvement, monitoring, and financing to support implementation of Indonesia's TB elimination strategy

8. Finalization of the National TB Human Resources Plan
    - Conduct stakeholder consultations to review findings and draft outputs.
    - Revise documents based on stakeholder feedback.

Submit final approved reports, frameworks, tools, databases, and the costed National TB Human Resources Plan

5.3 Key requirements

Expected deliverables / outputs :

1. Assessment Tools and Instruments
    - TB Human Resources Needs Assessment Tool (Bahasa Indonesia and English)
    - HR Competency and Performance Assessment Tool (Bahasa Indonesia and English)
    - Standardized Supportive Supervision Tools and Checklists for:
        - National TB Programme → Provincial Health Offices
        - Provincial Health Offices → District Health Offices
        - District Health Offices → Health Facilities
        - Health Facilities → Community-Based TB Workforce

2. Assessment Reports
    - TB Human Resources Assessment Report, including: workforce availability and distribution; workload analysis; turnover and retention analysis; competency assessment; workforce projections; governance and management analysis.
    - Pre-Service Education and TB Workforce Pipeline Assessment Report, including: review of curricula and competency standards; workforce production capacity; alignment between graduate competencies and TB programme needs.

3. Strategic Frameworks and Plans
    - Training and Capacity Development Plan (Pre-Service and In-Service)
    - Supportive Supervision and Human Resource Performance Improvement Framework
    - TB Workforce Retention, Deployment, and Career Development Strategy
    - Monitoring and Evaluation Framework for TB Human Resources

4. Final Strategic Products
    - National TB Human Resources Database, including definition of TB workforce data elements, indicators and interoperability requirements for integration into SATUSEHAT SDMK (incorporating SISDMK) and SITB, aligned with data governance and update protocol
    - Costed National TB Human Resources Plan, including:
        - workforce needs projections;
        - staffing and deployment strategy;
        - competency framework;
        - supportive supervision framework and checklist;
        - workforce retention strategy;
        - training and capacity development plan;
        - implementation roadmap;
        - monitoring indicators;
        - costing and financing framework.

5.4 Place of Performance

Performance will be implemented through a combination of desk review, virtual consultations, and document analysis conducted remotely, complemented by in-person stakeholder consultations and field assessment at national and selected subnational levels.

The consultant team is expected to work closely with the National Tuberculosis Program and WHO.

5.5 Timelines

October 2026 – January 2027

Proposed Schedule

No.	Description	Days
1	Inception meeting, workplan, assessment protocol; agreement on TB workforce boundary; DREAMS/SATUSEHAT SDMK data access request	5
2	Policy, governance and desk review	12
3	Development of assessment tools and supervision framework outline (bilingual); ethics determination and KEPK submission	15
4	Capacity development resources mapping	6
5	National consultations, three thematic sessions	5
6	Field assessment — 5 provinces, 10 districts, minimum two parallel teams	22
7	Data consolidation, gap analysis, competency and workload analysis	10
8	Workforce requirement estimation and projection (pendekatan wilayah via DREAMS; ABK with TB-specific norma waktu)	16
9	Draft assessment and projection report	7
10	WHO/NTP review window	5
11	Validation workshop	2
12	Revision, final report, handover of datasets and tools	7
	Total elapsed	**83**

5.6 Reporting requirements

The project manager of the selected contractor will be expected to provide an updated status in a written format on a monthly basis.
Formal reporting (by VC and in the format of a technical report) is expected upon delivery of each deliverable (see above).
Additional reporting activities may be requested by WHO or initiated by the project manager on a need basis.

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 Contractor will be evaluated on:
Quality and timeliness of deliverables, including the ability to produce technically sound outputs within the agreed timelines;
Effective project management, including planning, coordination, and communication with WHO and relevant stakeholders;
Responsiveness and adaptability, including the ability to address feedback and evolving requirements in a timely manner;
Efficient use of resources, including adherence to the agreed budget.

5.9 Further Capacities

The bidder shall propose key personnel with the following minimum qualifications:

1. **Project manager/team leader**
   a) Advanced degree in public health, human resources for health, health systems, tuberculosis, or a related field.
   b) At least 8 years of relevant professional experience.
   c) Demonstrated experience in health workforce assessment, workforce planning, health systems strengthening, tuberculosis programmes, or development of national strategic plans.
   d) Experience leading multi-stakeholder assessments, technical consultations, and multidisciplinary teams.
   e) Experience in preparing technical reports, strategic plans, and policy recommendations.
   f) Strong analytical, facilitation, and report-writing skills.

2. **Technical expert(s)**
   a) Degree in public health, health workforce development, health systems, education, tuberculosis, or a related field.
   b) At least 5 years of relevant professional experience.
   c) Experience in one or more of the following areas:
   d) Human resources for health planning and development;
   e) Health workforce assessment and projection;
   f) Tuberculosis programme management;
   g) Pre-service education and competency development;
   h) Capacity development and training systems;
   i) Supportive supervision systems;
   j) Health systems strengthening.
   k) Experience contributing to policy-relevant analysis and technical reports.
   l) Strong analytical and writing skills.

3. **Data/quality indicator analyst or research support (as applicable)**
   a) Degree in public health, statistics, epidemiology, economics, or a related field.
   b) At least 3 years of relevant experience in data management, workforce analysis, or research.
   c) Experience in quantitative and qualitative data analysis.
   d) Experience supporting workforce assessments, projections, or planning exercises is desirable.
   e) Ability to support preparation of technical outputs and documentation.

Additional Requirement:

At least one proposed expert should demonstrate experience in workforce projection, workforce costing, and/or development of costed health-sector plans.

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 3 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). The approach should include, but not limited to:

- Proposed workplan and sequencing of activities
- Methodological approach, including analytical methods, development of the NSPK and SOPs, and proposed processes for validation and refinement
- Stakeholder engagement approach, including consultation, coordination, and facilitation of discussions with government institutions, practitioners and professional bodies
- Approach to pilot testing and application
- Capacity strengthening approach, including development of training/dissemination materials
- Quality assurance mechanisms to ensure technical rigor and consistency
- Risk management, including identification of potential risks and mitigation measures

- Performance monitoring, including proposed indicators or measures to track progress and ensure timely delivery.

A. Preparatory and Inception Phase

No.	Activity	Suggested Participants	Expected Outputs
1	Inception and Debriefing Meeting	Directorate of Communicable Diseases; National TB Programme; Directorate responsible for Health Workforce; relevant Ministry of Health units; TB partners; consultant team	Common understanding of objectives, scope, methodology, deliverables, roles and responsibilities, reporting arrangements, and expected results.
2	Review and Finalization of the Inception Report and Work Plan	National TB Programme; relevant Ministry of Health units; consultant team	Agreed work plan, detailed schedule, stakeholder engagement plan, field assessment plan, division of responsibilities, and reporting schedule.
3	Finalization of the Assessment Protocol and Data Collection Instruments	National TB Programme; health workforce representatives; consultant team; selected technical experts	Final protocol; sampling framework; interview and FGD guides; quantitative templates; HR needs, competency and performance tools; supportive supervision checklists.
4	Selection and Profiling of Assessment Locations	National TB Programme; relevant Ministry of Health units; Provincial Health Offices; consultant team	Agreed locations selected using TB burden, regional representation, urban-rural/remote characteristics, HR availability and distribution, turnover/rotation, service mix, programme performance, and community engagement.

B. National-Level Assessment and Consultation

No.	Activity	Suggested Participants	Expected Outputs
1	National TB Workforce Policy and Governance Consultation	Directorate of Communicable Diseases; NTP; health workforce directorate; HR Bureau; planning, finance, training and regulatory units; partners	Mapping of policies, regulations, institutional mandates, coordination, accountability, and governance gaps affecting the TB workforce.
2	National Workforce Planning, Deployment, and Retention Consultation	NTP; workforce planning and management units; HR Bureau; relevant government staffing authorities; consultant team	Analysis of planning, recruitment, deployment, distribution, rotation, turnover, vacancies, retention, motivation, career development, and remuneration.
3	National TB Workforce Data and Information Systems Review	NTP; workforce information system representatives; SITB team; planning and data units; consultant team	Mapping of HR data sources, variables, reporting flows, data quality, interoperability needs, indicators, and National TB HR Database requirements.
4	Pre-Service Education and TB Workforce Pipeline Consultation	Relevant education and training units; medical, nursing, midwifery, pharmacy, laboratory sciences, public health and community health education institutions; professional associations	Review of programmes, curricula, competency standards, graduate readiness, production capacity, and alignment with TB programme requirements.

5	In-Service Training and Continuing Professional Development Consultation	NTP; training units; accredited training institutions; professional associations; partners	Mapping of training packages, accreditation, certification, coverage, continuing professional development, learning resources, and capacity gaps.
6	Supportive Supervision and Performance Management Consultation	NTP; workforce management units; provincial and district representatives; training and quality assurance units	Mapping of supervision arrangements, tools, reporting, feedback, mentoring, coaching, performance assessment, and gaps.
7	Professional Association and Private-Sector Consultation	Professional associations; public/private hospitals; clinic and GP networks; laboratory and pharmacy representatives	Professional competency requirements, private-sector workforce issues, continuing education needs, supervision, and public-private coordination gaps.
8	Community Workforce Consultation	CSOs; TB survivors; CHWs; cadres; TB patient supporters; case managers; NTP	Clarification of roles, workload, competencies, recruitment, incentives, supervision, reporting, development pathways, and integration with formal services.

C.1 Provincial-Level Assessment

Field assessment coverage: a minimum of five provinces representing Java, Sumatra, Kalimantan, Sulawesi, and eastern Indonesia or an archipelagic/remote setting such as Papua, Maluku, or Nusa Tenggara. Final locations shall be agreed with the NTP using explicit selection criteria.

No.	Activity	Suggested Participants	Expected Outputs
1	Provincial Entry and Briefing Meeting	Provincial Health Office; Provincial TB Programme; provincial workforce unit; NTP; partners; consultant team	Agreed purpose, methods, respondents, data requirements, schedule, and expected provincial outputs.
2	Provincial TB Workforce Governance and Planning Discussion	Provincial leadership; TB Programme; workforce, planning, finance, training and data units; relevant authorities	Assessment of governance, staffing structure, planning, budgeting, distribution, coordination, reporting, and accountability.
3	Provincial Workforce Availability, Distribution, and Retention Assessment	Provincial TB Programme; workforce unit; staffing authority; district representatives	Staff availability, vacancies, distribution, turnover, rotation, recruitment barriers, retention challenges, and priority needs.
4	Provincial Supportive Supervision and Performance Management Assessment	Provincial TB Programme; workforce/quality units; district TB representatives	Assessment of province-to-district supervision, including frequency, tools, supervisor competencies, feedback, follow-up, mentoring, and corrective action.
5	Provincial Training and Capacity Development Assessment	Provincial training unit; TB Programme; professional associations; training institutions	Training coverage, competency gaps, access, quality, post-training follow-up, mentoring, and capacity needs.
6	Provincial Data Review and Validation	Provincial TB Programme; workforce data unit; SITB/programme data team	Validated workforce data, data gaps, workforce indicators, training records, turnover information, and recommendations for routine monitoring.

C.2 District or Municipal-Level Assessment

At least two districts or municipalities with contrasting characteristics should be selected in each province, where feasible.

No.	Activity	Suggested Participants	Expected Outputs
1	District Entry and Stakeholder Briefing	District Health Office; TB Programme; workforce/planning units; staffing authority; facilities; community; province	Agreed assessment schedule, respondents, facilities, data requirements, and stakeholder roles.
2	District TB Workforce Governance and Coordination Discussion	District leadership; TB Programme; workforce, planning, finance, training and data units; cross-sector stakeholders	Mapping of mandates, coordination, planning, staffing decisions, resources, accountability, and management constraints.
3	District Human Resource Management Consultation	DHO HR unit; regional staffing authority; TB Programme; facility managers	Assessment of recruitment, appointment, deployment, transfer, rotation, promotion, vacancies, retention, appraisal, incentives, and HR data.
4	District Workforce Needs and Workload Assessment	District TB Programme; programme managers; workforce unit; facility representatives	Current staffing, workload, multiple programme responsibilities, staffing gaps, task distribution, projected needs, and task-sharing opportunities.
5	District Supportive Supervision Assessment	District TB Programme; supervisors; quality unit; Puskesmas and hospital representatives	Assessment of district-to-facility supervision, roles, frequency, tools, feedback, follow-up, mentoring, escalation, and improvement needs.
6	District Training and Competency Assessment	District TB Programme; training focal points; facility managers; professional representatives	Training coverage, competency gaps, orientation, mentoring, post-training performance, and priority interventions.
7	District Workforce Data Review	District TB Programme; HR/programme data staff; facility representatives	Validated workforce, distribution, vacancies, turnover, training, workload, supervision coverage, and data quality gaps.

D.1 Hospital Assessment

No.	Activity	Suggested Participants	Expected Outputs
1	Hospital Management and TB Service Discussion	Hospital management; TB/DOTS team; DR-TB team where applicable; HR and quality units	Workforce governance, staffing, responsibilities, multidisciplinary coordination, workload, performance management, and referral linkages.
2	Hospital Workforce Competency and Role Assessment	Doctors; nurses; laboratory staff; pharmacists; recording/reporting staff; case managers	Assessment of ability to perform assigned TB responsibilities and identification of competency, staffing, workflow, and resource gaps.

3	Hospital Supportive Supervision and Mentoring Assessment	Hospital management; TB coordinator; supervisors; clinical mentors; quality unit	Mapping of internal supervision, mentoring, performance review, quality improvement, feedback, corrective action, and links with health offices.
4	Hospital Workforce Data and Training Review	Hospital HR unit; TB data staff; training unit	Validated staffing, assignments, training/certification, turnover, vacancies, supervision records, and development needs.
5	Hospital Debriefing and Improvement Planning	Hospital management; TB team; District/Provincial Health Office	Priority recommendations for coaching, mentoring, training, workflow, task redistribution, staffing, supervision, or resources.

D.2 Puskesmas Assessment

No.	Activity	Suggested Participants	Expected Outputs
1	Puskesmas Management and TB Service Discussion	Head of Puskesmas; TB manager; HR/administrative staff; clinical/community coordinators	Staffing, role allocation, integration, workload, management support, and coordination with hospitals, private providers, and communities.
2	Puskesmas Workforce Competency and Task Assessment	Doctors; nurses; laboratory, pharmacy, surveillance/data staff; other TB personnel	Knowledge, competencies, ability to perform responsibilities, training, workload, barriers, and resource requirements.
3	Supportive Supervision and Performance Improvement Assessment	Head of Puskesmas; TB manager; District TB supervisor; relevant staff	Supervision received, internal supervision, mentoring, feedback, follow-up, performance review, and improvement planning.
4	Community Workforce Management Assessment	Puskesmas TB team; community coordinator; CHWs; cadres; patient supporters; case managers; CSOs	Community workforce selection, roles, workload, training, incentives, reporting, support, supervision, performance, and integration.
5	Puskesmas Workforce Data Review	Puskesmas management; TB staff; administrative/data staff	Validated staffing, tasks, training, workload, vacancies/gaps, supervision records, and proposed HR indicators.
6	Puskesmas Debriefing and Improvement Planning	Puskesmas management/staff; DHO; community representatives	Agreed priority actions, responsible persons/institutions, support required, and follow-up.

D.3 Private Clinic or General Practitioner Assessment

No.	Activity	Suggested Participants	Expected Outputs
1	Private Provider Workforce and Service Assessment	Clinic management; GPs; nurses; laboratory/pharmacy personnel; DHO	TB roles, competency, training access, reporting, referral, supervision, and public-private coordination.
2	Private Provider Capacity and Support Needs Discussion	Private providers; District TB Programme; professional associations	Competency gaps, orientation/training, supervision, reporting support, and mechanisms to strengthen engagement.

E. Community-Based TB Workforce Assessment

No.	Activity	Suggested Participants	Expected Outputs
1	Focus Group Discussion with Community-Based TB Workforce	CHWs; cadres; patient supporters; TB survivors; case managers; CSO/community representatives	Roles, workload, competencies, recruitment, orientation, incentives, challenges, motivation, retention, and support needs.
2	Community Workforce Supervision and Performance Assessment	Community workforce; Puskesmas supervisors; CSO coordinators; District TB Programme	Supervision lines, tools, reporting, mentoring, feedback, performance assessment, referral support, and management gaps.
3	Community Workforce Improvement Planning	Community workforce; Puskesmas; DHO; CSOs	Recommendations for roles, training, supervision, mentoring, incentives, safety, operational support, recognition, retention, and integration.

F. Preliminary Analysis and Provincial Debriefing

No.	Activity	Suggested Participants	Expected Outputs
1	Consultant Team Data Consolidation and Triangulation	Consultant team; NTP technical focal points where appropriate	Consolidated quantitative and qualitative findings, cross-level comparison, data inconsistencies, and information gaps.
2	Provincial Preliminary Findings Meeting	Provincial Health Office; selected districts; facilities; community; NTP	Validated provincial findings, factual corrections, confirmed priority HR gaps, and initial recommendations.
3	Provincial Workforce Improvement Planning Session	Provincial/district offices; facilities; community representatives	Draft actions addressing workforce quantity, distribution, competency, supervision, retention, training, data, and management gaps.

G. National Analysis and Development of Strategic Products

No.	Activity	Suggested Participants	Expected Outputs
1	National Data Analysis and Workforce Projection	Consultant team; NTP; planning/data experts	National/subnational workforce estimates, distribution, workload, turnover/retention analysis, and projections.
2	Competency and Performance Gap Analysis	Consultant team; NTP; relevant technical experts	Consolidated gaps by workforce category and system level, with strengthening measures.
3	Pre-Service Education and Workforce Pipeline Analysis	Consultant team; education/training experts; NTP	Curriculum alignment, competency standards, graduate readiness, production capacity, and pipeline recommendations.
4	Development of the Tiered Supportive Supervision Framework	Consultant team; NTP; provincial/district representatives; quality/workforce experts	Framework defining purpose, levels, roles, frequency, processes, tools, feedback, escalation, follow-up, and monitoring.
5	Development and Testing of Supportive Supervision Checklists	Consultant team; selected supervisors/service providers at all levels	Draft and tested checklists for national-to-province, province-to-district, district-to-

			facility, and facility-to-community supervision.
6	Development of Workforce Strengthening Strategies	Consultant team; NTP; relevant Ministry units; partners	Recommendations on deployment, retention, career development, training, mentoring, supervision, incentives, performance improvement, and sustainability.
7	Development of the Costed National TB Human Resources Plan	NTP; planning/finance/workforce units; consultant team; partners	Draft plan with priorities, interventions, responsibilities, milestones, indicators, resource requirements, and financing considerations.

H. National Validation and Finalization

No.	Activity	Suggested Participants	Expected Outputs
1	Presentation of Preliminary National Findings	Ministry of Health; NTP; provincial/district representatives; associations; academia; partners; private/community representatives	Shared understanding of findings, workforce gaps, root causes, and proposed strategic directions.
2	Technical Validation Workshop	Relevant technical and policy stakeholders; consultant team	Validated findings, projections, competency gaps, pre-service recommendations, supervision framework, and HR interventions.
3	Review of Draft National TB Human Resources Plan and Tools	NTP; relevant Ministry units; representative end users; consultant team	Consolidated comments on HR Plan, database, assessment tools, supervision checklists, M&E framework, and roadmap.
4	Revision and Finalization of Deliverables	Consultant team; NTP technical focal points	Final deliverables incorporating validated comments and agreed revisions.
5	Final Dissemination and Endorsement Meeting	Ministry leadership; NTP; national/subnational stakeholders; partners; professional, academic, private and community representatives	Presentation of final plan and instruments; documented agreement on follow-up actions, responsibilities, and implementation arrangements.

Recommended Implementation Note

The detailed agenda, sequence, duration, and participants may be adjusted in consultation with the National TB Programme based on selected locations and local context. However, all major methodological components, including workforce planning, workforce data review, pre-service education, competency and performance assessment, supportive supervision, workload analysis, retention and deployment, health-facility assessment, community workforce assessment, and stakeholder validation, shall be adequately covered.

5.10.3 Proposed Solution

The bidder shall present a clear and structured proposed solution aligned with the requirements described under Chapter 3. The proposed solution should:

- Describe the overall approach and key components of the services, demonstrating a clear all components of the service;
- Outline the steps of the implementation approach, including how each phase of the work will be carried out;

- Present a detailed workplan, including work packages, key activities, and milestones linked to the expected deliverables;

Demonstrate how the proposed approach will ensure the quality, relevance, and practical applicability of outputs,

5.10.4 Proposed Timeline

A Timeline project plan following the timelines indicated under 5.5 above should be presented either in MS Project MPP, XLS or PDF format.

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 073-2026

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 TB has access to certain information relating to Development of a Human Resource-Plan Document for Tuberculosis Program 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 Development of a Human Resource-Plan Document for Tuberculosis Program 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 073-2026
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 073-2026		

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