Supporting ICD-11 Transition Planning and Readiness in Indonesia

Request for Proposals (RFP)

Bid Reference

RFP 008-2026

Country/Unit Name

Indonesia / UHC /HS /HISHealth Information System

Closing Date:

Wednesday, 25 March 2026]

1. INTRODUCTION 4
1.1 Objective of the RFP 4
1.2 About WHO 4
1.2.1 WHO Mission Statement 4
1.2.2 Structure of WHO 4
1.2.3 Description of Office/Region or Division/Service/Unit 5
1.3 Definitions, Acronyms and Abbreviations 5

2. BACKGROUND 6
2.1 Overview 6

3. REQUIREMENTS 8
3.1 Introduction 8
3.2 Characteristics of the provider 8
3.2.1 Status 8
3.2.2 Accreditations 8
3.2.3 Previous experience 8
3.2.4 Staffing 9
3.3 Work to be performed 10
3.3.1 Key requirements 11
3.3.2 Place of performance 13
3.3.3 Timelines 13
3.3.4 Reporting requirements 13
3.3.5 Performance monitoring 13
3.3.6 Further capacities 13

4. INSTRUCTIONS TO BIDDERS 14
4.1 Language of the Proposal and other Documents 14
4.2 Intention to Bid 14
4.3 Cost of Proposal 14
4.4 Contents of the Proposal 14
4.5 Joint Proposal 14
4.6 Communications during the RFP Period 15
4.7 Submission of Proposals 15
4.8 Period of Validity of Proposals 16
4.9 Modification and Withdrawal of Proposals 16
4.10 Receipt of Proposals from Non-invitees 16
4.11 Amendment of the RFP 16
4.12 Proposal Structure 17
4.12.1 Acceptance Form 17
4.12.2 Executive Summary 17
4.12.3 Approach/Methodology 17
4.12.4 Proposed Solution 17
4.12.5 Proposed Time line 18
4.12.6 Financial Proposal 18
4.13 Conduct and Exclusion of Bidders 18

5. EVALUATION OF PROPOSALS 19
5.1 Preliminary Examination of Proposals 19
5.2 Clarification of Proposals 19
5.3 Evaluation of Proposals 19
5.4 Bidders' Presentations 20

6. AWARD OF CONTRACT 22
6.1 Award Criteria, Award of Contract 22
6.2 WHO's Right to modify Scope or Requirements during the Evaluation/Selection Process 22
6.3 WHO's Right to Extend/Revise Scope or Requirements at Time of Award 22
6.4 WHO's Right to enter into Negotiations 22
6.5 Signing of the Contract 22
6.6 Publication of Contract 23

7. GENERAL AND CONTRACTUAL CONDITIONS 24
7.1 Conditions of Contract 24
7.2 Responsibility 25
7.3 Audit and Investigations 25
7.4 Source of Instructions 25
7.5 Warranties 25
7.6 Legal Status 26
7.7 Relation Between the Parties 26
7.8 No Waiver 26
7.9 Liability 26
7.10 Assignment 27
7.11 Indemnification 27
7.12 Contractor's Responsibility for Employees 27
7.13 Subcontracting 27
7.14 Place of Performance 27
7.15 Language 27
7.16 Confidentiality 28
7.17 Title Rights 28
7.18 Termination and Cancellation 28
7.19 Force Majeure 29
7.20 Surviving Provisions 29
7.21 Use of WHO name and emblem 29
7.22 Publication of Contract 29
7.23 Successors and Assignees 29
7.24 Payment 30
7.25 Title to Equipment 30
7.26 Insurance and Liabilities to Third Parties 30
7.27 Settlement of Disputes 30
7.28 Authority to Modify 31
7.29 Privileges and Immunities 31
7.30 Anti-Terrorism and UN Sanctions; Fraud and Corruption 31
7.31 Ethical Behaviour 32
7.32 Officials not to Benefit 32
7.33 Compliance with WHO Codes and Policies 32
7.34 Zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct 32
7.35 Tobacco/Arms Related Disclosure Statement 33
7.36 Compliance with applicable laws, etc. 33
7.37 Breach of Essential Terms 33

8. PERSONNEL 34
8.1 Approval of Contractor Personnel 34
8.2 Project Managers 34
8.3 Foreign Nationals 34
8.4 Engagement of Third Parties and use of In-house Resources 34

9. LIST OF ANNEXES & APPENDICES 36

1. INTRODUCTION

1.1 Objective of the RFP

The purpose of this Request for Proposals (RFP) is to enter into a contractual agreement with a successful bidder and select a suitable contractor to carry out the following work: to provide support to the Center of Data and Information Technology (referred to as Pusdatin) of the Ministry of Health (MoH) in preparing for the transition to the 11th Revision of the International Classification of Diseases (ICD-11) in Indonesia. This activity is implemented as part of the work of the Kelompok Kerja Pencatatan Sipil dan Statistik Hayati Sektor Kesehatan/PS2H (Health Sector Civil Registration and Vital Statistics Working Group), MoH to strengthen health information systems and health sector contributions to CRVS.

The focus of this initiative *is not on immediate implementation*, but on helping the MoH establish a *clear national direction and a framework for ICD-11 transition* in Indonesia. The primary objective of this activity is to support early and informed decision-making for the next phase of ICD-11 adoption.

The key objectives include:

a. To map key readiness issues and institutional implications for ICD-11 transition across relevant units within the MoH and related stakeholders.
b. Through policy dialogue, identify and agree on key policy directions, priorities, and considerations for ICD-11 transition in Indonesia, including implications for health service reporting, cause of death certification, health financing, workforce capacity, and digital health systems.
c. Based on the agreed policy directions, develop an initial draft ICD-11 Transition Framework/ Plan outlining agreed objectives, scope, transition options, institutional roles, and recommended next steps.
d. Through targeted technical workshops and consultations, assess feasibility and refine the initial draft towards a consolidated ICD-11 Transition Framework/plan to guide future ICD-11 transition.

WHO is an Organization that 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.

1.2 About WHO

1.2.1 WHO Mission Statement

The World Health Organization 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.

1.2.2 Structure of WHO

The World Health Assembly (WHA) is the main governing body of WHO. It generally meets in Geneva in May of each year and is composed of delegations representing all 194 Member States. Its main function is to determine the policies of the Organization. In addition to its public health functions, the Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. It also considers reports of the WHO Executive Board, which it instructs with regard to matters upon which further action, study, investigation or report may be required.

The Executive Board is composed of 34 members elected for three-year terms. The main functions of the Board are to give effect to the decisions and policies of the WHA, to advise it and generally to facilitate its work. The Board normally meets twice a year; one meeting is usually in January, and the second is in May, following the World Health Assembly.

The WHO Secretariat consists of some 8,400 staff at the Organization's headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

1.2.3 Description of Office/Region or Division/Service/Unit

The Health Information System (HIS) Unit of WHO Indonesia supports the Government of Indonesia (GoI) in strengthening national health information and digital health systems. Its work is guided by the WHO Fourteenth General Programme of Work (GPW 14) 2025–2028, which emphasizes measurable country impact through stronger health systems, improved emergency preparedness, and better population health outcomes. In line with GPW 14, the HIS Unit aligns with GPW 14 Output 3.3.1 under which WHO supports countries in building capacity and developing tools and platforms to strengthen national digital health and health information systems, improving resilience, coverage, equity, and impact.
At the country level, this support is framed by the WHO Country Cooperation Strategy (CCS) 2023–2027, as well as the Ministry of Health (MoH) Health Transformation Agenda. WHO provides technical assistance to facilitate the adaptation of global norms and standards to the national context, strengthen the national HIS architecture, and respond to specific technical requests related to health information and digital health, while engaging with government institutions and partners to promote coordinated data governance and use.
For 2026–2027, the HIS Unit focuses on three priority areas: improving data quality, standards, and data use for decision-making; strengthening digital health infrastructure and interoperability; and enhancing governance, partnerships, and innovation within the health data ecosystem.

1.3 Definitions, Acronyms and Abbreviations

BPJS	Badan Penyelenggara Jaminan Sosial
CCS	Country Cooperation Strategy
CRVS/PS2H	Civil Registration and Vital Statistics / Pencatatan Sipil dan Statistik Hayati
FGD	Focus Group Discussion
GoI	Government of Indonesia
GPW14	General Programme of Work 14
HIS	Health Information System
ICD-11/ICD-10	International Classification of Diseases, 11th Revision / 10th Revision
IT	Information Technology
MoH	Ministry of Health
NGO	Non-Governmental Organization
Pusdatin	Pusat Data dan Teknologi Informasi
RFP	Request for Proposal
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization
WIB	Waktu Indonesia Barat
WPRO	WHO Regional Office for the Western Pacific

2. BACKGROUND

Description of the existing activities **currently** undertaken by **Health Information System** i.e. prior to the publication of this Request for Proposals, and related to its objectives.

2.1 Overview

Indonesia has been strengthening its Civil Registration and Vital Statistics (CRVS) system in recent years, including through the establishment of the MoH - Health Sector CRVS Working Group (PS2H) in 2023, chaired by the Head of Pusdatin, MoH. In 2024-2025, the Working Group developed a five-year Health Sector CRVS Roadmap, which also identifies the introduction of the ICD-11 as an important strategic milestone for the health sector.

ICD is the global standard for morbidity and mortality statistics and is used widely across health system, including clinical documentation, cause of death certification, health service reporting, health financing and claims management, quality monitoring, and research. ICD-11[1] [2], endorsed by the 72nd World Health Assembly in 2019[3] and in effect since January 2022, represents a significant shift from previous version. It is fully digital, more detailed, and designed to better support interoperability and reuse of health data across systems and purposes.

Indonesia has used ICD-10 for more than two decades under Ministerial Decree No. 50/MENKES/SK/I/1998. While ICD-10 has provided several benefits, changes in clinical practice, increasing demand for timely and comparable health data, and ongoing digital health transformation require Indonesia to begin preparing for a transition to ICD-11. Such a transition has implications well beyond coding practices alone, including impacts on cause of death statistics and the health sector contribution to CRVS, health service reporting, health financing systems, workforce capacity, digital platforms such as SATUSEHAT, and coordination across institutions. At present, Indonesia does not yet have a national direction or transition framework for ICD-11 adoption. Levels of understanding and readiness vary across institutions, and discussions on ICD-11 remain fragmented. Without a structured and inclusive process, there is a risk that future adoption could occur in an uncoordinated manner, with implications for data quality, system coherence, and the effective use of health information for policy and planning.

During 2025-2026, MoH with support from development partners including Vital Strategies and WHO, is implementing initiatives related to Medical Certification of Cause of Death (MCCD). These initiatives include adaptation of MCCD forms and technical guidelines, capacity building on death certification practices, and piloting in selected vertical hospitals. While these efforts focus on improving the quality of cause of death data, they also highlight the importance of ensuring alignment between ongoing MCCD strengthening activities and future planning for ICD-11 transition, particularly in relation to mortality statistics.

In addition, Indonesia has undertaken efforts related to morbidity classification through the development of the Indonesian Modification of ICD-10 (ICD-10-IM). These efforts respond to immediate national needs for more detailed morbidity reporting and insurance claim within the existing ICD-10 framework. While not intended as a formal transition step to ICD-11, the experience with ICD-10-IM offers relevant technical and operational insights that can inform future ICD-11 transition planning, particularly for morbidity data.

Based on this background, MoH, with support from the WHO, intends to conduct a structured process combining policy dialogue, technical consultation, and consensus building to develop an initial national direction and transition framework for ICD-11 in Indonesia. Technical inputs from WHO, including contributions

[1] https://icd.who.int/en/
[2] https://www.who.int/standards/classifications/frequently-asked-questions/icd-11-implementation
[3] https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_29-en.pdf

from WHO Headquarters and the WHO Western Pacific Regional Office (WPRO), such as high-level orientation on ICD-11 and selected country experiences, will complement national analysis and dialogue.

3. REQUIREMENTS

3.1 Introduction

WHO requires the successful bidder, the Contractor, to carry out the following work: to provide support to the Center of Data and Information Technology (referred to as Pusdatin) of the Ministry of Health (MoH) in preparing for the transition to the 11th Revision of the International Classification of Diseases (ICD-11) in Indonesia. This activity is implemented as part of the work of the Kelompok Kerja Pencatatan Sipil dan Statistik Hayati Sektor Kesehatan/PS2H (Health Sector Civil Registration and Vital Statistics Working Group), MoH to strengthen health information systems and health sector contributions to CRVS.

The focus of this initiative *is not on immediate implementation*, but on helping the MoH establish a *clear national direction and a framework for ICD-11 transition* in Indonesia. The primary objective of this activity is to support early and informed decision-making for the next phase of ICD-11 adoption.

The key objectives include:

a. To map key readiness issues and institutional implications for ICD-11 transition across relevant units within the MoH and related stakeholders.
b. Through policy dialogue, identify and agree on key policy directions, priorities, and considerations for ICD-11 transition in Indonesia, including implications for health service reporting, cause of death certification, health financing, workforce capacity, and digital health systems.
c. Based on the agreed policy directions, develop an initial draft ICD-11 Transition Framework/ Plan outlining agreed objectives, scope, transition options, institutional roles, and recommended next steps.
d. Through targeted technical workshops and consultations, assess feasibility and refine the initial draft towards a consolidated ICD-11 Transition Framework/plan to guide future ICD-11 transition.

3.2 Characteristics of the provider

3.2.1 Status

The Contractor shall be a [for profit][/ not for profit] institution operating in the field of disease classification systems and their use in health reporting, statistics and related health system functions, within the broader health information system context.

3.2.2 Accreditations

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

3.2.3 Previous experience

Mandatory:

- Proven experience in the field of disease classification systems and their use in health reporting, statistics and related health system functions, within the broader health information system context .
- Previous work with WHO, other international organizations and/or major institutions in the field of disease classification systems and their use in health reporting, statistics and related health system functions, within the broader health information system context
- Experience in assignments related to disease classification systems and their use in health reporting, statistics, and related health system functions, or comparable technical-policy work in the health sector

- Experience in supporting policy dialogue, technical consultation, and multi-stakeholder processes with government institutions, including facilitating policy or technical workshops
- Familiarity with the institutional and operational context of health data and statistics in Indonesia
- Familiarity with international disease classification systems and related health data standards;

Desirable:

- Experience in in developing or adapting technical training materials for health professionals
- Experience in organizing and facilitating meetings and FGDs

3.2.4 Staffing

The Consultant should demonstrate:

- familiarity with international disease classification and health data standards
- familiarity with the current use of ICD-10 in Indonesia and key considerations for transition to ICD-11
- understanding of the use of ICD across different functions, including health service reporting, cause of death statistics, health financing, and digital health systems
- experience in supporting policy dialogue, technical consultation, or transition planning

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

- Sufficient capacity and knowledge is required to cover the following areas of expertise:

  The provider is expected to assign a team of three (3) personnel, consisting of one Team Leader/Project Manager, one Technical Team Member, and one Administrative/Finance Support Staff.

  1. Team leader/Project Manager (1 person)

     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

     The Team Leader will be responsible for overall coordination, technical leadership, and quality assurance of the assignment.

     Minimum qualifications include:

     - At least a Master's degree (S2) in public health, medicine, health information, health policy, or a related field.
     - Minimum 5 years of relevant professional experience in disease classification, health statistics, health policy, or related areas.
     - Demonstrated experience leading technical-policy assignments or similar projects with government institutions.
     - Strong facilitation and analytical skills, including the ability to synthesize technical discussions into policy-relevant outputs.
     - Prior experience working with UN agencies or international organizations is an advantage

  2. Technical team member (1 person)

     Minimum qualifications include:

     - At least a Bachelor's degree (S1) in public health, medicine, statistics, health informatics, or a related field.
     - Minimum 3 years of relevant professional experience related to disease classification, health statistics, health reporting, or similar work
     - Experience supporting technical discussions, workshops, or consultations in the health sector.
     - Ability to document and synthesize technical inputs clearly and accurately

- Ability to support the preparation and adaptation of technical training materials, including organizing content in a format suitable for online delivery and reuse

3. Administration and finance staff for handling the administration and finance issue, including organizing the meeting (1 person)

   Minimum qualifications include:

   - Background in business, administration, or related subject
   - At least 2 years experiences of administrative support (including arrange the meeting – e.g., invitation, travel, and meeting venue; logistics, document management, financial reporting) for government, UN, or NGO activity

- WHO pays utmost attention to the level of qualification and experience of the individuals involved, and to continuity in the services. The profiles (no individual names required) of the personnel proposed for these services should be included in the technical proposal.
- All staff with full professional working proficiency/native or bilingual proficiency in English and Indonesian language.

To undertake the key tasks listed under #3.3.1, it is critical for the consultant to have a good understanding of disease classification systems and their use in health reporting, statistics and related health system functions, within the broader health information system context.

To ensure quality and timeliness of work, the project work will require continuous interaction and consultation with Pusdatin, Ministry of Health, and involvement of the WHO technical unit/experts.

CVs and relevant experience to the above characteristics should be submitted with the proposal.
Information about the roles/responsibilities and the proportionate time that will be dedicated to the project should also be included in the submission and in the financial proposal

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 WIB/Jakarta time zone.

3.3 Work to be performed

To provide support to the Center of Data and Information Technology (referred to as Pusdatin) of the Ministry of Health (MoH) in preparing for the transition to the 11th Revision of the International Classification of Diseases (ICD-11) in Indonesia. This activity is implemented as part of the work of the Kelompok Kerja Pencatatan Sipil dan Statistik Hayati Sektor Kesehatan/PS2H (Health Sector Civil Registration and Vital Statistics Working Group), MoH to strengthen health information systems and health sector contributions to CRVS.

The focus of this initiative is not on immediate implementation, but on helping the MoH establish a clear national direction and a framework for ICD-11 transition in Indonesia. The primary objective of this activity is to support early and informed decision-making for the next phase of ICD-11 adoption.

The key objectives include:

a. To map key readiness issues and institutional implications for ICD-11 transition across relevant units within the MoH and related stakeholders.
b. Through policy dialogue, identify and agree on key policy directions, priorities, and considerations for ICD-11 transition in Indonesia, including implications for health service reporting, cause of death certification, health financing, workforce capacity, and digital health systems.
c. Based on the agreed policy directions, develop an initial draft ICD-11 Transition Framework/ Plan outlining agreed objectives, scope, transition options, institutional roles, and recommended next steps.

d. Through targeted technical workshops and consultations, assess feasibility and refine the initial draft towards a consolidated ICD-11 Transition Framework/plan to guide future ICD-11 transitio ntroduction - Please complete: overall expected outcomes if relevant.

3.3.1 Key requirements

The consultant will be responsible for providing technical support to implement the activities under this assignment. The scope of work is structured into the components below, reflecting a process to support policy dialogue, technical consultation, and the development of an initial ICD-11 Transition Framework for Indonesia. The consultant is expected to propose appropriate approaches, methodologies, and timeline to achieve the intended outcomes.

1.1. Preparatory Work and Coordination

This component focuses on preparatory and coordination activities required to support the effective implementation of the assignment, including the development of background inputs to inform policy dialogue and technical consultations.

Activities under this component include, but are not limited to:

- Desk review of existing references and practices relevant to disease classification and preparation for ICD-11 transition in Indonesia, as a basis for policy dialogue and transition framework
- Preparation of discussion materials, background notes, and tools to support policy dialogue, policy workshops, and technical workshops.
- Preparatory and technical coordination meetings with Pusdatin and MoH to support planning and implementation of key activities.

Note:
Preparatory/technical coordination meetings at Pusdatin office will be conducted up to four (4) times of one-day hybrid meeting, held at different stages of the assignment, including prior to and in preparation for key activities.

Deliverables:

- A short background note (1–2 pages) to support the Policy Forum and Technical Workshops.
- Discussion materials for the Policy Forum and Technical Workshops
- Short records of preparatory and coordination meetings, as appropriate.

1.2. Policy Forum on ICD-11 Transition (2 days)

The consultant will support the organization and facilitation of one (1) Policy Forum on ICD-11 Transition.. The forum is intended to support informed policy discussion and and to agree on key policy directions, priorities, and considerations, which will serve as the basis for the subsequent development of an initial ICD-11 Transition Framework for Indonesia.

Activities under this component include, but are not limited to:

- Agenda setting and overall coordination for the in-person policy forum, including logistic preparation.
- Facilitation and moderation of policy dialogue sessions.
- Documentation and synthesis of key discussions and agreed inputs from the forum.Policy.

The Policy Forum discussions will focus on, but are not limited to**:**

- Building a shared understanding of the rationale, urgency, and policy implications of ICD-11 transition in Indonesia, including a brief orientation on ICD-11 as needed.
- Identifying key policy questions, considerations, and priorities related to ICD-11 transition.
- Exploring possible ICD-11 transition options, sequencing, and institutional and coordination roles.
- Discussing implications for regulation, health financing, workforce capacity, and digital health systems, including linkages with SATUSEHAT and BPJS Kesehatan.

The forum will involve representatives from relevant units within MoH, other ministries and agencies, professional associations, academia, health facilities, and other key stakeholders. The same group of participants is expected to attend both days of the forum to ensure continuity of discussion.

Note:
The Policy Forum will be conducted over two (2) days, with a maximum 60 participants, and held in government-owned venue, in Jakarta.
The Policy Forum will be supported by technical inputs from WHO, including contributions from WHO Headquarters and the WHO Regional Office, to complement national discussions. Consultant remains responsible for overall facilitation and synthesis of the forum outcomes.

Deliverables**:**
- Meeting minutes capturing key cross-sectoral inputs from the two-day Joint Policy Forum.
- A concise summary of agreed policy directions and initial inputs to inform the draft ICD-11 Transition Framework.

1.3. Targeted Technical Workshop and Consultations (3 days)
The consultant will organize and facilitate one (1) targeted technical workshop on ICD-11. This component is different from the Policy Forum and is intended to provide practical, role-based technical exposure to ICD-11 for selected participants, and to build a shared understanding of its implication for different functions and workflows, as an input to the ICD-11 transition planning process.
The workshop will involve a targeted group of technical participants (e.g. coders, clinicians, claims verifiers, health information and IT staff, and health statisticians). The number indicated is a maximum, and discussions will be conducted in smaller groups as appropriate.

Activities under this component include, but are not limited to:
- Planning, coordination, and logistical preparation for the targeted technical workshop.
- Facilitation and moderation of the technical workshop sessions.
- Facilitation of group work and technical discussions.
- Documentation and synthesis of key technical discussions and inputs from the workshop.
- Follow-up technical consultations, as needed, to clarify issues and consolidate inputs.

The technical workshop will focus on, but are not limited to:
- Introduction to ICD-11 concepts, structure, and available tools, with emphasis on practical application and differences from ICD-10 relevant to each role.
- Discussions and exercises on how ICD-11 may affect existing workflows, data use, reporting, claims processes, and system requirements.
- Identification of feasibility issues, capacity needs, and key technical considerations related to ICD-11 transition.

Note:
The technical workshop will be conducted over three (3) days, in in government-owned venue , in Bogor, with maximum 60 participants, in an offline format. Learning materials, exercises, and participant records will be managed through Pelataran Sehat (lms.kemkes.go.id) to support documentation and certification, where applicable.
Selected technical inputs during the workshop may be supported by WHO technical experts, including from WHO Headquarters and the WHO Regional Office. The Consultant remains responsible for overall facilitation and consolidation of technical outputs.

Deliverables under this component include:
- A technical workshop report summarizing key discussions, practical insights, and issues identified during the workshop.
- A consolidated list of technical, system, and capacity needs to support future ICD-11 transition.

1.4. Adaptation of ICD-11 Technical Training Materials

The consultant will develop adapted versions of existing WHO ICD-11 technical training materials for use in Indonesian context, with the objective of enabling reuse beyond this assignment

The adapted materials should be prepared in a format suitable for online delivery and reuse.

Deliverables:

- Adapted ICD-11 technical training materials, based on WHO ICD-11 training content, in Bahasa Indonesia and contextualized for Indonesia, in a format suitable for online delivery and reuse, including potential integration into Pelataran Sehat or other designated MoH learning platforms.
- The adapted materials will undergo WHO technical review prior to finalization.

1.5. Final Deliverables

In the end of the project, the consultant is expected to deliver the following:

a. Draft ICD-11 Transition Framework for Indonesia, documenting the agreed direction and key considerations for ICD-11 transition in Indonesia and English languages
b. Adapted ICD-11 Technical Training Materials, based on WHO ICD-11 training content, contextualized for the Indonesian context and prepared in a format suitable for online delivery and reuse through Pelataran Sehat or other designated MoH learning platforms.
c. Comprehensive activity (technical and financial) final report in Indonesia and English languages

After technical review, the outputs and deliverables will be handed over to Ministry of Health Indonesia and WHO Country Office Indonesia. Any activities outside the scope of the contract which will be proposed by the consultant should comply with WHO guidelines.

3.3.2 Place of performance

Jakarta

3.3.3 Timelines

Estimated Start Date: Mid May 2026 End Date: October 2026
The total timeline for project is 5 months

3.3.4 Reporting requirements

The project manager of the selected contractor will be expected to provide an interim report at the conclusion of month 2, and a final report at the end of the activity. The short progress report reporting (by VC and/or in the format of a short progress 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. The consultant shall assign technical human resources to work closely with Center of Data and Information Technology (Pusat Data dan Teknologi Informasi/Pusdatin, MoH) and WHO Country Office Indonesia.

3.3.5 Performance monitoring

The Contractor will be evaluated on:
. their capacity to deliver products of an optimal technical quality within the agreed timelines;
. the control of the costs;
. their proper and smooth project management (including communication with the Technical Officer, the Project Lead and any other stakeholder);
. their service orientation and responsiveness to WHO's needs and expectations.

3.3.6 Further capacities

N/A

4. INSTRUCTIONS TO BIDDERS

Bidders should follow the instructions set forth below in the submission of their proposal to WHO:

WHO will not be responsible for any proposal which does not follow the instructions in this RFP, including this Section 4, and may, at its discretion, reject any such non-complaint proposal.

4.1 Language of the Proposal and other Documents

The proposal prepared by the bidder, and all correspondence and documents relating to the proposal exchanged by the bidder and WHO shall be written in the English language.

4.2 Intention to Bid

No later than 25/03/2026 the bidder shall complete and return by email to WHO to the following address: **wpinobids@who.int with copy to wpinoprocurement@who.int**

1. The RFP **RFP 008-2026** Acknowledgement form, attached hereto as Annex 1, signed as confirmation of the bidder's intention to submit a bona fide proposal and designate its representative to whom communications may be directed, including any addenda; and
2. The RFP **RFP 008-2026** Confidentiality Undertaking form, attached hereto as Annex 2, signed;
3. The Self-Declaration form, attached hereto as Annex 6, signed.

These forms are confirming the bidder's intention to submit a bona fide proposal and designating a representative to whom communications may be directed, including any addenda.

WHO reserves the right to reject proposals from bidders who have not submitted the above-listed forms in accordance with this section.

4.3 Cost of Proposal

The bidder shall bear all costs associated with the preparation and submission of the proposal, including but not limited to the possible cost of discussing the proposal with WHO, making a presentation, negotiating a contract and any related travel.
WHO will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.

4.4 Contents of the Proposal

Proposals must offer the total requirement. Proposals offering only part of the requirement may be rejected.

The bidder is expected to follow the proposal structure described in paragraph "Proposal Structure" below and otherwise comply with all instructions, terms and specifications contained in, and submit all forms required pursuant to, this RFP. Failure to follow the aforesaid proposal structure, to comply with the aforesaid instructions, terms and specifications, and/or to submit the aforesaid forms will be at the bidder's risk and may affect the evaluation of the proposal.

4.5 Joint Proposal

Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. 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.

4.6 Communications during the RFP Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 20 March 2026 :

Email for submissions of all queries: wpinobids@who.int; with copy to wpinoprocurement@who.int
*(use subject: Bid Ref. **RFP 008-2026**)*

The **Health Information System** Team at WHO will respond in writing (via email only) to any request for clarification of the RFP that it receives by the deadline indicated above. 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. Questions are to be submitted following the format of the form "Questions from Bidders", attached hereto as Annex 7.

There shall be no individual presentation by or meeting with bidders until after the closing date for submission of proposals. 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.

4.7 Submission of Proposals

The bidder shall submit the complete proposal to WHO no later than 25/03/2026 at 16:00 hours Jakarta time (“the Closing Date for Submission of Proposals”), as follows:

by E-mail at the following address: wpinobids@who.int

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

O 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 008-2026**”

O All information and documentation related to the financial proposal shall be submitted to wpinobids@who.int stating in the email subject “**Financial Proposal - RFP 008-2026**”

O The technical and financial proposal should be submitted separately in 2 emails stating in the subject the following reference number: **RFP 008-2026**

O 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

The bidder must ensure that the content of all copies is identical. If at any time a difference is discovered between any copies of the proposal then the "Master Copy" will prevail as the official copy.

Each proposal should be prepared in two distinct parts: the technical proposal and the financial offer.
Each proposal must include the signed Proposal Completeness Form (attached hereto as Annex 3) and supporting documents, as well as the signed Acceptance Form (attached hereto as Annex 5).

Each proposal shall be marked Bid Ref: **RFP 008-2026** and be signed by a person or persons duly authorized to represent the bidder, submit a proposal and bind the bidder to the terms of the RFP.

A proposal shall contain no interlineations, erasures, or overwriting except, as necessary to correct errors made by the bidder, in which case such corrections shall be initialled by the person or persons signing the proposal.

It shall be the Bidder's responsibility to obtain a confirmation of receipt by WHO of the signed Acknowledgement form (see section "Intention to Bid" 4.24.2 above) and the proposal, marking in particular the Bid Reference number and the date and time of receipt by WHO.

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

Any proposal received by WHO after the closing date for submission of proposals will be rejected.

WHO may, at its discretion, reject late bids. 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.

4.8 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a minimum period of ***180*** calendar days after the closing date for submission of proposals. 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.

4.9 Modification and Withdrawal of Proposals

The bidder may withdraw its proposal any time after the proposal's submission and before the closing date for submission of proposals, provided that written notice of the withdrawal is received by WHO via email or mail as provided in section 4.7 above, prior to the Closing Date for Submission of Proposals.

No proposal may be modified after the closing date for submission of proposals, unless WHO has issued an amendment to the RFP allowing such modifications (see section 4.11 "Amendment of the RFP").

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 in accordance with section 4.8 "Period of Validity of Proposals".

4.10 Receipt of Proposals from Non-invitees

WHO may, at its own discretion, if it considers this necessary and in the interest of the Organization, extend the RFP to bidders that were not included in the original invitation list.

4.11 Amendment of the RFP

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 of proposals.

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.

4.12 Proposal Structure

The contents of the bidder's proposal should be concisely presented and structured in the following order to include, but not necessarily be limited to, the information listed in sections 4.12.1to 4.12.6.

Any information which the bidder considers confidential, should be clearly marked confidential.

4.12.1 Acceptance Form

The bidder's proposal must be accompanied by the Acceptance Form (see Annex 5, attached) signed by a duly authorized representative of the bidder and stating:

- That the bidder undertakes on its own behalf and on behalf of its possible partners and contractors to perform the work in accordance with the terms of the RFP;
- The total cost of the proposal, indicating the United Nations convertible currency used[4] (preferably US Dollars);
- The number of days the proposal is valid (from the date of the form) in accordance with section 4.8 “Period of Validity of Proposals”.

4.12.2 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary (of 3 pages maximum) introducing the proposed solution and approach / methodology.

4.12.3 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 Chapter 3 above) including performance indicators and quality control methods.

4.12.4 Proposed Solution

The activity should result in Outputs, according to the description provided under Chapter 3.

The proposed solution should:

- Describe all components of the service;
- describe the steps that will be followed for the development of the service/projects;
- propose a detailed workplan, including work packages, milestones for key deliverables.

[4] https://treasury.un.org/operationalrates/default.php

4.12.5 Proposed Time line

A Timeline project plan following the timelines indicated under 3.3.3 above should be presented either in MS Project MPP, XLS or PDF format.

4.12.6 Financial Proposal

The financial proposal is expected to provide a total price and breakdown per phase and per area of expertise. Please refer to Appendix 2.

4.13 Conduct and Exclusion of Bidders

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

In addition, bidders must submit a signed Self Declaration form, attached hereto as Annex 6.

Bidders will be excluded if:

- they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

- they or persons having powers of representation, decision making or control over them have 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 or trafficking in human beings;

- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for financial irregularity(ies);

- it becomes apparent to WHO that they are guilty of misrepresentation in supplying, or if they fail to supply, the information required under this RFP and/or as part of the bid evaluation process;

- they have a conflict of interest, as determined by WHO in its sole discretion; or

- they are, or have found to be, in violation of any standard of conduct as described in the WHO Policies, referred to in section 7.33 of this RFP.

WHO may decide to exclude bidders for other reasons.

5. EVALUATION OF PROPOSALS

After the closing date for submission of proposals, WHO will open the proposals received in a timely manner.

There will be no public bid opening.

5.1 Preliminary Examination of Proposals

WHO will examine the 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.

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 economy and efficiency, WHO does not bind itself in any way to select the bidder offering the lowest price.

5.2 Clarification of Proposals

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.

5.3 Evaluation of Proposals

The following procedure will be utilized in evaluating the proposals, with technical evaluation of the proposal being completed prior to any focus on or comparison of price.

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:

- the extent to which WHO's requirements and expectations have been satisfactorily addressed;
- the quality of the overall proposal;
- the appropriateness of the proposed approach;
- the quality of the technical solution proposed;
- the manner in which it is proposed to manage and staff the project;
- the experience of the firm in carrying out related projects;
- the qualifications and competence of the personnel proposed for the assignment; and
- the proposed timeframe for the project; and
- the presentation performance.
-

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.

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

Organizational capacity to addressing of WHO's requirements and expectations including experience with the similar activity	10
Quality of the overall proposal including proposed approach for: 1) demonstrating a clear understanding of the objectives and scope of the assignment, including ICD-11 transition as a policy and planning process rather than immediate implementation, and the role of disease classification in health reporting, statistics, and related health system functions; 2) implementing the scope of work, including identification of relevant stakeholders, the proposed structure and agenda of the Policy Forum and Targeted Technical Workshop, and the approach to consolidating discussions and inputs into the ICD-11 Transition Framework;3) facilitating policy dialogue and technical discussions, including how discussions will be guided, how different technical and institutional perspectives will be managed, and how meaningful and usable inputs will be generated; 4) a clear implementation timeline with task allocation, and 5) project risks with mitigation strategies and quality assurance measure	50
Qualifications and competence of the personnel proposed for the assignment Appropriateness of the proposed approach	10
TOTAL	**70**

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 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%

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

5.4 Bidders' Presentations

WHO may, during the evaluation period, at its discretion, invite selected bidders to supply additional information on the contents of their proposal (at such bidders' own cost). Such bidders will be asked to give a presentation of their proposal (possibly with an emphasis on a topic of WHO's choice) followed by a question and answer session. If required, the presentation will be held at WHO or by tele/videoconference.

NOTE: Other presentations and any other individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

6. AWARD OF CONTRACT

6.1 Award Criteria, Award of Contract

WHO reserves the right to

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

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

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

6.2 WHO's Right to modify Scope or Requirements during the Evaluation/Selection Process

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.

6.3 WHO's Right to Extend/Revise Scope or Requirements at Time of Award

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.

6.4 WHO's Right to enter into Negotiations

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.

6.5 Signing of the Contract

Within 30 days of receipt of 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.

6.6 Publication of Contract

WHO reserves the right, subject to considerations of confidentiality to 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.

7. GENERAL AND CONTRACTUAL CONDITIONS

The contract between WHO and the selected bidder ("the Contract") will, unless otherwise explicitly agreed in writing, include the provisions as set forth in this section, and will otherwise inter alia address the following issues:

- responsibilities of the selected bidder(s) ("the Contractor(s)") and WHO;
- clear deliverables, timelines and acceptance procedures;
- payment terms tied to the satisfactory performance and completion of the work;
- notices.

The prices payable by WHO for the work to be performed under the Contract shall be fixed for the duration of the Contract and shall be in a UN convertible currency (preferably US Dollars), based on the UN exchange rate of the date of invoice. The total amount payable by WHO under the Contract may be either a lump sum or a maximum amount. If the option for payment of a lump sum applies, that lump sum is payable in the manner provided, subject to satisfactory performance of the work. If the option for payment of a maximum amount applies:

- the Contract shall include a detailed budget;
- the Contractor shall be held to submit a financial statement together with each invoice;
- any advance payments by WHO shall be used by the Contractor exclusively for the work in accordance with the budget and any unspent balance shall be refunded to WHO;
- payment by WHO shall be subject to satisfactory performance and the acceptance of the Contractor's financial statements;
- 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; and
- consistent with section 7.3,(Audit and Investigations), all financial reports shall be subject to audit by or on behalf of WHO, including examination of supporting documentation and relevant accounting entries in the Contractor's books. In order to facilitate financial reporting and audit, the Contractor shall keep systematic and accurate accounts and records in respect of the work.

Unless otherwise specified in the Contract, WHO shall have no obligation to purchase any minimum quantities of goods or services from the Contractor, and WHO shall have no limitation on its right to obtain goods or services of the same kind, quality and quantity as described in the Contract, from any other sources at any time.

Unless otherwise specified in the Contract, in the event that the Contract is a Long-Term Agreement (“LTA”), the Contractor shall offer the same prices and terms as those agreed with WHO under the Contract to other interested United Nations system agencies and to organizations eligible to purchase through WHO, it being understood that each such agency and organization will be responsible for independently entering into and administering its own contract with the Contractor. The Contractor shall take into account the additional quantities of services purchased by all United Nations system agencies and other organizations as aforesaid to further reduce the prices for WHO and such other agencies and organizations.

7.1 Conditions of Contract

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.

7.2 Responsibility

The Contractor will be responsible to ensure that the work performed under the Contract meets the agreed specifications and is completed within the time prescribed.

7.3 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.

7.4 Source of Instructions

The Contractor shall neither seek nor accept instructions from any authority external to WHO in connection with the performance of the work under the Contract. The Contractor shall refrain from any action which may adversely affect WHO and shall fulfil its commitments with the fullest regard to the interests of WHO.

7.5 Warranties

The Contractor warrants and represents to WHO as follows:

1) The deliverables shall meet the specifications called for in the Contract and shall be fully adequate to meet their intended purpose. The Contractor furthermore warrants that the deliverables shall be error-free. The Contractor shall correct any errors in the deliverables, free of charge, within fifteen days after their notification to the Contractor, during a period of at least one year after completion of the work. It is agreed, however, that errors and other defects which have been caused by modifications to the deliverables made by WHO without agreement of the Contractor are not covered by this paragraph.

2) The deliverables shall, to the extent they are not original, only be derived from, or incorporate, material over which the Contractor has the full legal right and authority to use it for the proper implementation of the Contract. The Contractor shall obtain all the necessary licenses for all non-original material incorporated in the deliverables (including, but not limited to, licenses for WHO to use any underlying software, application, and operating deliverables included in the deliverables or on which it is

based so as to permit WHO to fully exercise its rights in the deliverables without any obligation on WHO's part to make any additional payments whatsoever to any party.

3) The deliverables shall not violate any copyright, patent right, or other proprietary right of any third party and shall be delivered to WHO free and clear of any and all liens, claims, charges, security interests and any other encumbrances of any nature whatsoever.

4) The Contractor, its employees and any other persons and entities used by the Contractor shall not violate any intellectual property rights, confidentiality, right of privacy or other right of any person or entity whomsoever.

5) Except as otherwise explicitly provided in the Contract, the Contractor shall at all times provide all the necessary on-site and off-site resources to meet its obligations hereunder. The Contractor shall only use highly qualified staff, acceptable to WHO, to perform its obligations hereunder.

6) The Contractor shall take full and sole responsibility for the payment of all wages, benefits and monies due to all persons and entities used by it in connection with the implementation and execution of the Contract, including, but not limited to, the Contractor's employees, permitted subcontractors and suppliers.

Contractor furthermore warrants and represent that the information provided by it to WHO in response to the RFP and during the bid evaluation process is accurate and complete. Contractor understands that in the event Contractor has failed to disclose any relevant information which may have impacted WHO's decision to award the Contract to Contractor, or has provided false information, WHO will be entitled to rescind the contract with immediate effect, in addition to any other remedies which WHO may have by contract or by law.

7.6 Legal Status

The Contractor shall be considered as having the legal status of an independent contractor vis-à-vis WHO, and nothing contained in or relating to the Contract shall be construed as establishing or creating an employer/employee relationship between WHO, on the one hand, and the Contractor or any person used by the Contractor in the performance of the work, on the other hand.

Thus the Contractor shall be solely responsible for the manner in which the work is carried out. WHO shall not be responsible for any loss, accident, damage or injury suffered by the Contractor or persons or entities claiming under the Contractor, arising during or as a result of the implementation or execution of the Contract, including travel, whether sustained on WHO premises or not.

The Contractor shall obtain adequate insurance to cover such loss, accident, injury and damage, before commencing work on the Contract. The Contractor shall be solely responsible in this regard and shall handle any claims for such loss, accident, damage or injury.

7.7 Relation Between the Parties

Nothing in the Contract shall be deemed to constitute a partnership between the Parties or to constitute either Party as the agent of the other.

7.8 No Waiver

The waiver by either Party of any provision or breach of the Contract shall not prevent subsequent enforcement of such provision or excuse further breaches.

7.9 Liability

The Contractor hereby indemnifies and holds WHO harmless from and against the full amount of any and all claims and liabilities, including legal fees and costs, which are or may be made, filed or assessed against WHO at any time and based on, or arising out of, breach by the Contractor of any of its representations or warranties under the Contract, regardless of whether such representations and warranties are explicitly incorporated here in or are referred to in any attached Appendices.

7.10 Assignment

The Contractor shall not assign, transfer, pledge or make any other disposition of the Contract or any part thereof, or any of the Contractor's rights, claims or obligations under the Contract except with the prior written consent of WHO.

7.11 Indemnification

The Contractor shall indemnify and hold WHO harmless, from and against the full amount of any and all claims and liabilities, including legal fees and costs, which are or may be made, filed or assessed against WHO at any time and based on, or arising out of, the acts or omissions of the Contractor, or the Contractor's employees, officers, agents, partners or sub-contractors, in the performance of the Contract. This provision shall extend, inter alia, to claims and liabilities in the nature of workmen's compensation, product liability and liability arising out of the use of patented inventions or devices, copyrighted material or other intellectual property by the Contractor, its employees, officers, agents, servants, partners or sub-contractors.

7.12 Contractor's Responsibility for Employees

The Contractor shall be responsible for the professional and technical competence of its employees and will select, for work under the Contract, reliable individuals who will perform effectively in the implementation of the Contract, respect the local laws and customs, and conform to a high standard of moral and ethical conduct.

7.13 Subcontracting

Any intention to subcontract aspects of the Contract must be specified in detail in the proposal submitted. Information concerning the subcontractor, including the qualifications of the staff proposed for use must be covered with same degree of thoroughness as for the prime contractor. No subcontracting will be permitted under the Contract unless it is proposed in the initial submission or formally agreed to by WHO at a later time. In any event, the total responsibility for the Contract remains with the Contractor.

The Contractor shall be responsible for ensuring that any and all subcontracts shall be fully consistent with the Contract, and shall not in any way prejudice the implementation of any of its provisions.

7.14 Place of Performance

The place of performance of the work under the Contract shall be as mentioned in section 3.3.2 above.

7.15 Language

All communications relating to the Contract and/or the performance of the work thereunder shall be in English.

7.16 Confidentiality

1) Except as explicitly provided in the Contract, the Contractor shall keep confidential all information which comes to its knowledge during, or as a result of, the implementation and execution of the Contract. Accordingly, the Contractor shall not use or disclose such information for any purpose other than the performance of its obligations under the Contract. The Contractor shall ensure that each of its employees and/or other persons and entities having access to such information shall be made aware of, and be bound by, the obligations of the Contractor under this paragraph. However, there shall be no obligation of confidentiality or restriction on use, where: (i) the information is publicly available, or becomes publicly available, otherwise than by any action or omission of the Contractor, or (ii) the information was already known to the Contractor (as evidenced by its written records) prior to becoming known to the Contractor in the implementation and execution of the Contract; or (iii) the information was received by the Contractor from a third party not in breach of an obligation of confidentiality.

2) The Contractor, its employees and any other persons and entities used by the Contractor shall furthermore not copy and/or otherwise infringe on copyright of any document (whether machine-readable or not) to which the Contractor, its employees and any other persons and entities used by the Contractor have access in the performance of the Contract.

3) The Contractor may not communicate at any time to any other person, Government or authority external to WHO, any information known to it by reason of its association with WHO which has not been made public except with the authorization of WHO; nor shall the Contractor at any time use such information to private advantage.

7.17 Title Rights

1) All rights pertaining to any and all deliverables under the Contract and the original work product leading thereto, as well as the rights in any non-original material incorporated therein as referred to in section 7.5 2) above, shall be exclusively vested in WHO.

2) WHO reserves the right to revise the work, to use the work in a different way from that originally envisaged or to not use the work at all.

3) At WHO's request, the Contractor shall take all necessary steps, execute all necessary documents and generally assist WHO in securing such rights in compliance with the requirements of applicable law.

7.18 Termination and Cancellation

WHO shall have the right to cancel the Contract (in addition to other rights, such as the right to claim damages):

1) In the event the Contractor fails to begin work on the date agreed, or to implement the work in accordance with the terms of the Contract; or

2) In the event the progress of work is such that it becomes obvious that the obligations undertaken by the Contractor and, in particular, the time for fulfilment of such obligations, will not be respected.

In addition, WHO shall be entitled to terminate the Contract (or part thereof), in writing:

1. At will with the provision of thirty (30) days prior notice in writing; and

2. With immediate effect (in addition to other rights, such as the right to claim damages), if, other than as provided above, the Contractor is:

a. In breach of any of its material obligations under the Contract and fails to correct such breach within a period of thirty (30) days after having received a written notification to that effect from WHO; or

b. Adjudicated bankrupt or formally seeks relief of its financial obligations.

7.19 Force Majeure

No party to the Contract shall be responsible for a delay caused by force majeure, that is, a delay caused by reasons outside such party's reasonable control it being agreed, however, that WHO shall be entitled to terminate the Contract (or any part of the Contract) forthwith if the implementation of the work is delayed or prevented by any such reason for an aggregate of thirty (30) days. Such termination shall be subject to payment of an equitable part of the Contract sum and/or other reasonable charges. In the event of such termination, the Contractor shall, in accordance with the ownership rights referred to in section 7.17 (Title Rights), deliver to WHO all work products and other materials so far produced.

In the event of and as soon as possible after the occurrence of any cause constituting force majeure, the Contractor shall give notice and full particulars in writing to WHO, of such occurrence or change if the Contractor is thereby rendered unable, wholly or in part, to perform its obligations and meet its responsibilities under the Contract. The Contractor shall also notify WHO of any other changes in conditions or the occurrence of any event which interferes or threatens to interfere with its performance of the Contract. The notice shall include steps proposed by the Contractor to be taken including any reasonable alternative means for performance that is not prevented by force majeure. On receipt of the notice required under this section, WHO shall take such action as it, in its sole discretion, considers to be appropriate or necessary in the circumstances, including the granting to the Contractor of a reasonable extension of time in which to perform its obligations under the Contract.

7.20 Surviving Provisions

Those rights and obligations of the Parties as set forth in sections 7 and 8 that are intended by their nature to survive the expiration or earlier termination of the Contract shall survive indefinitely. This includes, **but is expressly not limited to**, any provisions relating to WHO's right to financial and operational audit, conditions of contract, warranties, legal status and relationship between the parties, breach, liability, indemnification, subcontracting, confidentiality, title rights, use of the WHO name and emblem, successors and assignees, insurance and liabilities to third parties, settlement of disputes, observance of laws, privileges and immunities, no terrorism or corruption, foreign nationals and compliance with WHO policies.

7.21 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.

7.22 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.

7.23 Successors and Assignees

The Contract shall be binding upon the successors and assignees of the Contractor and the Contract shall be deemed to include the Contractor’s successors and assignees, provided, however, that nothing in the Contract shall permit any assignment without the prior written approval of WHO.

7.24 Payment

Payment will be made against presentation of an invoice in a UN convertible currency (preferably US Dollars) in accordance with the payment schedule contained in the Contract, subject to satisfactory performance of the work. The price shall reflect any tax exemption to which WHO may be entitled by reason of the immunity it enjoys. WHO is, as a general rule, exempt from all direct taxes, custom duties and the like, and the Contractor will consult with WHO so as to avoid the imposition of such charges with respect to this contract and the goods supplied and/or services rendered hereunder. As regards excise duties and other taxes imposed on the sale of goods or services (e.g. VAT), the Contractor agrees to verify in consultation with WHO whether in the country where the VAT would be payable, WHO is exempt from such VAT at the source, or entitled to claim reimbursement thereof. If WHO is exempt from VAT, this shall be indicated on the invoice, whereas if WHO can claim reimbursement thereof, the Contractor agrees to list such charges on its invoices as a separate item and, to the extent required, cooperate with WHO to enable reimbursement thereof.

7.25 Title to Equipment

Title to any equipment and supplies that may be furnished by WHO shall remain with WHO and any such equipment shall be returned to WHO at the conclusion of the Contract or when no longer needed by the Contractor. Such equipment, when returned to WHO, shall be in the same condition as when delivered to the Contractor, subject to normal wear and tear. The Contractor shall be liable to compensate WHO for equipment determined to be damaged or degraded beyond normal wear and tear.

7.26 Insurance and Liabilities to Third Parties

The Contractor shall provide and thereafter maintain:

(i) insurance against all risks in respect of its property and any equipment used for the execution of the Contract;

(ii) all appropriate workmen's compensation insurance, or its equivalent, with respect to its employees to cover claims for personal injury or death in connection with the Contract; and

(iii) liability insurance in an adequate amount to cover third party claims for death or bodily injury, or loss of or damage to property, arising from or in connection with the performance of the work under the Contract or the operation of any vehicles, boats, airplanes or other equipment owned or leased by the Contractor or its agents, servants, employees, partners or sub-contractors performing work in connection with the Contract.

Except for the workmen's compensation insurance, the insurance policies under this section shall:

a) Name WHO as additional insured;

b) Include a waiver of subrogation to the insurance carrier of the Contractor's rights against WHO;

c) Provide that WHO shall receive written notice from the Contractor's insurance carrier not less than thirty (30) days prior to any cancellation or material change of coverage.

The Contractor shall, upon request, provide WHO with satisfactory evidence of the insurance required under this section.

7.27 Settlement of Disputes

Any matter relating to the interpretation of the Contract which is not covered by its terms shall be resolved by reference to Swiss law. Any dispute relating to the interpretation or application of the Contract shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, 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, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

7.28 Authority to Modify

No modification or change of the Contract, no waiver of any of its provisions or any additional contractual relationship of any kind shall be valid and enforceable unless signed by a duly authorized representative of both parties.

7.29 Privileges and Immunities

Nothing in or relating to the Contract shall be construed as a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, and/or as submitting WHO to any national court jurisdiction.

7.30 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 iin 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).

7.31 Ethical Behaviour

WHO, the Contractor and each of the Contractor's partners, subcontractors and their employees and agents shall adhere to the highest ethical standards in the performance of the Contract. .In this regard, the Contractor shall also ensure that neither the Contractor nor its partners, subcontractors, agents or employees will engage in activities involving child labour, trafficking in arms, promotion of tobacco or other unhealthy behaviour, sexual exploitation and abuse, sexual harassment or any other type of abusive conduct.

7.32 Officials not to Benefit

The Contractor warrants that no official of WHO has received or will be offered by the Contractor any direct or indirect benefit arising from the Contract or the award thereof.

7.33 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.

7.34 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, the Contractor warrants that it shall: (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.

7.35 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.

7.36 Compliance with applicable laws, etc.

The Contractor shall comply with all laws, ordinances, rules, and regulations bearing upon the performance of its obligations under the terms of the Contract. Without limiting the foregoing or any other provision of these General and Contractual Conditions, the Contractor shall at all times comply with and ensure that each of its partners, subcontractors and their employees and agents comply with, any applicable laws and regulations, and with all WHO policies and reasonable written directions and procedures from WHO relating to: (i) occupational health and safety, (ii) security and administrative requirements, including, but not limited to computer network security procedures, (iii) sexual exploitation or abuse, sexual harassment or any other types of abusive conduct, (iv) privacy, (v) general business conduct and disclosure, (vi) conflicts of interest and (vii) business working hours and official holidays.

In the event that the Contractor becomes aware of any violation or potential violation by the Contractor, its partners, subcontractors or any of their employees or agents, of any laws, regulations, WHO policies or other reasonable written directions and procedures, the Contractor shall immediately notify WHO of such violation or potential violation. WHO, in its sole discretion, shall determine the course of action to remedy such violation or prevent such potential violation, in addition to any other remedy available to WHO under the Contract or otherwise.

7.37 Breach of Essential Terms

The Contractor acknowledges and agrees that each of the provisions of section 7.30 (Anti-Terrorism and UN Sanctions; Fraud and Corruption), section 7.31 (Ethical Behaviour), section 7.32 (Officials not to Benefit), section 7.33 (Compliance with WHO Codes and Policies), and section 7.36 (Zero tolerance for sexual exploitation and abuse, sexual harassment and other types of abusive conduct), section 7.35 (Tobacco/Arms Related Disclosure Statement) and section 7.36(Compliance with applicable laws, etc.) hereof 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.

8. PERSONNEL

8.1 Approval of Contractor Personnel

WHO reserves the right to approve any employee, subcontractor or agent furnished by the Contractor and Contractor's consortium partners for the performance of the work under the Contract (hereinafter jointly referred to as "Contractor Personnel"). All Contractor Personnel must have appropriate qualifications, skills, and levels of experience and otherwise be adequately trained to perform the work. WHO reserves the right to undertake an interview process as part of the approval of Contractor Personnel.

The Contractor acknowledges that the qualifications, skills and experience of the Contractor Personnel proposed to be assigned to the project are material elements in WHO's engaging the Contractor for the project. Therefore, in order to ensure timely and cohesive completion of the project, both parties intend that Personnel initially assigned to the project continue through to project completion. Once an individual has been approved and assigned to the project, such individual will not, in principle, thereafter be taken off the project by the Contractor, or reassigned by the Contractor to other duties. Circumstances may arise, however, which necessitate that Personnel be substituted in the course of the work, e.g. in the event of promotions, termination of employment, sickness, vacation or other similar circumstances, at which time a replacement with comparable qualifications, skills and experience may be assigned to the project, subject to approval of WHO.

WHO may refuse access to or require replacement of any Contractor Personnel if such individual renders, in the sole judgment of WHO, inadequate or unacceptable performance, or if for any other reason WHO finds that such individual does not meet his/her security or responsibility requirements. The Contractor shall replace such an individual within fifteen (15) business days of receipt of written notice from WHO. The replacement will have the required qualifications, skills and experience and will be billed at a rate that is equal to or less than the rate of the individual being replaced.

8.2 Project Managers

Each party shall appoint a qualified project manager ("Project Manager") who shall serve as such party's primary liaison throughout the course of the project. The Project Manager shall be authorized by the respective party to answer all questions posed by the other party and convey all decisions made by such party during the course of the project and the other party shall be entitled to rely on such information as conveyed by the Project Manager.

The Project Managers shall meet on a monthly basis in order to review the status of the project and provide WHO with reports. Such reports shall include detailed time distribution information in the form requested by WHO and shall cover problems, meetings, progress and status against the implementation timetable.

8.3 Foreign Nationals

The Contractor shall verify that all Contractor Personnel is legally entitled to work in the country or countries where the work is to be carried out. WHO reserves the right to request the Contractor to provide WHO with adequate documentary evidence attesting this for each Contractor Personnel.

Each party hereby represents that it does not discriminate against individuals on the basis of race, gender, creed, national origin, citizenship.

8.4 Engagement of Third Parties and use of In-house Resources

The Contractor acknowledges that WHO may elect to engage third parties to participate in or oversee certain aspects of the project and that WHO may elect to use its in-house resources for the performance of certain aspects of the project. The Contractor shall at all times cooperate with and ensure that the Contractor and each of its partners, subcontractors and their employees and agents cooperate, in good faith, with such third parties and with any WHO in-house resources.

9. LIST OF ANNEXES & APPENDICES

Annex 1	**Acknowledgment Form**
Annex 2	**Confidentiality Undertaking**
Annex 3	**Proposal Completeness Form**
Annex 4	**Information from Bidder**
Annex 5	**Acceptance Form**
Annex 6	**Self Declaration Form**
Annex 7	**Questions from Bidders Template**

Appendix 1	Terms of Reference
Appendix 2	Budget Template & Standard Government Rates 2026
Appendix 3	Evaluation Criteria

Request for Proposals: RFP 008-2026

Annex 1: Acknowledgement Form (Ref. Paragraph 4.2)

Please check the appropriate box (see below) and email this acknowledgement form immediately upon receipt to wpinobids@who.int.

The Bid Reference: **RFP 008-2026** must be mentioned in the Subject line.

☐ **Intention To Submit A Proposal**

We hereby acknowledge receipt of the RFP. We have perused the document and advise that we intend to submit a proposal **on or before 25/03/2026 at 16:00 hours Jakarta time**.

☐ **Non-Intention To Submit A Proposal**

We hereby acknowledge receipt of the RFP. We have perused the document and advise that we do not intend to submit a proposal for the following reasons:

Insert reason here:

.....

.....

Bidder's Contact Information is as follows:

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

Request for Proposals: RFP 008-2026

Annex 2: Confidentiality Undertaking (Ref. Paragraph 4.6)

1. The World Health Organization (WHO), acting through its Department of Health Information System , has access to certain information relating to Health Information System 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 [Title of the RFP] 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. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event of the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.

8. Nothing in this Undertaking, and no disclosure of Information to the Undersigned pursuant to its terms, shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, or as submitting WHO to any national court jurisdiction.

Acknowledged and Agreed:

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

Request for Proposals: RFP 008-2026

Annex 3: Proposal Completeness Form (Ref. Paragraphs 4.4 & 4.6)

Section	Requirement	Completed in full (Yes/No)
Annex 2	Confidentiality undertaking form	☐ Yes ☐ No
Annex 3	Proposal completeness form	☐ Yes ☐ No
Annex 4	Information about Bidder	☐ Yes ☐ No
Annex 5	Acceptance form	☐ Yes ☐ No
Annex 6	Self-Declaration Form	☐ Yes ☐ No
4.12.2 to **Error! Reference source not found.**	Technical Proposal, including Executive Summary, proposed solution, approach/methodology and timeline	☐ Yes ☐ No
Error! Reference source not found.	Financial Proposal	☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

The enclosed Proposal is valid for _____ days from the date of this form (Ref. Paragraph 4.8)**.**

Agreed and accepted, in (…..) original copies on _____

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

Request for Proposals: RFP 008-2026

Annex 4: Information about Bidder

RFP Ref. If applicable	Information required
	1. Company Information
	1.1 Corporate information
3.2.1	1.1.1 Company mission statement *(including profit or not for profit status)*
	1.1.2 Service commitment to customers and measurements used
3.2.2	1.1.3 Accreditations
	1.1.4 Organization structure
	1.1.5 Geographical presence
	1.1.6 Declared financial statements for the past (3) three years[1]
	1.2 Legal Information
	1.2.1 History of Bankruptcy
	1.2.2 Pending major lawsuits and litigations in excess of USD 100,000 at risk
	1.2.3 Pending Criminal/Civil lawsuits
3.2.3	**2. Experience and Reference Contact Information**
	2.1 Relevant Contractual relationships
	2.1.1 Relevant Contractual projects (with other UN agencies or Contractors)
	2.2 Relevant Project Names *(list and provide detailed examples of relevant experience gained within the past five years of the issuance of this RFP that demonstrate the Contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP).*
	2.2.1 Project Description
	2.2.2 Status *(under development / implemented)*
	2.2.3 Reason for relevance *(provide reason why this project can be seen as relevant to this project)*
	2.2.4 Roles and responsibilities *(list and clearly identify the roles and responsibilities for each participating organization)*
	2.2.4.1 Client's Role and Responsibility: Inputs from beneficiary
	2.2.4.2 Contractor's Role and Responsibility: role in project
	2.2.4.3 Third party Contractors' Role and Responsibility: previously specified 3rd party role in project
	2.2.5 Team Members *(indicate relevant members of the team that will also be used for this project)*
3.2.4	**3. Staffing information**
	3.1 Number and Geographical distribution of staff
	3.1.1 Staff turnover rate for the past three years
	3.2 Staff dedicated to the Project
	3.2.1 Name and CV of each team member
	3.2.2 Structure of the team, and role of each member in the project
	3.2.3 Time dedicated to the project
	3.2.3 Contingency plans in the event of a vacancy
4.5	**4. Proposed sub-contractor arrangements including sub-contractor information** *(as above for each sub-contractor)*

[1] For companies in existence less than two years, please provide the available audited financial statements.

Annex 5: Acceptance Form (Ref. Paragraph 4.6)

The Undersigned, ……., confirms to have read, understood and accepted the terms of the Request for Proposals (RFP) No. RFP 008-2026 , 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 RFP template in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned,

The enclosed Proposal is valid for _____ days from the date of this form (Ref. Paragraph 4.8)**.**

Agreed and accepted, in (….) original copies on **Date**

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

Annex 6: 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 exploitation and abuse, sexual harassment and other types of abusive conduct and has appropriate procedures in place to prevent and respond to sexual exploitation and abuse, sexual 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.

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

Request for Proposals: RFP 008-2026

Annex 7: Questions from Bidders (Ref. Paragraph 4.6)

No.	RFP Section reference	Question
1	Enter Text	Enter Text
2	Enter Text	Enter Text
3	Enter Text	Enter Text
4	Enter Text	Enter Text
5	Enter Text	Enter Text
6	Enter Text	Enter Text
7	Enter Text	Enter Text
8	Enter Text	Enter Text
9	Enter Text	Enter Text
10	Enter Text	Enter Text
11	Enter Text	Enter Text
12	Enter Text	Enter Text
13	Enter Text	Enter Text
14	Enter Text	Enter Text
15	Enter Text	Enter Text
16	Enter Text	Enter Text
17	Enter Text	Enter Text
18	Enter Text	Enter Text
19	Enter Text	Enter Text
20	Enter Text	Enter Text

Appendix 1. Terms of Reference (ToR)
Supporting ICD-11 Transition Planning and Readiness in Indonesia / RFP 008-2026

1. Purpose

The purpose of this initiative is to provide support to the Center of Data and Information Technology (referred to as Pusdatin) of the Ministry of Health (MoH) in preparing for the transition to the 11th Revision of the International Classification of Diseases (ICD-11) in Indonesia. This activity is implemented as part of the work of the Kelompok Kerja Pencatatan Sipil dan Statistik Hayati Sektor Kesehatan/PS2H (Health Sector Civil Registration and Vital Statistics Working Group), MoH to strengthen health information systems and health sector contributions to CRVS.

The focus of this initiative *is not on immediate implementation*, but on helping the MoH establish a *clear national direction and a framework for ICD-11 transition* in Indonesia. The primary objective of this activity is to support early and informed decision-making for the next phase of ICD-11 adoption.

The key objectives include:

a. To map key readiness issues and institutional implications for ICD-11 transition across relevant units within the MoH and related stakeholders.
b. Through policy dialogue, identify and agree on key policy directions, priorities, and considerations for ICD-11 transition in Indonesia, including implications for health service reporting, cause of death certification, health financing, workforce capacity, and digital health systems.
c. Based on the agreed policy directions, develop an initial draft ICD-11 Transition Framework/ Plan outlining agreed objectives, scope, transition options, institutional roles, and recommended next steps.
d. Through targeted technical workshops and consultations, assess feasibility and refine the initial draft towards a consolidated ICD-11 Transition Framework/plan to guide future ICD-11 transition.

2. Background

Indonesia has been strengthening its Civil Registration and Vital Statistics (CRVS) system in recent years, including through the establishment of the MoH - Health Sector CRVS Working Group (PS2H) in 2023, chaired by the Head of Pusdatin, MoH. In 2024-2025, the Working Group developed a five-year Health Sector CRVS Roadmap, which also identifies the introduction of the ICD-11 as an important strategic milestone for the health sector.

ICD is the global standard for morbidity and mortality statistics and is used widely across health system, including clinical documentation, cause of death certification, health service reporting, health financing and claims management, quality monitoring, and research. ICD-11[1] [2], endorsed by the 72nd World Health Assembly in 2019[3] and in effect since January 2022, represents a significant shift from previous version. It is fully digital, more detailed, and designed to better support interoperability and reuse of health data across systems and purposes.

[1] https://icd.who.int/en/
[2] https://www.who.int/standards/classifications/frequently-asked-questions/icd-11-implementation
[3] https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_29-en.pdf

Indonesia has used ICD-10 for more than two decades under Ministerial Decree No. 50/MENKES/SK/I/1998. While ICD-10 has provided several benefits, changes in clinical practice, increasing demand for timely and comparable health data, and ongoing digital health transformation require Indonesia to begin preparing for a transition to ICD-11. Such a transition has implications well beyond coding practices alone, including impacts on cause of death statistics and the health sector contribution to CRVS, health service reporting, health financing systems, workforce capacity, digital platforms such as SATUSEHAT, and coordination across institutions. At present, Indonesia does not yet have a national direction or transition framework for ICD-11 adoption. Levels of understanding and readiness vary across institutions, and discussions on ICD-11 remain fragmented. Without a structured and inclusive process, there is a risk that future adoption could occur in an uncoordinated manner, with implications for data quality, system coherence, and the effective use of health information for policy and planning.

During 2025-2026, MoH with support from development partners including Vital Strategies and WHO, is implementing initiatives related to Medical Certification of Cause of Death (MCCD). These initiatives include adaptation of MCCD forms and technical guidelines, capacity building on death certification practices, and piloting in selected vertical hospitals. While these efforts focus on improving the quality of cause of death data, they also highlight the importance of ensuring alignment between ongoing MCCD strengthening activities and future planning for ICD-11 transition, particularly in relation to mortality statistics.

In addition, Indonesia has undertaken efforts related to morbidity classification through the development of the Indonesian Modification of ICD-10 (ICD-10-IM). These efforts respond to immediate national needs for more detailed morbidity reporting and insurance claim within the existing ICD-10 framework. While not intended as a formal transition step to ICD-11, the experience with ICD-10-IM offers relevant technical and operational insights that can inform future ICD-11 transition planning, particularly for morbidity data.

Based on this background, MoH, with support from the WHO, intends to conduct a structured process combining policy dialogue, technical consultation, and consensus building to develop an initial national direction and transition framework for ICD-11 in Indonesia. Technical inputs from WHO, including contributions from WHO Headquarters and the WHO Western Pacific Regional Office (WPRO), such as high-level orientation on ICD-11 and selected country experiences, will complement national analysis and dialogue.

3. Planned timelines

Estimated Start Date: Mid of May 2026 End Date: October 2026
The total timeline for project is 5 months

4. Requirement - Scope of Work and Deliverables

The consultant will be responsible for providing technical support to implement the activities under this assignment. The scope of work is structured into the components below, reflecting a process to support policy dialogue, technical consultation, and the development of an initial ICD-11 Transition Framework for Indonesia. The consultant is expected to propose appropriate approaches, methodologies, and timeline to achieve the intended outcomes.

4.1. Preparatory Work and Coordination

This component focuses on preparatory and coordination activities required to support the effective implementation of the assignment, including the development of background inputs to inform policy dialogue and technical consultations.

Activities under this component include, but are not limited to:

- Desk review of existing references and practices relevant to disease classification and preparation for ICD-11 transition in Indonesia, as a basis for policy dialogue and transition framework
- Preparation of discussion materials, background notes, and tools to support policy dialogue, policy workshops, and technical workshops.
- Preparatory and technical coordination meetings with Pusdatin and MoH to support planning and implementation of key activities.

Note:
Preparatory/technical coordination meetings at Pusdatin office will be conducted up to four (4) times of one-day hybrid meeting, held at different stages of the assignment, including prior to and in preparation for key activities.

Deliverables:

- A short background note (1–2 pages) to support the Policy Forum and Technical Workshops.
- Discussion materials for the Policy Forum and Technical Workshops
- Short records of preparatory and coordination meetings, as appropriate.

4.2. Policy Forum on ICD-11 Transition (2 days)

The consultant will support the organization and facilitation of one (1) Policy Forum on ICD-11 Transition.. The forum is intended to support informed policy discussion and and to agree on key policy directions, priorities, and considerations, which will serve as the basis for the subsequent development of an initial ICD-11 Transition Framework for Indonesia.

Activities under this component include, but are not limited to:

- Agenda setting and overall coordination for the in-person policy forum, including logistic preparation.
- Facilitation and moderation of policy dialogue sessions.
- Documentation and synthesis of key discussions and agreed inputs from the forum.Policy.

The Policy Forum discussions will focus on, but are not limited to**:**

- Building a shared understanding of the rationale, urgency, and policy implications of ICD-11 transition in Indonesia, including a brief orientation on ICD-11 as needed.
- Identifying key policy questions, considerations, and priorities related to ICD-11 transition.
- Exploring possible ICD-11 transition options, sequencing, and institutional and coordination roles.
- Discussing implications for regulation, health financing, workforce capacity, and digital health systems, including linkages with SATUSEHAT and BPJS Kesehatan.

The forum will involve representatives from relevant units within MoH, other ministries and agencies, professional associations, academia, health facilities, and other key stakeholders. The

same group of participants is expected to attend both days of the forum to ensure continuity of discussion.

Note:
The Policy Forum will be conducted over two (2) days, with a maximum 60 participants, and held in government-owned venue, in Jakarta.
The Policy Forum will be supported by technical inputs from WHO, including contributions from WHO Headquarters and the WHO Regional Office, to complement national discussions. Consultant remains responsible for overall facilitation and synthesis of the forum outcomes.

Deliverables**:**

- Meeting minutes capturing key cross-sectoral inputs from the two-day Joint Policy Forum.
- A concise summary of agreed policy directions and initial inputs to inform the draft ICD-11 Transition Framework.

4.3. Targeted Technical Workshop and Consultations (3 days)

The consultant will organize and facilitate **one (1) targeted technical workshop on ICD-11**. This component is different from the Policy Forum and is intended to provide practical, role-based technical exposure to ICD-11 for selected participants, and to build a shared understanding of its implication for different functions and workflows, as an input to the ICD-11 transition planning process.
The workshop will involve a targeted group of technical participants (e.g. coders, clinicians, claims verifiers, health information and IT staff, and health statisticians). The number indicated is a maximum, and discussions will be conducted in smaller groups as appropriate.

Activities under this component include, but are not limited to:

- Planning, coordination, and logistical preparation for the targeted technical workshop.
- Facilitation and moderation of the technical workshop sessions.
- Facilitation of group work and technical discussions.
- Documentation and synthesis of key technical discussions and inputs from the workshop.
- Follow-up technical consultations, as needed, to clarify issues and consolidate inputs.

The technical workshop will focus on, but are not limited to:

- Introduction to ICD-11 concepts, structure, and available tools, with emphasis on practical application and differences from ICD-10 relevant to each role.
- Discussions and exercises on how ICD-11 may affect existing workflows, data use, reporting, claims processes, and system requirements.
- Identification of feasibility issues, capacity needs, and key technical considerations related to ICD-11 transition.

Note:
The technical workshop will be conducted over three (3) days, in in government-owned venue , in Bogor, with maximum 60 participants, in an offline format. Learning materials, exercises, and participant records will be managed through Pelataran Sehat (lms.kemkes.go.id) to support documentation and certification, where applicable.
Selected technical inputs during the workshop may be supported by WHO technical experts, including from WHO Headquarters and the WHO Regional Office. The Consultant remains responsible for overall facilitation and consolidation of technical outputs.

Deliverables under this component include:

- A technical workshop report summarizing key discussions, practical insights, and issues identified during the workshop.
- A consolidated list of technical, system, and capacity needs to support future ICD-11 transition.

4.4. Adaptation of ICD-11 Technical Training Materials

The consultant will develop adapted versions of existing WHO ICD-11 technical training materials for use in Indonesian context, with the objective of enabling reuse beyond this assignment

The adapted materials should be prepared in a format suitable for online delivery and reuse.

Deliverables:

- Adapted ICD-11 technical training materials, based on WHO ICD-11 training content, in Bahasa Indonesia and contextualized for Indonesia, in a format suitable for online delivery and reuse, including potential integration into Pelataran Sehat or other designated MoH learning platforms.
- The adapted materials will undergo WHO technical review prior to finalization.

4.5. Final Deliverables

In the end of the project, the consultant is expected to deliver the following:

a. Draft ICD-11 Transition Framework for Indonesia, documenting the agreed direction and key considerations for ICD-11 transition in Indonesia and English languages
b. Adapted ICD-11 Technical Training Materials, based on WHO ICD-11 training content, contextualized for the Indonesian context and prepared in a format suitable for online delivery and reuse through Pelataran Sehat or other designated MoH learning platforms.
c. Comprehensive activity (technical and financial) final report in Indonesia and English languages

After technical review, the outputs and deliverables will be handed over to Ministry of Health Indonesia and WHO Country Office Indonesia. Any activities outside the scope of the contract which will be proposed by the consultant should comply with WHO guidelines.

5. Requirements – Planning and the Evaluation Criteria

To undertake the above-mentioned key tasks listed under #4, it is critical for the consultant to have a good understanding of disease classification systems and their use in health reporting, statistics and related health system functions, within the broader health information system context.

The Consultant should demonstrate:

- familiarity with international disease classification and health data standards
- familiarity with the current use of ICD-10 in Indonesia and key considerations for transition to ICD-11
- understanding of the use of ICD across different functions, including health service reporting, cause of death statistics, health financing, and digital health systems
- experience in supporting policy dialogue, technical consultation, or transition planning

The proposal should address the criteria in this #5 Requirement – Planning and the Evaluation Criteria and the Annex 1 Evaluation Criteria.

To ensure quality and timeliness of work, the project will require continuous interaction and consultation with Pusdatin, MoH and involvement of the WHO technical unit/experts.

6. Characteristics of Provider

The assignment shall be undertaken by a legally registered company or institution in Indonesia with demonstrated capacity and experience relevant to the scope of work described in this ToR.

The Provider must demonstrate:

Mandatory

- experience in assignments related to disease classification systems and their use in health reporting, statistics, and related health system functions, or comparable technical-policy work in the health sector
- experience in supporting policy dialogue, technical consultation, and multi-stakeholder processes with government institutions, including facilitating policy or technical workshops
- familiarity with the institutional and operational context of health data and statistics in Indonesia
- familiarity with international disease classification systems and related health data standards

Desirable

- Prior experience working with government institutions, experience working with WHO or other international organizations is an advantage
- Experience in developing or adapting technical training materials for health professionals

The provider is expected to assign a team of three (3) personnel, consisting of one Team Leader, one Technical Team Member, and one Administrative/Finance Support Staff.

1. Team leader (1 person)
   The Team Leader will be responsible for overall coordination, technical leadership, and quality assurance of the assignment.
   Minimum qualifications include:
   - At least a Master's degree (S2) in public health, medicine, health information, health policy, or a related field.
   - Minimum 5 years of relevant professional experience in disease classification, health statistics, health policy, or related areas.
   - Demonstrated experience leading technical-policy assignments or similar projects with government institutions.
   - Strong facilitation and analytical skills, including the ability to synthesize technical discussions into policy-relevant outputs.
   - Prior experience working with UN agencies or international organizations is an advantage

2. Technical team member (1 person)
   Minimum qualifications include:
   - At least a Bachelor's degree (S1) in public health, medicine, statistics, health informatics, or a related field.
   - Minimum 3 years of relevant professional experience related to disease classification, health statistics, health reporting, or similar work
   - Experience supporting technical discussions, workshops, or consultations in the health sector.

- Ability to document and synthesize technical inputs clearly and accurately
- Ability to support the preparation and adaptation of technical training materials, including organizing content in a format suitable for online delivery and reuse

3. Administration and finance staff for handling the administration and finance issue, including organizing the meeting (1 person)
   Minimum qualifications include:
   - Background in business, administration, or related subject
   - At least 2 years experiences of administrative support (including arrange the meeting – e.g., invitation, travel, and meeting venue; logistics, document management, financial reporting) for government, UN, or NGO activity

CVs and relevant experience to the above characteristics should be submitted with the proposal.

Information about the roles/responsibilities and the proportionate time that will be dedicated to the project should also be included in the submission and in the financial proposal.

Appendix 2. Proposed Budget Template

Project Title / RFP No. Supporting ICD-11 Transition Planning and Readiness in Indonesia / RFP 008-2026

Name of Bidder *please fill in institution/company's name*

Code	Item Budget	Unit Cost	Quantity	Unit	Duration	Unit	Amount (Rupiah)
A. Professional Fee (*please refer to section 3. Requirement in the RFP for detailed number of person and duration of each person*)							
	Total						
	Team Leader			person		month	
	Team member 1			person		month	
	Supporting Team (administration, finance, etc)			person		month	
TOTAL							
B. Preparation/Technical Meeting - *please refer to section 3. Requirement in the RFP for detailed activities and number of person*							
	1. Preparation/Technical meeting in Pusdatin (4 time)						
	Meals			person		times	
	Refreshments						
TOTAL							
C. Policy Forum on ICD-11 Transition - *please refer to section 3. Requirement in the RFP for detailed activities and number of person*							
	Resource person fee						
	Moderator fee						
	Meals and/or Refreshment						
	Local Transport						
	Consultant transport						
	Fullboard consultant (if needed)						
TOTAL							
D. Targeted Technical Workshop and Consultations - *please refer to section 3. Requirement in the RFP for detailed activities and number of person*							
	Resource person fee						
	Moderator fee						
	Full day						
	Daily allowance						
	Transportation cost						
TOTAL							
E. Other cost							
	Total						
	Stationary and photocopies, translation for report (if needed)						
	Interpreter (if needed)						
	Institutional fee						
TOTAL							
GRAND TOTAL							

**** can be specified as deemed necessary***

APPENDIX 3. EVALUATION CRITERIA

Project Title / RFP No.: Supporting ICD-11 Transition Planning and Readiness in Indonesia / RFP 008-2026

CATEGORY	MAX. POINTS	MIN. PASS POINTS
1. Organizational Capacity	**10**	
1.1. Institutional profile indicating relevant experience related to disease classification systems, health information, health statistics, or similar technical or policy-related work with government institutions in Indonesia, including a list of relevant previous assignments (e.g. policy dialogue, technical consultation, transition planning, or similar initiatives). Previous experience working with UN agency or other international organizations is preferable.	8	
1.2. Clarity of the institution's rationale for undertaking this assignment and alignment of its background with the objectives of ICD-11 transition in Indonesia.	2	
2. Quality of the Technical Proposal	**50**	
The proposal should address and reflect the quality of following item:		
2.1. Clear understanding of the objectives and scope of the assignment, including ICD-11 transition as a policy and planning process rather than immediate implementation, and the role of disease classification in health reporting, statistics, and related health system functions.	12	
2.2. Proposed approach and methodology for implementing the scope of work, including identification of relevant stakeholders, proposed structure and agenda of the Policy Forum and Targeted Technical Workshop, and the approach to consolidating discussions and inputs into the ICD-11 Transition Framework.	14	
2.3 Proposed approach for facilitating policy dialogue and technical discussions, including how discussions will be guided, how different technical and institutional perspectives will be managed, and how meaningful and usable inputs will be generated	12	
2.4. Gantt chart describing the implementation timeline, including the key task and specific allocation of human resources for each phase. Consider the feasibility and practicality of the proposed timeline and activities	7	
2.5. Anticipated project risks and mitigation measures and quality assurance	5	
3. Resources and Key Personnel	**10**	
3.1 Full CVs of proposed team members demonstrating relevant education and experience, with a clear team structure and assignment of roles and responsibilities across the proposed timeline as reflected in the Gantt chart. (#2.4)	6	
3.2 Description of institutional resources available to support the assignment, including internal technical support, administrative capacity, and relevant tools or systems.	4	
TECHNICAL PROPOSAL	70	50
FINANCIAL PROPOSAL	30	
TOTAL MARKS	100	