



Strengthening Indonesia's Foodborne Disease Surveillance and Response System through Comprehensive Assessment, Strategic Action Planning, and Development of an Integrated Outbreak Investigation Guideline

Request for Proposals (RFP)

Bid Reference

RFP 017-2026

Country/Unit Name
WHO Indonesia/HPN

Closing Date:

11 May 2026, at 16.00 WIB



The World Health Organization (WHO) is seeking offers for supporting the Government of Indonesia in conducting assessment, developing a strategic action planning, and an integrated outbreak investigation guideline.

Your Company / Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

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

1. Requirements

WHO requires the successful bidder, to carry out consultancy in conducting assessment, developing a strategic action planning, and an integrated outbreak investigation guideline .

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

The successful bidder shall be a for profit / not for profit institution operating in the field of food safety and public health surveillance with proven expertise in conducting national surveillance assessments, foodborne disease system reviews, or rapid risk assessments..

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

Mandatory experience:

- Minimum five (10) years of demonstrated experience in food safety, public health surveillance, or related research at national or subnational levels.
- Proven track record in conducting national surveillance assessments, foodborne disease system reviews, or food safety investigation.
- Experience applying international technical frameworks, including guidance from the WHO is strongly preferred.
- Demonstrated experience in drafting technical guidelines, surveillance assessments, strategic frameworks, or policy recommendations at national level.
- Experience working within a One Health framework and facilitating multisector coordination is highly desirable.

Desirable experience:

- Established professional networks with national and subnational health authorities, food control agencies, and public health laboratories.
- Demonstrated ability to coordinate effectively with the Ministry of Health (MoH), WHO Indonesia, and other competent authorities involved in food safety and surveillance.
- Capacity to convene and facilitate hybrid technical consultations and high-level multisector stakeholder meetings.
- Proven capability to produce high-quality technical reports, assessment documents, and policy briefs in both English and Bahasa Indonesia, with strong analytical writing skills to translate findings into practical, prioritized recommendations

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

2. Proposal

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



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

- Confidentiality Undertaking (please complete Annex 2)
- Presentation of your Company / Institution (please complete Annex 3). This includes :
 - Company information
 - Reference contact information from previous project
 - Staffing information
- Proposed solution
A detailed technical proposal must be submitted in the bid document. The proposal shall include the proposed plan to conduct activities, including its preparatory technical and administrative processes; as well a detailed methodology for development of enforcement plan.
As an additional component of the project, the technical proposal should include a plan on how to coordinate with WHO Country Office and Pacific Regional Office and also relevant Food Safety Authorities in WPR countries (for benchmarking) to be reached out for further consultations .
The technical proposal will describe the core methodology proposed for the management of the entire project. The proposed solution by the bidder should address all the identified components of the work to be performed. Each of the activity to undertake this activity may be elaborated clearly.
- Proposed Approach/Methodology
- The selected bidder may refer to the FAO/WHO guidelines on Food Safety Emergency Response.
- Proposed time line
- The overall project timeline is expected to be 10 months period (1 June 2026 – 31 March 2026) . Further details can be found in the Annex 1- TOR
The proposed timeline should be presented with the tentative date/ week and responsible persons for each outputs / activities should be determined.
- Financial proposal shall be prepared in IDR currency with clear breakdown of the budget lines for each output with adherence to standard government rate as enclosed. A proposed budget template is enclosed in the RFP document (Annex 9). The technical and financial proposal both are subject to final revision and approval after awarding the bid

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

3. Instructions to Bidders

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

A prospective bidder requiring clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than **8 May 2026** :

Email for submissions of all queries: wpinobids@who.int with copy to wpinoprocurement@who.int
(use Bid reference in subject line)

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

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



The bidder shall submit, in writing, the complete proposal to WHO, no later than **11 May 2026 at 16:00 hours Jakarta time** (“the closing date”), by email at the following email address:

wpinobids@who.int .

(use Bid reference in subject line)

To be complete, a proposal shall include:

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

A technical and financial proposal should be submitted **separately in 2 emails** stating in the subject the following reference number: **RFP 017-2026**

Submission of proposal can only be done electronically by email to: wpinobids@who.int (including any other email address in the submission will automatically disqualify the bid)

- All information and documentation related to the technical proposal (including the attached Annex 2: “Information about Bidders” shall be submitted to wpinobids@who.int stating in the email subject “**Technical Proposal – RFP 017-2026**”
- All information and documentation related to the financial proposal shall be submitted to wpinobids@who.int stating in the email subject “**Financial Proposal - RFP 017-2026**”

1. Annexes 2 & 3, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: RFP 017-2026 .

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

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

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

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

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

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



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

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

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

4. Evaluation

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

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

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

The technical evaluation of the proposals will include:

Quality of the overall proposal including methodology, and timeline.	40
Organizational capacity including previous experience of the organization in carrying out similar projects	15
Qualifications and competence of the personnel proposed for the assignment	15
TOTAL	70

The scoring scale per criteria was defined as follows:

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



The number of points which can be obtained for each evaluation criterion is specified above and indicates the relative significance or weight of the item in the overall evaluation process.

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

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

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

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

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

5. Award

WHO reserves the right to:

1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
3. Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
4. Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
5. Not award any contract at all.

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

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

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

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



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

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

We look forward to receiving your response to this RFP.

Yours sincerely,
NCD Unit, WHO Indonesia



Annexes

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions
5. Budget template and Standard Government rate (excel)
6. Evaluation Criteria



Annex 1: Detailed Terms of Reference

1. Purpose of the APW

The purpose of this RFP is to select a contractor to strengthen Indonesia's foodborne disease surveillance and response system through comprehensive assessment, strategic action planning, and development of an integrated outbreak investigation guideline

2. Background

Foodborne diseases (FBDs) remain a significant public health concern in Indonesia, contributing to preventable morbidity, mortality, economic losses, and reduced public confidence in the national food system. The increasing complexity of food production and distribution systems, rapid urbanization, climate variability, environmental changes, and expanding global trade have heightened exposure to biological, chemical, and environmental foodborne hazards. These evolving risks require strong and well-coordinated national capacities to detect, assess, and respond to foodborne events in a timely and effective manner.

The World Health Organization (WHO) Global Strategy for Food Safety 2022–2030 calls on countries to strengthen integrated surveillance systems, improve multisector coordination, and enhance institutional capacity to manage foodborne risks across the food chain. These priorities align with countries' obligations under the International Health Regulations (IHR, 2005), which require States Parties to maintain core capacities for surveillance, laboratory services, risk assessment, information sharing, and rapid response to public health events, including those caused by foodborne hazards.

In Indonesia, findings from Joint External Evaluation (JEE) and State Party Annual Reporting (SPAR) processes have highlighted persistent gaps in surveillance integration, laboratory interoperability, rapid risk assessment, and coordinated outbreak response. Surveillance data are often fragmented across human health, food safety, and environmental sectors. Event-based surveillance mechanisms are not fully optimized for early detection of foodborne events, and laboratory confirmation and specimen referral systems remain uneven across regions. These challenges can delay detection, complicate outbreak investigation, and reduce the effectiveness of response measures.

Recent food safety incidents, including those linked to large-scale feeding programmes, have further underscored the need for clearer coordination mechanisms and standardized outbreak investigation procedures across institutions and levels of government. While Indonesia has established food safety regulations and multiple competent authorities with defined mandates, operational coordination during foodborne disease events remains inconsistently defined, particularly under the evolving institutional landscape introduced by Government Regulation No. 1/2026 on Food Safety.

Addressing these gaps requires a systematic assessment of the existing foodborne disease surveillance and response system to document current structures, capacities, and performance across the surveillance–response continuum. Such an assessment must consider both national-level governance and policy functions, and subnational-level operational realities, including detection, reporting, specimen transport, and field investigation practices.

In 2025, WHO released updated guidelines on strengthening surveillance of and response to foodborne diseases to help countries strengthen FBD surveillance. The assessment framework will be grounded in the WHO guidance on foodborne disease surveillance (Figure.1), IHR JEE indicators and aligned with the Updated Guidelines for Evaluating Public Health Surveillance Systems developed by the Centers for Disease Control and Prevention. Consistent with these frameworks, the evaluation will systematically review core system components, including: (i) legal and institutional mandates; (ii) surveillance objectives and case definitions; (iii) data sources and reporting pathways (indicator-based and event-based surveillance); (iv) laboratory capacity and interoperability; (v) data management, analysis, and information sharing; (vi) outbreak detection, verification, and investigation procedures; (vii) response coordination and risk communication; (viii) workforce capacity and training; and (ix) key surveillance attributes such as timeliness, sensitivity, representativeness, data quality, stability, and usefulness. These core components will be

systematically applied to assess Indonesia's functional capacity at each stage—from early detection and reporting to laboratory confirmation, epidemiological investigation, intersectoral coordination, response implementation, and post-event evaluation. Particular attention will be given to cross-sector integration between human health, food control authorities, and environmental health services under a One Health approach.

This initiative therefore seeks to strengthen Indonesia's foodborne disease surveillance and response system through a comprehensive capacity assessment, development of a phased strategic action plan, and establishment of an integrated outbreak investigation guideline. By focusing on surveillance performance, coordination, and operational clarity, the initiative will contribute to improved public health protection, enhanced emergency preparedness, and strengthened compliance with IHR (2005) core capacities.

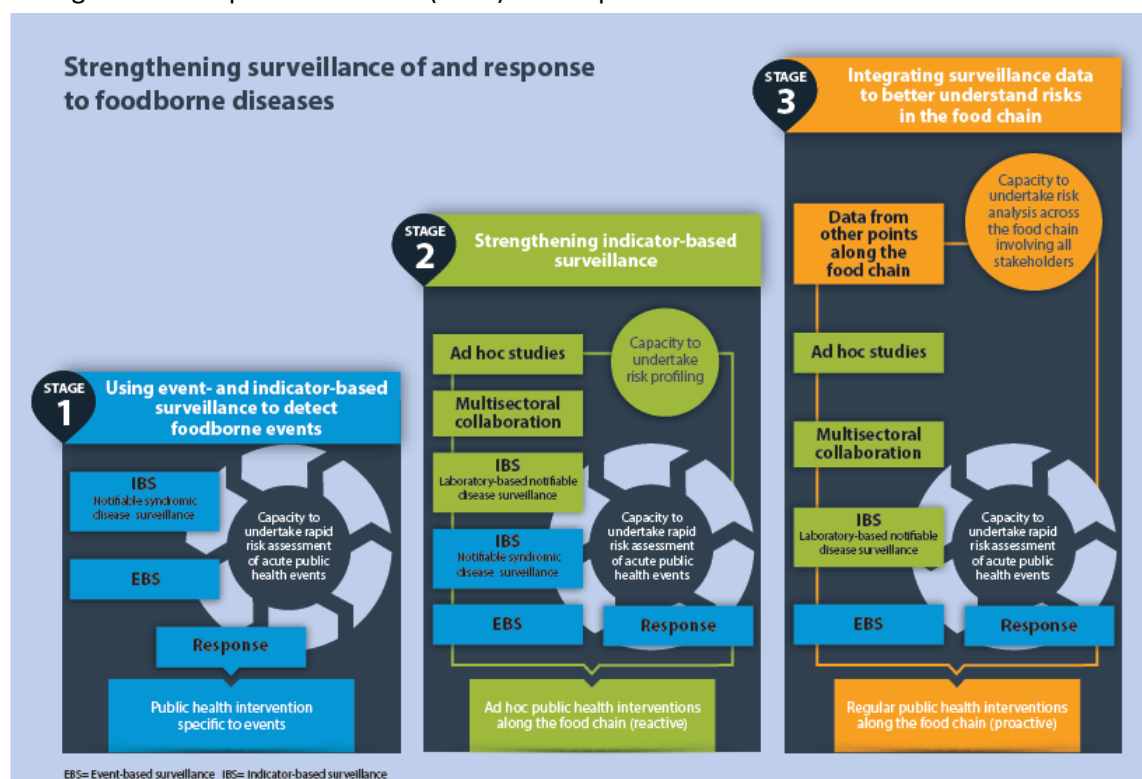


Figure 1. FBD surveillance and response.

The efforts to enhance FBD surveillance and response in line with GPW 14 outcome 1.1. More climate-resilient health systems are addressing health risks and impacts; 2.2 Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches; and 5.1. Risks of health emergencies from all hazards reduced and impact mitigated.

3. Planned timelines

Start date: 1/6/2026

End date: 31/03/2027

Total duration: 10 months

4. Requirements - Work to be performed

Under the overall supervision of the WHO Representative to Indonesia and day-to-day supervision and guidance by the Team Lead for Healthier Population and NCDs, the bidder are expected to perform specific duties and produce the following outputs:



Objective:

To strengthen Indonesia's foodborne disease (FBD) surveillance and response system by conducting a comprehensive capacity assessment, developing strategic and prioritized system-strengthening actions, and establishing a standardized guideline for integrated foodborne disease outbreak investigation.

Specific Objectives

- Conduct a comprehensive assessment of Indonesia's existing FBD surveillance and response system using core evaluation components derived from guidance of the WHO Foodborne disease surveillance and response, IHR-JEE-SPAR indicators relevant to food safety and other references such as the surveillance evaluation framework of the Centers for Disease Control and Prevention, to determine system capacity, maturity, and performance at national and subnational levels in line with IHR JEE capacity indicators.
- Develop strategic recommendations and a prioritized action plan to strengthen FBD surveillance and response capacity, improve multisector coordination under a One Health approach, enhance early warning functions, and support compliance with International Health Regulations (2005).
- Develop and validate a national guideline for integrated foodborne disease outbreak management, including investigation, standardized roles, procedures, coordination mechanisms, operational, and monitoring and evaluation tools and preparedness components applicable at both national and subnational levels.

Implementation Plan

Step 1. Desk Review and System Mapping

A structured desk review will be conducted to document the current Indonesian FBD surveillance and response system, including:

- Legal and regulatory frameworks
- Financing sustainability and channels
- National guidelines and SOPs
- Reporting forms and data flow mechanisms
- Laboratory network structure
- Outbreak investigation protocols and response
- Risk communication procedures
- JEE and SPAR findings
- Previous outbreak reports (including large-scale feeding programmes)
- Systematic information exchange between relevant stakeholders

This step will produce:

1. A documented system architecture map
2. Flow diagrams of IBS (Indicator-Based Surveillance) and EBS (Event-Based Surveillance)
3. Description of national and subnational roles

To achieve this, the team is required to:

- Organize and facilitate a workshop (hybrid) with WPRO / HQ expert on global guidance of FBD surveillance and response. Maximum Participants: 30 people
- Facilitate a two days (online) meeting with relevant participants (Directorate of Surveillance and Health Quarantine, Directorate of Environmental Health, Directorate of Public Health Governance, Directorate of Control of processed food distribution-BPOM, representative from laboratory, National Nutrition Agency, Coordinating Ministry for Food Affairs and other relevant stakeholders to gather references, guidelines. Maximum Participants: 15 people

- In-depth interviews with key resource persons may be conducted to gather comprehensive understanding of the existing process

Step 2. Benchmarking and Comparative Analysis

A desk-based comparative review will analyze surveillance practices in Upper-middle income countries which particularly selected countries in the WHO Western Pacific Region (WPR) Countries with established integrated IBS–EBS systems

The benchmarking will include:

- Governance and coordination models
- Sustained financing
- IBS–EBS integration
- Laboratory interoperability
- Rapid risk assessment mechanisms
- National–subnational coordination models
- Data triangulation mechanisms
- Digital reporting platforms or system information
- One Health coordination practice

The purpose is to identify feasible models applicable to Indonesia, understand mitigation strategies used by comparable countries, avoid unrealistic recommendations

To achieve this, the team is required to have (an online) consultation with WPRO, selected WPRO countries, if necessary, participated by relevant ministries.

Step 3. Structured Capacity Assessment

Using WHO self-assessment tools (Annex 3 of the WHO manual) complemented with IHR JEE – food safety related questions and SPAR indicators, the consultant team will assess Indonesia’s capacity across five strategic domains:

- Indicator-Based Surveillance (IBS)
- Event-Based Surveillance (EBS)
- Rapid Risk Assessment capacity
- Outbreak Investigation capacity
- Laboratory specimen collection and confirmation capacity

Additionally, cross-cutting domains will include:

- Governance and multisector coordination
- Financing
- Data management and interoperability
- Workforce capacity
- Early warning mechanisms
- System performance attributes

- Data and information sharing

To achieve this, the team is required to :

- Facilitate stakeholder consultation workshop: 3 days (hybrid) – MOH office.

Meeting 1 – System Mapping and Initial Self-Assessment (Day 1). The discussion will aim to introduce the assessment framework based on WHO self-assessment tools; begin structured self-assessment across the five strategic domains; Identify preliminary strengths, gaps, and coordination challenges.

Meeting 2 – Completion of Structured Capacity Assessment (Day 2) to continue and finalize assessment scoring across all strategic and cross-cutting domains; discuss system performance attributes (timeliness, sensitivity, data quality, stability, usefulness)

Meeting 3 – Review and Validation of Assessment Findings (Day 3) to present consolidated assessment results,; validate key findings and confirm priority gaps; clarify areas requiring further evidence or refinement

The consultant will adopt a country self-assessment Annex 3 from the WHO Introductory manual of strengthening surveillance of and response to foodborne diseases. Once the self-assessment is completed, a country can refer to the decision trees (provided as well in the manual) and the relevant sections in the manual to determine the steps needed to strengthen the surveillance and response system. Maximum Participants: 30 people

Participants: Environmental health, surveillance, communicable diseases (diarrhea unit), BKPK, Pusdatin, Representative from province (Dinkes DKI, others), BPOM, and BPPOM DKI, relevant competent authorities (CAs) (BGN, Kemenko Pangan, Animal health-MoA, Plant health – Bapanas, Fish quarantine-MoMAF)- Output of this activity is an assessment report of the existing surveillance and response system.

At the national level, the focus will be on policy and regulatory frameworks, multisector coordination mechanisms, national reporting architecture (including integration of indicator-based and event-based surveillance), laboratory reference and confirmatory functions, and the capacity to conduct rapid risk assessments and guide coordinated response actions.

At the subnational level, the assessment will examine how surveillance and response operate in practice, including frontline case detection, reporting timeliness, outbreak investigation procedures, specimen collection and transport logistics, and coordination among health offices and other competent authorities during real foodborne events.

This dual-level analysis will help identify whether national policies and systems are effectively translated into operational capacity at the local level and where bottlenecks or gaps may occur.

- In-depth interviews with key resource persons may be conducted to gather comprehensive understanding of the existing process

The output of step1,2,3 is Comprehensive Assessment Report of Indonesia's FBD Surveillance and Response System which may include a structured national report documenting: System architecture and mapping (IBS–EBS integration, reporting flows, laboratory networks); capacity analysis at national and subnational levels; performance review using WHO ; Benchmarking summary with comparable upper-middle income and WPR countries

Step 4. Drafting Strategic Recommendations and Prioritization Process

Recommendations will be structured under:

- Governance and coordination strengthening
- IBS–EBS integration and early warning enhancement
- Laboratory network strengthening
- Rapid risk assessment mechanisms
- Workforce and competency development
- Digital interoperability and data sharing
- National–subnational coordination strengthening

Each recommendation will include:

- Rationale
- Feasibility assessment
- Estimated timeframe (short, medium, long-term)
- Responsible institution
- Link to IHR core capacities

Actions will be categorized into:

- Short-term (1–2 years)
- Medium-term (2–3 years)
- Longer-term structural reforms

To achieve this, the team is required to :

- Facilitate two structured stakeholder consultation meetings to ensure validation, alignment, and ownership of the assessment findings and resulting action plan.

Meeting 1 will focus on discussing the draft strategic recommendations. Each competent authority will review the proposed actions in relation to its institutional mandate, ongoing workplans, and resource considerations. This session will ensure that recommendations are feasible, clearly assigned, and aligned with existing coordination mechanisms.

Meeting 2 will present the finalized strategic recommendations and prioritized action plan, incorporating stakeholder inputs. The objective is to reach consensus and endorsement of the phased action plan, strengthening multisector commitment for implementation.

Participation (maximum 30 participants) will include expanded representation from relevant national ministries and agencies, as well as selected subnational authorities, to ensure both policy-level and operational perspectives are reflected.

The output of this step will be a strategic recommendation and prioritized action plan.

Step 5. Development of Guidelines for Integrated Foodborne Disease Outbreak Investigation

Building on the assessment findings and agreed strategic priorities, the consultant team will develop a national guideline for integrated foodborne disease (FBD) outbreak investigation. The guideline will aim to standardize



roles, procedures, and coordination mechanisms across sectors under a One Health approach, ensuring clarity between national and subnational responsibilities. The guidelines will also cover outbreak preparedness which include set of capacities, plans, and systems established before an outbreak occurs to ensure that authorities can detect, respond to, and control public health events rapidly and effectively.

The development process will include:

- Drafting of the guideline based on assessment findings, existing national regulations, and relevant international standards (including WHO technical guidance).
- Technical review and validation through stakeholder consultations to ensure operational feasibility at both national and subnational levels.
- Incorporation of practical tools such as investigation checklists, specimen referral forms, coordination flowcharts, and reporting templates.
- Finalization and endorsement by relevant competent authorities.

To achieve this, the team will:

- Circulate a zero draft of the guidelines to key stakeholders for technical input.
- Facilitate 5 dedicated technical validation workshops to review the draft content and clarify institutional roles.
- Incorporate feedback and finalize the guideline for official adoption or ministerial endorsement.

Participation (maximum 30 participants) will include representatives from health surveillance units, environmental health, laboratories, food control authorities, animal and plant health sectors, and selected provincial authorities to ensure the guideline is practical and implementable across levels.

The output of this step will be a finalized Guideline for Integrated Foodborne Disease Outbreak Investigation, accompanied by standardized tools and templates to support harmonized national implementation.

5. Requirements – Planning

No	Output / Deliverables	Tentative Date
1	Submission of first report as per the terms of reference & deliverable The output of step1,2,3 is Comprehensive Assessment Report of Indonesia’s FBD Surveillance and Response System (in English and Bahasa)	31 August 2026
2	Submission of second report as per the terms of reference & deliverable The output of step 4 is a strategic recommendation and prioritized action plan for strengthening the FBD surveillance management (in English and Bahasa)	30 November 2026
3	Submission of second report as per the terms of reference & deliverable The output of step 5 is a finalized Guideline for Integrated Foodborne Disease Outbreak Investigation, accompanied by standardized tools and templates to support harmonized national implementation (in English and Bahasa)	31 March 2027



Inputs

WHO and BPOM will provide the contractor with relevant documents and background materials necessary to carry out the assignment. This includes relevant regulations, WHO technical guidelines, result of relevant assessment report (IHR, JEE, SPAR – food safety report; food control system assessment; food safety emergency response national situational analyses, MoH public health surveillance guidelines). WHO and BPOM will designate focal points who will be available for technical discussions, clarification of expectations, and review of draft outputs throughout the duration of the contract. These focal points will provide timely feedback on key deliverables, including draft report, final report, and dissemination materials.

6. Activity Coordination & Reporting

Technical Officer:	<i>will be informed upon selection</i>	Email:	<i>will be informed upon selection</i>
For the purpose of:	Technical supervision and instructions – Reporting		
Administrative Officer:	<i>will be informed upon selection</i>	Email:	<i>will be informed upon selection</i>
For the purpose of:	Contractual and financial management of the contract		

7. Characteristics of the Provider

The provider should demonstrate strong technical expertise and operational capacity to assess key components of the foodborne disease (FBD) surveillance system, including case detection, reporting mechanisms, laboratory confirmation, data analysis, outbreak investigation, and coordination among sectors. The institution should have around ten years of experience in food safety, public health surveillance, or related research, with a proven track record in conducting surveillance system assessments and developing national guidelines or policy recommendations aligned with standards from the World Health Organization. In addition, the provider should have established networks with national and subnational authorities, the ability to facilitate multisector consultations under a One Health approach, and strong analytical capacity to translate assessment findings into practical, prioritized recommendations to strengthen Indonesia’s FBD surveillance and response system.

To complete the assignment effectively, the contractor must deploy a core team with the following qualifications and experience:

The institution shall propose a multidisciplinary team with complementary expertise, including at minimum:

1. Team Leader (Food Safety/Public Health/Surveillance Expert)
 - Advanced degree in public health, epidemiology, environmental health, or food safety
 - Minimum 10 years of experience in public health surveillance, outbreak investigation, or health systems strengthening.
 - Demonstrated leadership in managing national-level assessments and stakeholder engagement processes.
 - Strong familiarity with IHR core capacities and integrated surveillance systems.
2. Food Safety and Microbiology Specialist
 - Advanced degree in food microbiology, food safety, laboratory sciences, or risk management, assessment or risk profiling
 - Minimum 8 years of professional experience in food safety systems, foodborne pathogen detection, or laboratory-based outbreak investigation
 - Experience in foodborne pathogen detection, laboratory systems, and outbreak investigation support.



- Knowledge of HACCP principles and food safety risk management frameworks.
 - Knowledge in assessing laboratory capacity, quality assurance, and referral pathways
 - Knowledge on specimen management protocols
3. Epidemiologist / Surveillance Systems Specialist
- Degree in epidemiology, public health, or related field
 - Minimum 7 years of professional experience in communicable disease surveillance, outbreak investigation, or surveillance system evaluation
 - Experience in assessment of IBS–EBS integration
 - Knowledge surveillance attributes (timeliness, sensitivity, data quality, etc.)
 - Supports outbreak investigation framework design
 - Conducts data flow mapping and system performance analysis
 - Knowledge on surveillance reporting systems and interoperability
4. Simultaneous Translator (Zoom-based) if necessary
- Professional certification or equivalent experience
 - English–Bahasa Indonesia translation capability.
5. Administrative and Logistics Officer
- Degree or diploma in administration, management, or related field
 - Minimum 3 years of professional experience supporting national-level projects, workshops, or technical consultations
 - Responsible for coordinating logistics, scheduling meetings, managing communications with stakeholders, and supporting documentation processes.
 - Experience in organizing national-level workshops and hybrid consultations.
 - Responsible for financial tracking, documentation management, and ensuring timely submission of deliverables.
 - Experience supporting technical public health workshops and high-level consultations.

5. Place of assignment

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



Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of HPN, has access to certain information relating to the proposal which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as "the Information").
2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for "Strengthening Indonesia's Foodborne Disease Surveillance and Response System through Comprehensive Assessment, Strategic Action Planning, and Development of an Integrated Outbreak Investigation Guideline" ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.
3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
 1. was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
 2. was in the public domain at the time of disclosure by or for WHO to the Undersigned;
 3. becomes part of the public domain through no fault of the Undersigned; or
 4. becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality (as evidenced by written records or other competent proof).
5. The Undersigned further undertakes not to use the Information for any benefit, gain or advantage, including but not limited to trading or having others trading in securities on the Undersigned's behalf, giving trading advice or providing information to third parties for trade in securities.
6. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.
7. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.
8. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event of the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.
9. Nothing in this Undertaking, and no disclosure of Information to the Undersigned pursuant to its terms, shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, or as submitting WHO to any national court jurisdiction.

Acknowledged and Agreed:

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



Annex 3: Vendor Information Form

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

* <http://www.who.int/about/finances-accountability/procurement/en/>

Annex 4: Contractual Provisions

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

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

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

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

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

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

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

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not



to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

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

- i. it is not and shall not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it shall not make any payment or provide any other support to any such person or entity and that it shall not enter into any employment or other contractual relationship with any such person or entity;
- ii. it shall not engage in any fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, in connection with the execution of the Contract;
- iii. it shall take all necessary measures to prevent the financing of terrorism and/or any fraudulent or corrupt practices as referred to above in connection with the execution of the Contract; and
- iv. it shall promptly report to WHO, through the WHO Integrity Hotline or directly to the WHO Office of Internal Oversight Services (IOS), any credible allegations of actual or suspected fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption of which the Contractor becomes aware and respond to such allegations in an appropriate and timely manner in accordance with its respective rules, regulations, policies and procedures. Furthermore, the Contractor agrees to cooperate with WHO and/or parties authorized by WHO in relation to the response. Relevant information on the nature of any credible allegations of such actual or suspected violations, as well as the details of the intended response and the outcome of any such response, should be communicated and coordinated with WHO, with the understanding that, subject to the terms of the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, confidentiality and the due process rights of those involved will be respected.

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

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

- i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or
- ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO's governing bodies, other UN agencies, and/or donors.



6. **Use of WHO Name and Emblem.** Without WHO's prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor's relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

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

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

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

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

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

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

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor's name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO's Information Disclosure Policy and shall be consistent with the terms of the Contract.

Annex 5. Budget template (*standard government rate is enclosed in the excel sheet*)

Name of Project/RFP No.:		Strengthening Indonesia's Foodborne Disease Surveillance and Response System through Comprehensive Assessment, Strategic Action Planning, and Development of an Integrated Outbreak Investigation Guideline						
Name of Institution / Company:								
NO	DESCRIPTION	VOLUME				UNIT COST	SUBTOTAL	DESCRIPTION
		Qty	Unit	Qty	Unit	(IDR)	(IDR)	
I	Professional fee							
	Team Leader							
	Food Safety and Microbiology Specialist							
	Epidemiologist / Surveillance Systems Specialist							
	Simultaneous Translator (Zoom-based) if necessary							
	Administration Staff							
							-	
	Sub total I						-	
II	Operational Fee (may include meeting package, resource person, daily allowances, transport, internet fee, refreshment,							
1	Step 1. Desk Review and System Mapping							
	a. Organize and facilitate a workshop (hybrid) Maximum Participants: 30 people							
	Refreshment	30	persons	1	times			
	Resource person MoH	1	persons	1	times			
	Local transport- Non MoH	15	persons	1	times			
	Intertown transport expert from Bogor	5	persons	1	times			
	Daily Allowance from Bogor	5	persons	1	times			
	b. Facilitate a two days (online) meeting Maximum Participants: 15 people							
	Resource person	5	persons	1	times			
	c. In-depth interviews with key resource persons may be conducted to gather comprehensive understanding of the existing process (if necessary)							
	Resource person	5	persons	1	times			
2	Benchmarking and Comparative Analysis							
	a. consultation with WPRO, selected WPRO countries, if necessary, participated by relevant ministries							
	Resource person	1	person	1	times			
3	Step 3. Structured Capacity Assessment							
	a. stakeholder consultation workshop for FBD surveillance and response assessment (hybrid)- MoH office							
	Refreshment	30	persons	3	times			
	Resource person MoH	2	persons	3	times			
	Local transport- Non MoH	15	persons	3	times			
	Intertown transport expert from Bogor	5	persons	3	times			
	Daily Allowance from Bogor	5	persons	3	times			
4	Step 4. Drafting Strategic Recommendations and Prioritization Process							
	a. two structured stakeholder consultation meetings to ensure validation, alignment, and ownership of the assessment findings with proposed action plan.							
	Refreshment	30	persons	2	times			
	Resource person MoH	3	persons	2	times			
	Local transport- Non MoH	15	persons	2	times			
	Intertown transport expert from Bogor	5	persons	2	times			
	Daily Allowance from Bogor	5	persons	2	times			
5	Step 5. Development of Guidelines for Integrated Foodborne Disease Outbreak Investigation							
	a. technical validation workshops to review the draft content and clarify institutional roles.							
	Health Offices							
	Refreshment	30	persons	5	times			
	Resource person MoH	5	persons	5	times			
	Local transport- Non MoH	15	persons	5	times			
	Intertown transport expert from Bogor	5	persons	5	times			
	Daily Allowance from Bogor	5	persons	5	times			
	Sub total II						-	
	Total (Sub Total I + II)						-	
E	Institutional's fee (5%)						-	
	Grand Total						-	
						USD	-	

ANNEX 6. Evaluation Criteria

No.	Category	Max Points
	QUALITY OF THE TECHNICAL PROPOSAL	40
1.	Proposed methodology and approach with reference to objectives as mentioned in the Terms of Reference, namely to:	10
	a. 1. Conduct a comprehensive assessment of Indonesia's existing FBD surveillance and response system	10
	2. Develop strategic recommendations and a prioritized action plan	
	3. Develop and validate the national guideline of FBD outbreak management	15
b.	Include a detailed timeline for each of the output	5
	ORGANIZATIONAL CAPACITY	15
2.	a. Proven experience in undertaking public health surveillance assessments, disease outbreak management, development of national action plan, and development of national guidelines, particularly in the field of food safety or food control system.	5
	b. Proven experience in producing high-quality technical documents in both Bahasa Indonesia and English.	5
	c. Proven experience in engaging with all Competent Authorities (CAs) of food affairs, particularly MoH, BPOM, Ministry of Agriculture, Ministry Marine Affairs and Fisheries, National Food Agency, National Nutrition Agency, Coordinating Ministry for Food Affairs.	5
	KEY PERSONNEL	15
3.	a. The team personnel meet all the qualifications specified in the TOR.	5
	b. The team composition aligns with the composition specified in the TOR.	5
	c. The team members have proven ability to work with CAs and to work collaboratively within a multidisciplinary team.	5
TECHNICAL PROPOSAL		70
BUDGET PROPOSAL		30
TOTAL MARKS		100

Minimum of **50** points is required to pass the technical evaluation.

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

The scoring scale system was defined as follows:

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

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