



Technical Assistance to Conduct Health Technology Assessment of Priority Medicines for Inclusion in the Philippine National Formulary

Request for Proposals (RFP)

Bid Reference

WHO-HSS/2024-10/001.02/248461

Country/Unit Name

Philippines/Health Systems

Closing Date:

11 October 2024]



Country/Unit Name

The World Health Organization (WHO) is seeking offers for bidders to come into contractual agreement to provide technical assistance to perform health technology assessment of priority medicines for inclusion in the national formulary.

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

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

1. Requirements

WHO requires the successful bidder, to carry out full health technology assessment of priority medicines .

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

The successful bidder shall be a ☒ for profit / ☒ not for profit institution operating in the field of health technology assessment. with proven expertise in clinical assessment, economic assessment and ELSHI assessment.

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

Mandatory experience:

- At least a Master's Degree in relevant field
- Team Lead is with at least 5 years of relevant working experience in conducting health technology assessment
- assessment

Desirable experience:

- Extensive knowledge, skills and experience in research, evidence appraisal, evidence synthesis and meta-analysis
- Knowledgeable of Philippine HTA process and methods guide

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

2. Proposal

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

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

- Confidentiality Undertaking (*please complete Annex 2*)
- Presentation of your Company / Institution (*please complete Annex 3*)
- Proposed solution
- Proposed Approach/Methodology
- Proposed time line
- Financial proposal - Currency.

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

3. Instructions to Bidders

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



Country/Unit Name

A prospective bidder requiring clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than than **8 October 2024**:

Email for submissions of all queries: wpplwr@who.int and wproungm@who.int
(use Bid reference in subject line)

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

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

The bidder shall submit, in writing, the complete proposal to WHO, no later than **11 October 2024 at 17:00 hours Manila time** ("the closing date"), by email at the following email address:

WHO-HSS/2024/001.02/248461.
(use Bid reference in subject line)

To be complete, a proposal shall include:

- A technical proposal, as described under part 2 above;
- A financial proposal, as described under part 2 above;
- Annexes 2 & 3, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: WHO-HSS/2024-10/001.02/248461 .

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

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

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

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

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

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

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, inter



alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

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

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

4. Evaluation

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

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

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

The technical evaluation of the proposals will include:

| | |
|--|------------|
| Addressing of WHO's requirements and expectations | 15 |
| Quality of the overall proposal | 25 |
| Experience of the firm in carrying out related project | 25 |
| Qualifications and competence of the personnel proposed for the assignment | 15 |
| Proposed timeframe for the project | 20 |
| TOTAL | 100 |

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

A minimum of [85] points is required to pass the technical evaluation.

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

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

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



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5. Award

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.

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

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

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

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

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

We look forward to receiving your response to this RFP.

Yours sincerely,
Mrs Ying Chen, Programme Management
and Administrative Officer



Country/Unit Name

Annexes

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
Contractual provisions



Annex 1: Detailed Terms of Reference

1. Purpose of the APW

The purpose of this APW is to enter into a contractual agreement with a successful bidder suitable to provide technical assistance to conduct health assessment of priority medicines for inclusion in the Philippine National Formulary following the Philippine HTA Process and Methods Guide.

2. Background

Pursuant to the Universal Health Care (UHC) Act, all health technologies that the government will implement and cover shall undergo health technology assessment (HTA). This aims to ensure the rational utilization of various health technologies that will be funded by the government.

In 2020, DOH Administrative Order no. 2020-0041 entitled “The New Implementing Guidelines on Health Technology Assessment to Guide Funding Allocation and Coverage Decisions in support of Universal Health Care” was issued in order to define the overall framework to institutionalize and implement HTA as a priority setting mechanism that shall be recommendatory to guide DOH and PhilHealth on all coverage and funding allocation decisions. The release of the implementing guidelines was supplemented with the official release of the HTA Process and Methods Guide to lay down the details of the implementation of the process and the assessments.

Under the same issuance, it is stipulated that the implementation of HTA covers alignment and linkage of its process framework with other existing programs and policies in DOH and PhilHealth which identify technologies for funding allocation or coverage, such as the Philippine National Formulary System (PNFS). Per EO no. 49 series of 1993, all government agencies have been directed to use the PNF as the basis for government procurement. The PNF serves as the national essential medicines list of the country where listed medicines have been assessed and included on the basis of safety and efficacy, cost-effectiveness, affordability and public health relevance. Currently, the assessment processes of the PNFS to review and identify which drug topic applications shall be listed (therefore be covered by the government) are subsumed under the HTA Process.

Currently, there are priority drug topic applications for PNF listing needing to undergo assessment following the HTA methods, to serve as a basis for its coverage decision. As such, this APW is being undertaken to assess the clinical and economic benefits of including selected drugs for inclusion in the PNFS.

Mental health issues are not new, but the COVID-19 pandemic rapidly accelerated the depth and breadth of this public health crisis. According to the OECD report, population mental health worsened markedly during the pandemic. In fact, from March 2020 onwards, the prevalence of anxiety and depression increased and in some countries even doubled. However, the COVID-19 pandemic did more than increase the prevalence of mental health issues and illness. It also accelerated positive momentum to increase accessibility to crucial support and services including medicines for those affected.

3. Planned timelines (subject to confirmation)

Start date: October 2024

End date: December 2024

Total duration: 3 months



4. Requirements - Work to be performed

In coordination with WHO Philippines and the Health Technology Assessment Unit of the Department of Science and Technology, the selected contractual partner shall carry out the conduct of health technology assessment of priority medicines for inclusion in the Philippine National Formulary.

Objective 1: To conduct health technology assessment on the identified priority drug topics for inclusion in the Philippine National Formulary.

Output 1.1: Perform review of reviews or a systematic review on the clinical efficacy and safety of the identified drug topics for inclusion in the PNF.

Output 1.2: Perform review of international guidelines (NRA guidelines, country guidelines and clinical practice guidelines) of other countries and HTA Agencies.

Output 1.3: Conduct cost minimization analysis or cost-effectiveness analysis and a 5-year budget impact analysis for drugs that will show comparable or significant benefit based on systematic reviews.

Output 1.4: Develop an evidence summary for each identified drug or each drug class, containing the clinical and costing evidence, following the specified format.

Identified priority medicines are as follows:

1. Brexpiprazole (500mcg, 1mg, 2mg, 3mg, 4mg tablet / 250mcg, 1mg, 2mg, 3mg, 4mg film-coated tablet)
 - Indication: adjunct therapy for major depressive disorder (MDD)
 - Population: Patients with major depressive disorder who either not responded or only partially responded to the initial antidepressant medication
 - Intervention: Brexpiprazole as adjunct therapy
 - Comparator: Placebo / Aripiprazole / Quetiapine / olanzapine as adjunct therapy
 - Outcomes:
 - Efficacy Outcomes: Response rate; Remission rate; Severity of Depressive Symptoms (as measured by eg: HAM-D24, CGI-S, CGI-IMADRS, etc.); Functional impairment (based on Sheehan Disability Scale); Quality of life; Relapse rate/risk of relapse
 - Safety Outcomes: Adverse Events; Ideations of suicide, suicide attempt; Systemic AEs; Non-serious AEs; Serious AEs; Non-fatal SAEs; Treatment Emergent AEs; TEAEs leading to discontinuation
 - Economic Impact: Cost-effectiveness - cost per quality-adjusted life-year; Budget impact - difference in national implementation cost between the interventions; Cost of illness and out of pocket expenses
 - Ethical, Legal, Social, and Health System Impact: Ethical impact (equity and fairness of coverage decisions; considerations for special subgroups), Legal impact (Alignment or incongruence with any law or policy), Social impact (Social acceptability; Cultural factors affecting patient and caregiver preferences and values), Health systems impact (Availability; Feasibility - capacity of human resources, service capacity or facilities; Potential to impact other roles of existing organizations)
2. Vortioxetine [5mg, 10mg, 15mg, 20mg film-coated tablet]
 - Indication: first-line or second-line treatment for MDD
 - Population: For adults with Major Depressive Disorder
 - Intervention: Vortioxetine as first-line or second-line treatment
 - Comparator: Placebo, Sertraline, Fluoxetine, and Escitalopram (PNF- listed drugs for MDD)
 - Outcomes:



- Efficacy Outcomes: Response rate; Remission rate; Depression score (as measured by, eg : HAM-D24, CGI-S, CGI-I MADRS, etc.); Functional impairment (based on Sheehan Disability Scale); Quality of life; Relapse rate/risk of relapse
- Safety Outcomes: Any AEs; Systemic AEs; Non-serious AEs; Serious AEs; Non-fatal SAEs; Treatment Emergent AEs; TEAEs leading to discontinuation
- Economic Impact: Cost-effectiveness - cost per quality-adjusted life-year; Budget impact - difference in national implementation cost between the interventions; Cost of illness and out of pocket expenses
- Ethical, Legal, Social, and Health System Impact: Ethical impact (Equity and fairness of coverage decisions; Considerations for special subgroups), Legal impact (Alignment or incongruence with any law or policy), Social impact (Social acceptability; Cultural factors affecting patient and caregiver preferences and values), Health systems impact (Availability; Feasibility - capacity of human resources, service capacity or facilities; Potential to impact other roles of existing organizations)

3. Paroxetine [(as hydrochloride) 20mg Tablet / Film-coated Tablet]

- Indication: first line treatment for MDD
- Population: Adults with Major Depressive Disorder
- Intervention: Paroxetine as first line treatment
- Comparator: SSRIs (Escitalopram; Fluoxetine; Sertraline)/Placebo
- Outcomes:
 - Efficacy Outcomes: Response rate; Remission rate; Depression score (as measured by, eg : HAM-D24, CGI-S, CGI-I MADRS, etc.); Functional impairment (based on Sheehan Disability Scale); Quality of life; Relapse rate/risk of relapse
 - Safety Outcomes: Ideations of suicide, suicide attempt; Any AEs; Systemic AEs; Non-serious AEs; Serious AEs; Non-fatal SAEs; Treatment Emergent AEs; TEAEs leading to discontinuation
 - Economic Impact: Cost-effectiveness - cost per quality-adjusted life-year; Budget impact - difference in national implementation cost between the interventions; Cost of illness and out of pocket expenses
 - Ethical, Legal, Social, and Health System Impact: Ethical impact (Equity and fairness of coverage decisions; Considerations for special subgroups), Legal impact (Alignment or incongruence with any law or policy), Social impact (Social acceptability; Cultural factors affecting patient and caregiver preferences and values), Health systems impact (Availability; Feasibility - capacity of human resources, service capacity or facilities; Potential to impact other roles of existing organizations)

4. Paroxetine [(as hydrochloride) 20mg Tablet / Film-coated Tablet]

- Indication: for Post-Traumatic Stress Disorder (PTSD)
- Population: Adults with Major Depressive Disorder
- Intervention: Paroxetine for PTSD
- Comparator: SSRIs (Escitalopram; Fluoxetine; Sertraline)/Placebo
- Outcomes:
 - Efficacy Outcomes: Clinical-Administered PTSD Scale (CAPS) score; Clinical Global Impressions (CGI) Scale; Quality of life
 - Safety Outcomes: Any AEs; Systemic AEs; Non-serious AEs; Serious AEs; Non-fatal SAEs; Treatment Emergent AEs; TEAEs leading to discontinuation

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- Economic Impact: Cost-effectiveness - cost per quality-adjusted life-year; Budget impact - difference in national implementation cost between the interventions; Cost of illness and out of pocket expenses
- Ethical, Legal, Social, and Health System Impact: Ethical impact (Equity and fairness of coverage decisions; Considerations for special subgroups), Legal impact (Alignment or incongruence with any law or policy), Social impact (Social acceptability; Cultural factors affecting patient and caregiver preferences and values), Health systems impact (Availability; Feasibility - capacity of human resources, service capacity or facilities; Potential to impact other roles of existing organizations)

5. Requirements - Planning

- 5.1. Submission of Inception Report with timetable of activities – 1 week after inception meeting with WHO and DOST-HTAU
- 5.2. Submission of Interim Report/Updates – **August 2024**
- 5.3. Submission of Final Technical Reports/Recommendations, including Financial Report – September 2024

6. Inputs

The Contractor for this APW shall work closely with WHO Focal Point and DOST-HTAU on the process and methods to perform health technology assessment of identified priority medicines. Available data or references may also be shared to the Contractor. The Team Lead of the contracted company or institution is expected to implement proper and smooth project management including communication with WHO and DOST-HTAU.

7. Activity Coordination & Reporting

| | | | |
|---|---|---------------|--|
| Technical Officer: | Mr Juan Paolo Tonolet, Technical Officer, AMR | Email: | tonoletj@who.int |
| Supervising Officer: | Dr Graham Harrison Team Lead, HSS | Email: | harrisong@who.int |
| For the purpose of: | <i>Technical supervision and instructions - Reporting</i> | | |
| Programme Management and Administrative Officer: | Mrs Ying Chen, Programme Management and Administrative Officer | Email: | cheny@who.int |
| For the purpose of: | <i>Contractual and financial management of the contract</i> | | |

8. Characteristics of the Provider

The selected contractual partner should meet the following qualification criteria:

- 8.1. Mandatory experience:
 - At least a Master's Degree in relevant field
 - Team Lead is with at least 5 years of relevant working experience in conducting health technology assessment
- 8.2. Desirable experience:
 - A team composed of:
 - 1 Project Leader
 - 2 to 3 Clinical evidence reviewers
 - 1 to 2 Economic evaluation experts
 - 1 to 2 Social science

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- Extensive knowledge, skills and experience in research, evidence appraisal, evidence synthesis and meta-analysis
 - General
 - Development of research protocol
 - Development of research report
 - Conduct of evidence appraisal
 - Conduct of evidence synthesis and meta-analysis
 - Specific
 - Clinical Assessment
 - Conduct of clinical evidence appraisal with the use of appraisal tools (i.e., RoB, GRADE, AMSTAR)
 - Economic Assessment
 - Conduct of economic evaluation and costing analysis
 - ELSHI Assessment
 - Ethical, social, legal, and ethical issues
 - Conduct of primary data collection (i.e., survey, key informant interview, focus group discussions, participant observation)
 - Perform qualitative analysis (i.e., descriptive analysis, thematic analysis, interpretive phenomenological analysis)
- Knowledgeable of Philippine HTA process and methods guide.

9. Place of assignment

The place of assignment is in Manila, Philippines. The selected contractual partner may work remotely, as appropriate. Activities will be carried in normal working hours of Manila time zone.



Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of Health Systems (HSS), has access to certain information relating to health technology assessment which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as "the Information").
2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for "Conduct Health Technology Assessment of Priority Medicines for inclusion in the Philippine National Formulary" ("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: | |



Country/Unit Name

Annex 3: Vendor Information Form

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

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



Annex 4: Contractual Provisions

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

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below).

In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other persons engaged by the Contractor 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 on Sexual Exploitation and Abuse Prevention and Response; (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; and (vi) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: <http://www.who.int/about/finances-accountability/procurement/en/> for the UN Supplier Code of Conduct and at <http://www.who.int/about/ethics/en/> for the other WHO Policies.

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

(i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response by any of its employees and any other persons engaged by it to perform any services under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the contractor becomes aware; and

(ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; and (ii) promptly report to WHO, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

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

- i. it is not and will 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 will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;
- ii. it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and
- iii. the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

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

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

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

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

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

8. **Audit.** 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.

Country/Unit Name

The Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

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

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

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

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