



**World Health
Organization**

End of Project evaluation for Unitaïd's investment in Perennial Malaria Chemoprevention (PMC)

Request for Proposals (RFP)

Bid Reference **2025.06**

Contracting Entity **Unitaid**

Purpose of the RFP:

To identify a suitable provider with relevant experience to conduct the End-of-Project Evaluation for Unitaïd's investment in Perennial Malaria Chemoprevention (PMC)

Closing Date:

17th March 2025, 17h00 CET (Geneva time)

Given the time constraints and hard deadlines, extension of tender closing date may not be feasible at this juncture. Bidders are encouraged to plan and submit the proposals by this closing date.



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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 **End-of-Project Evaluation for Unitaid's investment in Perennial Malaria Chemoprevention (PMC)**.

Unitaid receives financial contributions from sovereign and not-for-profit philanthropic organizations to deliver its mandate. Unitaid receives no assessed contributions. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet Unitaid requirements, while ensuring a high level of service.

1.2 About Unitaid

Unitaid is a global health organization that saves lives by making new health products available and affordable for people in low- and middle-income countries. Unitaid works with partners to identify innovative treatments, tests and tools, help tackle the market barriers that are holding them back, and get them to the people who need them most – fast.

Since Unitaid was created in 2006, the organization has unlocked access to more than 100 groundbreaking health products to help address the world's biggest health challenges, including HIV, TB and malaria; women's and children's health; and pandemic prevention, preparedness and response. Every year, more than 300 million people benefit from the products Unitaid has helped roll out. Unitaid is hosted by the World Health Organization.

Unitaid is supported by public funding and is hosted by WHO. The Unitaid Secretariat is a lean, efficient organization of about 120 staff, based in Geneva, Switzerland. The principal functions of the Secretariat are to carry out and manage the day-to-day operations of Unitaid, including implementing the work plan of Unitaid as approved by the Board, managing and coordinating relationships with Partners, and coordinating and facilitating technical support and advice to the Board. Please consult our website at the following link for more information <http://www.unitaid.org>

For the purpose of this document Unitaid is hereinafter referred to as Unitaid, Unitaid/WHO, WHO/Unitaid, or WHO.

[Unitaid's 2023-2027 Strategy](#) was conceived to address the growing need for faster, equitable access to affordable and effective health products, at a time when progress towards achieving SDG3 – to ensure healthy lives and promote wellbeing for all, at all ages – had stalled and the Covid-19 pandemic had exposed the dramatic inequality in access to care between high- and low-income countries. The Strategy is the road map for how Unitaid will make an essential contribution to the global health community's common challenges.

The 2023-2027 Strategy outlines a stronger emphasis on inclusive and demand-driven partnerships, including deeper engagement and collaboration with affected people and communities to ensure they are part of every step of Unitaid's work. It also recognizes Unitaid's comparative advantage to respond to challenges in women's and children's health and global health emergencies, and formally integrates these two programmatic areas, alongside Unitaid's well-known focus on HIV, TB, malaria and cross-cutting work. The Strategy also identifies that need for Unitaid to gain a stronger voice in the global health world and pushes for Unitaid to take a more active convening and influencing role to align partners towards common global health goals.



Unitaid's Strategic Performance Framework guides how Unitaid measures and manages the performance of its 2023-2027 Strategy. It is accompanied by a set of strategic and organizational key performance indicators (KPIs) that measure key aspects of Unitaid's work at the mission, strategic objective, and organizational (operational) levels.

Unitaid recognizes climate change as a global emergency and threat to the achievement of the Sustainable Development Goals (SDG). On 11 November 2021 Unitaid launched its Climate Action Roadmap committing to reduce carbon emissions of the Secretariat by 50% by 2030 and offset its carbon footprint to effectively achieve net-zero emissions from 2022. Unitaid is committed in reducing carbon footprints from its procurement activities, therefore seeking for potential contractors sharing the same commitment and initiatives. Bidders are requested to demonstrate their existing initiatives in place and incorporate the sustainability actions into the RFP proposal, especially in relation to carbon footprint (*refer Annex 4 Item 1.1.7 – please note that this is a mandatory bid submission requirement*).



2. DESCRIPTION OF PRESENT ACTIVITIES

2.1 Overview and current approach

Unitaid's Executive Board requires that an independent external evaluation be conducted for each investment Unitaid makes. In 2021, Unitaid invested in two projects that addressed a wholistic supply and demand side efforts aimed at introducing and increasing access to Perennial Malaria Chemoprevention (PMC).

In 2019, children under the age of five represented 67% of the estimated 409,000 global malaria deaths. Approximately 54% of these child deaths occurred in children younger than two years old. The World Health Organization (WHO) Africa Region bears the majority of the global malaria burden, accounting for 94% of the estimated 229 million malaria cases and 94% of malaria-related deaths. It is estimated that 24 million children in this region (11% of total cases) were infected with malaria, with 12 million experiencing moderate anemia and 1.8 million suffering from severe anemia. Analysis from the Global Burden of Disease study indicates that 36% of malaria cases in children under five occur in those under the age of two.

Since 2010, the WHO has recommended the use of sulfadoxine-pyrimethamine-Intermittent preventive treatment in infants (SP-IPTi)¹ given at three contacts of the Expanded Programme on Immunization (EPI) during the first year of life (through the diphtheria, pertussis, and tetanus (DPT)², DPT3, and measles 1 vaccinations) in moderate-to-high transmission where SP resistance is not high (defined as a prevalence of the pfdhps 540 mutation below 50%). SP-IPTi has been shown to decrease cases of clinical malaria by 30% and anemia by 21% in the first year of life and is highly cost effective. Uptake of SP-IPTi within policy has remained extremely low due to multiple access and adoption barriers including restrictive policies, low demand, limited access, and insufficient supply. Until recently, only one country, Sierra Leone, had adopted this strategy beginning in 2016.

The two investments:

- The first, a US\$ 35.5 million funding for a project named The Plus Project, which aimed to generate evidence and promote the uptake of perennial malaria chemoprevention for children. Led by Population Services International (PSI), the project began in August 2021 and runs until October 2025, with a possible extension to March 2026. It is implemented in Benin, Cameroon, Cote d'Ivoire, and Mozambique.
- The second, an amendment and a costed extension to an existing project previously approved by Unitaid Executive Board to respond to the growing market-need for quality-assured malaria products, in 2017 called MMV Supply Grant². The costed extension amendment of the MMV Supply Grant added a fourth output namely Output 4: Improve global supply of quality assured sulphadoxine-pyrimethamine (SP) for intermittent preventive treatment for infants (IPTi). The objective for output 4 was to support the development and submission of dossier for WHO prequalification for at least two additional manufacturers developing a SP D scored tablet formulation, in two dosage strengths (500/25mg for >10kg and 250/12.5 mg for the 5-10kg infants).

¹ Subsequently renamed to Sulphadoxine Pyrimethamine for Perennial Malaria Chemoprevention (PMC-SP)

² The original MMV Supply Grant worked to increase access to quality assured products for malaria chemoprevention and pre-referral treatment of severe malaria. It included 3 outputs to support development of three quality assured finalized pharmaceutical products namely: Output 1: Sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment in pregnancy, Output 2: Sulfadoxine-pyrimethamine and amodiaquine (SP+AQ) for Seasonal Malaria Chemoprevention (SMC), and Output 3: Rectal artesunate for the pre-referral management of severe malaria and one sulfadoxine API.



The Plus Project addresses critical access gaps in malaria prevention by focusing on expanding access to and adoption of effective malaria chemoprevention strategies. Its aim is to provide evidence for smooth delivery through EPI platform, collaborate with partners to increase demand, and work with users and policymakers to encourage wide adoption. Additionally, the Plus Project working with MMV Supply Grant – Output 4 will bring quality-assured paediatric SP products to market, ensuring they are appropriately designed for the target population, thereby addressing longstanding innovation and availability.

In 2022, WHO updated its recommendations by removing the specification for doses and ages, extending the target age group to children beyond one year in high-burden areas, and allowing implementation regardless of parasite resistance. The intervention was renamed from IPTi to perennial malaria chemoprevention (PMC). The intervention then is referred to as PMC-SP in this document.

The recent update on the share of malaria burden remains largely unchanged: According to the 2024 World Malaria Report, children under 5 years old accounted for 74% of the 597,000 malaria deaths in 2023. The WHO Africa Region had 94% of the estimated 263 million malaria cases and 95% of malaria deaths worldwide. The investment decision remains highly relevant and valuable.

2.2 Objectives of the present activity

This evaluation will take place over approximately 3 months. The key evaluation questions, outlined below, are based on Unitaid's evaluation framework, Unitaid's 2023-2027 strategic framework (**Annex 1**) and Unitaid's scalability framework – abridged version included (Annex 2), which underpin all internal and external evaluations. Unitaid's evaluation framework criteria are aligned with the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) standard evaluation criteria. The evaluation framework was recently revised to align with Unitaid's new strategy adopted in June 2022. We encourage evaluators to check Unitaid's Evaluation website (<https://unitaid.org/evaluations/#en>) for more details on our evaluations and examples of evaluation reports.

Specifically, the Evaluators are expected to assess:

- (1) Validity and alignment of the project impact to Unitaid's frameworks and approach. Evaluators will critically review the existing impact models of the investment and update the impact estimates. The estimates would include collective public health impact of the Unitaid's investments in the grant for i) direct impact during grant implementation; and ii) potential impact during the 5-year period following grant closure. The Evaluators are expected to leverage evidence developed through the project including cost and cost effectiveness studies and ensure alignment with Unitaid impact approach
- (2) **Relevance:** is the intervention doing the right things?
 - a. To what extent did the objectives and design of the projects respond to the needs of targeted beneficiaries?
 - b. Have design and implementation approaches been appropriately adapted/course-corrected to respond to any changes in context of the country EPI platforms?
 - c. To what extent is the projects design and implementation identified and addressed issues related to gender, social inclusion and equity in line with Unitaid's overall mission to reach the most disadvantaged populations?
- (3) **Coherence:** how well does the intervention fit in the context of all other malaria interventions and priorities.
 - a. To what degree did the investments fit with other interventions within targeted countries, sectors or institutions (e.g. creating synergies between relevant interventions and



- consistent with other initiatives/international norms and standards within the same space)? How well does the intervention align with priorities/needs identified by partners/the global disease response?
- b. To what extent is the investment adding value (and not duplicating efforts or establishing parallel systems)?
- (4) **Efficiency:** how well are resources being used including in the introduction of quality assured products in a timely manner?
- a. How timely, cost-efficient and cost-effective was implementation
 - b. What factors have been considered to ensure that value for money has been achieved from an efficiency standpoint?
 - c. How well did the grant implementers collaborate with national authorities in project planning, implementation and assessment to promote integration into existing health systems?
 - d. What lesson can we learn related to product development and introduction?
- (5) Assess performance across the **Unitaid Strategic Objectives**
- a. **Strategic Objective 1 (primary): Accelerate the introduction and adoption of key health products**
 - i. Effectiveness: in the context of the call for proposal is the intervention achieving its objectives per the access barriers identified; how well is the investment catalyzing and promoting global policy adoption and country implementation both in project and non-project countries.
 - a) Innovation and availability: To what extent did the investments accelerate the development of quality-assured SP products fit for children? To what extent was product development needed and was the approach used by Unitaid include the market shaping activities fit to addressing the gap?
 - b) Demand and Adoption: To what extent did the investments facilitate increased demand, adoption and scale up of PMC-SP within target countries and beyond, how impactful and sustainable are these gains and what gaps remain? What have been the main factors influencing readiness for adoption and scale-up? How have the investments contributed to an enabling global environment for scale-up, including generating evidence, normative guidance, tools to support country adaptation and uptake? Specifically, how influential were the investments in generating evidence to inform WHO guidelines on use of PMC-SP?
 - c) Supply and Delivery: How effective are the delivery methods in efficiently and cost-effectively reaching the target population within the project, and how applicable are they beyond the project?
 - ii. Scalability: To what extent have the investments helped establish country readiness for scale-up, including securing ongoing political and financial commitments by national governments and other partners, supportive policies and enhanced health system capacity for delivery, and partnering with civil society?
 - iii. Sustainability: will the proposed approach work and sustain the benefits over a long period?
 - iv. Impact: what difference is the intervention likely to make in respect to the scale-up context?
 - b. **Strategic Objective 2: Create systemic conditions for sustainable, equitable access**
 - i. How well have the investments and Unitaid disseminated knowledge, evidence and lessons learned on equitable access? To what extent has this contributed to generating broader awareness and increased support for these investment areas from other stakeholders?
 - ii. Assess the impact and value add of supporting the regional manufacturing of SP products for PMC



c. Strategic Objective 3: Foster inclusive and demand driven partnerships for innovation

- i. To what extent have the investments been responsive to community needs and how effectively have Unitaid and implementers engaged with affected communities in the planning, design, implementation and assessment of activities? Were design and implementation approach appropriately adapted/course corrected to respond to any changes in context? What synergies took place to ensure effective engagement, learning and sharing of knowledge?
 - ii. How well did the investments and Unitaid add value and maximize alignment/coherence and synergies with global partners, governments, in-country stakeholders, and CSOs during planning, implementation and assessment to promote adoption and scale-up within existing health systems?
 - iii. To what extent did implementers and the Unitaid secretariat contribute to further development of global alliances/partnerships to support scale-up and sustainability of products supported through the investment?
 - iv. To what extent did implementers and the Unitaid secretariat contribute to continental and regional priorities
- (6) Suggest comprehensive, actionable recommendations based on key findings and conclusions so that Unitaid can integrate lessons learnt. We expect the evaluators to spend the required level of effort for this crucial piece of the evaluation report.
- (7) In addition, the evaluators are requested to explore the following key areas that stood out during the project implementation, capture key lessons and formulate recommendations:
- a. **Delays that led to extensions:** While the COVID-19 pandemic caused expected delays, other factors also led to the need for project extensions. For instance:
 - i. **Protocol development and approval:** Analyze the situation and identify actions that Unitaid or the grantees could have taken to avoid this issue. What steps can Unitaid take in the future to prevent similar delays?
 - ii. **Product development:** The process leading to submission of manufacturing data to WHO pre-qualification took longer than planned. Furthermore, the approval after submission to WHO pre-qualification also took longer. Assess if there are actions that Unitaid and grantees could have done to mitigate these delays.
 - b. **Regional manufacturing:** Support to Output 4 of the MMV supply grant continues Unitaid's strategic investment in strengthening Regional Manufacturing. Document the learning experience for future investments, particularly focusing on how well the investment considered an end-to-end approach, including market shaping to ensure competitiveness.
 - c. **WHO's Conditional Recommendation on PMC:** Considering the latest WHO recommendation on PMC (2022) is a conditional recommendation supported by moderate certainty evidence, please provide an evaluation of the feasibility for scaling up this intervention amidst other competing malaria priorities.
 - d. **Decision support tool:** One of the key deliverables of the project is a decision support tool to support countries make informed decisions on the value and sub-national deployment of PMC. Provide an assessment, in general of tools such as these that are developed by project and their sustainability after project ends. What should be Unitaid's consideration be when investing in tools that requires ongoing support when project ends? Is there an ongoing role for Unitaid after project closes?
 - e. **Important evidence available post-project:** Some of the important evidence from the project will be available after support to country level activities has ended. How well has the project prepared to ensure this evidence influences policy making even after its conclusion? What lesson can Unitaid take from this experience to enhance its future investment?



Refer Appendix 2 – Terms of Reference (TOR) for more details on the scope of work.

2.3 Activity coordination

The Unitaid Secretariat will manage the engagement; the selected Contractor will be expected to participate in a virtual inception/kick-off meeting with Unitaid, virtual or in-person presentation to Unitaid Secretariat (and partners) and to prepare a presentation of the findings. In addition, the selected Contractor will be expected to provide regular (weekly/bi-monthly) status updates to the Unitaid focal points.

Evaluators will work remotely and will be required to travel or use country-level staff in two of the project countries, namely Côte d'Ivoire and Mozambique. Progress in the remaining countries where country visits will not be done will be assessed through a desk review plus teleconference interviews (as appropriate). The Evaluators, in consultation with Unitaid and grantees, will identify potential stakeholders to interview. It is preferred that the Evaluators have either a regional/local presence in the project countries (especially those targeted for travel) or have access to local counterparts that can assist the Evaluators including in identifying local stakeholders to be interviewed.



3. REQUIREMENTS

3.1 Introduction

Unitaid requires the successful bidder, the Contractor, **to conduct the End-of-Project evaluation for Unitaid’s investment in Perennial Malaria Chemoprevention.**

3.2 Characteristics of the Contractor

3.2.1 Qualification and skills requirements

Bidder shall propose a multi-disciplinary team of 3-4 experienced evaluators, including the team leader. The team leader must have at least 10 years of strong experience leading evaluations of a similar scope and complexity and ideally a strong understanding of market dynamics and interventions to increase access to testing in low and middle-income countries. Core team members should have at least 5 years of individual experience in their respective areas of technical expertise.

The firm and proposed evaluation team should meet the following requirements:

1. Expert knowledge of the malaria field and the challenges related to malaria in LMICs, both community-level, referrals, and different levels of health facilities as it relates to malaria management.
2. Extensive experience in conducting evaluations of grants in the field of malaria policy and guideline revisions both normative and in-country.
3. Demonstrated extensive knowledge of the challenges and options around ensuring access to innovative health products in LMICs.
4. At least one team member with strong expertise in malaria prevention and treatment.
5. At least one team member with strong expertise in collection and analysis of qualitative data.
6. At least one team member with strong expertise in quantitative assessment of public health and economic impact.
7. Expert knowledge of the global health landscape and the dynamics of introducing and scaling up interventions for complex health issues, including new treatment, at national and global levels.
8. Fluency in English is required, and at least one team member should be proficient in French and Portuguese for country assessments.

Consideration for appropriate representation with regards to gender and a broad mix of backgrounds, skills and perspectives is desirable.

Note: Bidders shall demonstrate clearly that the proposed team meets each of the above experience requirements. Please provide details of such experience in the updated CVs and where applicable, include links to the past projects or reports published. Please add a table or short summary (overview) to outline how each team member meets the specific requirement and experience, example:

List of TOR Requirement/ Experience	Team member(s)	Years of Experience in this requirement	Project name and description	Relevance



3.2.2 Staffing

- Bidders are requested to propose staffing dedicated to the project, skills set and team structure/leadership commensurate to the scope of work of this RFP and responsive to Unitaid’s specified timeline and focus.
- Bidders are expected to propose a team composition that is deemed most appropriate and practical to carry out the work effectively and efficiently, in both technical and financial terms.
- It is imperative that the same individuals who develop the methodology for the proposal are involved in conducting the review. In scoring the proposals, significant weighting will be given to the quality, experience and relevance of individuals who will be involved in the review, alongside the consideration of the proposed methodology.
- The proposed team members who have been accepted by Unitaid following the RFP evaluation process (including from the outcome of negotiation prior to award recommendation) shall be available throughout the contract period and shall not be changed after the award of contract, unless requested or agreed to by Unitaid. |

3.3 Work to be performed

3.3.1 Key requirements

This evaluation will take place over approximately 3 months. The key evaluation questions, outlined below, are based on Unitaid’s evaluation framework, Unitaid’s 2023-2027 strategic framework (**Annex 1**) and Unitaid’s scalability framework – abridged version included (Annex 2), which underpin all internal and external evaluations. Unitaid’s evaluation framework criteria are aligned with the Organisation for Economic Co-operation and Development’s (OECD) Development Assistance Committee (DAC) standard evaluation criteria. The evaluation framework was recently revised to align with Unitaid’s new strategy adopted in June 2022. We encourage evaluators to check Unitaid’s Evaluation website (<https://unitaid.org/evaluations/#en>) for more details on our evaluations and examples of evaluation reports.

Refer to the TOR for more details on the requirements of the scope, key deliverables and work to be performed.

3.3.2 Place of Performance

Evaluators will work remotely and will be required to travel or use country-level staff in two of the project countries, namely Côte d'Ivoire and Mozambique. Progress in the remaining countries where country visits will not be done will be assessed through a desk review plus teleconference interviews (as appropriate). The Evaluators, in consultation with Unitaid and grantees, will identify potential stakeholders to interview. It is preferred that the Evaluators have either a regional/local presence in the project countries (especially those targeted for travel) or have access to local counterparts that can assist the Evaluators including in identifying local stakeholders to be interviewed.

3.3.3 Timelines

The review will run over the course of 3 months with deliverables to be submitted within the following indicative timeline.

Deliverable	Due date	Duration (13 weeks)
1. Kick-off	31 st March 2025	



2. An inception report outlining the process for the evaluation including methodology, overarching theory of change, draft evaluation tools (with tailored evaluation questions and sub-questions), a work plan and timeline and a list of interviewees	11 th April 2025	2 weeks
3. Data collection & impact analysis <ul style="list-style-type: none"> - Document reviews - Country visits/remote data collection - Validation of existing grant impact methodologies & further elaboration (as needed) of methodology to assess public health and economic impact 	9 th May 2025	4 weeks
4. First draft evaluation report submitted for review and comment by Unitaid	23 rd May 2025	2 weeks
5. Second draft evaluation report that incorporates Unitaid feedback to be shared with Unitaid and the grantee	06 th Jun 2025	2 weeks
6. A virtual or in-person presentation to Unitaid (and partners) Secretariat on key findings and recommendations	20 th June 2025	2 weeks
7. Final evaluation report	27 th June 2025	1 weeks

3.3.4 Reporting requirements

The Contractor shall submit monthly progress reports, detailing the activities undertaken, outcome of the activities, progress to-date, and other details as requested by Unitaid during the contract duration. In addition, reports (including drafts) as stipulated under section 3.3.3 shall be submitted by the indicative dates mentioned. The final evaluation report will be available to the public on the Unitaid website (www.unitaid.org). Unitaid reserves the right to redact sensitive or confidential information prior to publication of the final evaluation report.

3.3.5 Finance and accounting requirements

Basis for Payment	Payment Percentage
1. Upon satisfactory submission of the inception report and acceptance by Unitaid	20% of Professional Fee
2. Upon satisfactory completion of First draft evaluation report and acceptance by Unitaid	30% of Professional Fee
3. Upon satisfactory completion of virtual (or in-person) presentation to Unitaid and partners	30% of Professional Fee
4. Upon satisfactory completion of Final evaluation report and acceptance by Unitaid	20% of Professional Fee
5. Payment for other costs (if any)	Based on actual delivery

For professional fees, payment will be made following satisfactory completion of the ToR and of corresponding detailed invoices, along with a Financial Statement (using the template to be provided by Unitaid) detailing the actual level of effort incurred and breakdown of travel expenses.

For travel costs (subject to agreement with Unitaid), payment will be made in accordance with WHO rates and upon submission of invoices indicating actual travel costs with proof of payment. Evaluators



are responsible to organize all logistics of travel, including hotel booking and local transportation. All travels must be arranged in the most economical way, in line with Unitaid's effort in reducing carbon footprints related to the procurement activities.

3.3.6 Performance monitoring

The Contractor will be evaluated throughout the implementation of contract on:

- their capacity to deliver the assessments with an optimal technical quality within the agreed timelines;
- the control of the costs;
- their proper and smooth project management (including communication with Unitaid);
- their service orientation and responsiveness to Unitaid's needs and expectations.



4. INSTRUCTIONS TO BIDDERS

The only means by which bidders can submit proposals in response to this RFP is through the United Nations Global Marketplace (UNGM) portal, available at <https://www.ungm.org/>.

All bidders must therefore be registered with the UNGM at basic level to submit their proposal.

Detailed information on the registration and submission of your proposal through the UNGM portal is available in Appendix 1 to this RFP.

Bidders must also follow the instructions set forth below when submitting their proposal.

Unitaid will not be responsible for any proposal which does not follow the instructions in this RFP, including this Section 4, and Unitaid 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 Unitaid shall be written in the English language.

4.2 Intention to Bid

At any time before the tender closing date (preferably as soon as possible), the bidder shall submit their **intention to bid** using the following forms, duly completed and signed under the "Correspondence" tab of UNGM:

1. Acknowledgment Form (Annex 1);
2. Confidentiality Undertaking Form (Annex 2).

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.

Unitaid reserves the right to reject proposals from bidders who have not submitted the Acknowledgement Form and the Confidentiality Undertaking 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 Unitaid, making a presentation, negotiating a contract and any related travel.

Unitaid 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 requirements. Proposals offering only part of the requirements may be rejected.

The bidder is expected to follow the proposal structure described in paragraphs 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, Unitaid. 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

Any **request for clarification** on technical, contractual or commercial matters is to be submitted EXCLUSIVELY via UNGM no later than **13 March 2025, 17:00 Geneva time**.

Questions are to be submitted via UNGM "Correspondence" tab, and mandatorily formulated as follows:

Question #	Reference to RFP (paragraph #)	Question text

Unitaid will respond in writing via the "Correspondence" tab of UNGM to any request for clarification of the RFP that it receives by the deadline indicated above. A consolidated document of Unitaid'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.

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 Unitaid/WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries as per the process described above, and/or through a possible presentation or meeting called for by Unitaid, in accordance with the terms of this RFP.

4.7 Submission of Proposals

All proposals for this RFP must be submitted **solely through the UNGM**.

The technical and financial parts of the proposal must be submitted in **two separate and sealed submissions ("envelopes")** in UNGM, as further described in section 4.8.

Upon submission through UNGM, proposals become automatically sealed, and accessible to Unitaid once the deadline for submission of proposals has passed.

The proposal shall include the complete technical and financial proposals and requested supporting documents (marked clearly **Bid Ref 2025.06**):

- **All information and documentation related to the technical proposal (including the attached Annexes 2, 3 and 6 and the "Information about Bidders" as listed in Annex 4) shall be uploaded in UNGM, "Tender Documents" tab, under "Technical Envelope" ONLY.**



- All information and documentation related to the financial proposal shall be uploaded in UNGM, “Tender Documents” tab, under “Financial Envelope” ONLY.

Receipt will be confirmed by a “Return Receipt” visible in the “History” tab of UNGM.

4.8 Formatting and Naming of Proposals

The technical and the financial proposal shall be titled as follows:

Technical Proposal_Bidder’sName_ 2025.06

And

Financial Proposal_Bidder’sName_ 2025.06

Bidders shall upload their proposals via **UNGM**, through the “**RFP documents**” tab.

The technical proposal and related attachments should be attached in the “Technical envelope” placeholder.

The financial proposal and related attachments should be attached separately in the “Financial envelope” placeholder.

4.9 Exclusion of Submission of Proposals by E-mail or in Hard Copy

Only those proposals submitted via UNGM will be accepted by Unitaid. Under no circumstances shall proposals be submitted to Unitaid by any other means, including, without limitation, by E-mail or in hard copy.

4.10 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a **minimum period of 120 calendar days after the closing date** for submission of proposals, including the proposed team members. A proposal valid for a shorter period may be rejected by Unitaid. In exceptional circumstances, Unitaid 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.

4.11 Closing Date for Submission of Proposals

Proposals must be submitted EXCLUSIVELY via UNGM and **not later than the tender closing date** **17/03/2025 17:00** hours, **Geneva** time. **Given the time constraints and hard deadlines, extension of tender closing date is not feasible at this juncture.**

No late submissions of proposals will be possible or accepted. 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, including complying with any technical requirements of the UNGM system.



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

4.12 Modification and Withdrawal of Proposals

The bidder may withdraw its proposal any time after the proposal's submission and before the opening of the bids, provided a written and signed notice of the withdrawal, uploaded under the "Correspondence" tab of UNGM, is received by Unitaid prior to the closing date for the submission of proposals (4.11).

No proposal may be modified after the closing date for submission of proposals, unless Unitaid has issued an amendment to the RFP allowing such modifications (see section 4.14).

No proposal may be withdrawn in the interval between the closing date for submission of proposals and the expiration of the proposal validity period.

4.13 Receipt of Proposals from Non-invitees

Unitaid 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.

4.14 Amendment of the RFP

Unitaid may, at any time before the closing date for submission of proposals, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) 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 (4.11).

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

4.15 Proposal Structure (*bidders are requested to pay attention on this section to facilitate the evaluation/assessment of the proposals*)

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 4.15.1 to 4.15.4 below. [In addition, bidders are required to complete and submit Annex 4 of this RFP \(Information about Bidder\) which will be reviewed along with the Technical Proposal.](#)

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

[Please include a Table of Content in the first section of the Technical Proposal with the corresponding pages.](#)

4.15.1 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary summarizing how they could support Unitaid in achieving its objectives under this RFP. Please provide the name and email of the contact person in charge of this RFP submission for communication purposes.



4.15.2 Proposed Solution and Approach/Methodology

Bidders shall clearly elaborate their [in-depth understanding on the project requirements and objectives \(tailored to Unitaid's needs\)](#), followed with a section to outline in detail, the [proposed solution\(s\)](#) to address Unitaid's requirements efficiently. Bidders are expected to ensure high quality of Technical Proposal i.e. complete, appealing, with good flow, clearly written and well presented.

Bidders shall also address their [proposed detailed approach and methodology](#) in their technical proposals in line with Unitaid requirements, explaining how the objectives of this RFP can be successfully achieved from these approach and methodology. It is expected that clear, concise and compelling language is used for the proposal and bidder shall refrain from repeating contents from the RFP or the TOR. Methodological rigor will be given significant consideration in the assessment of proposals. The reviewers are expected to outline their proposed methodology in detail including mapping of suggested methods and data sources by the key questions of the review. In addition, the reviewers are expected to develop and apply rubrics to assess strength of evidence, strength of effect, and level of contribution to inform analysis and reporting of findings. The proposal should outline options for how qualitative information will be triangulated and analyzed in a robust way to generate findings and insights from a diverse set of stakeholder feedback and information. The final choice of methodology will be subject to the decision of the Unitaid Secretariat.

[In the Technical Proposal, bidders are required to include the proposed level of effort \(in number of days\) for each team member proposed, without disclosing the information on daily rate\(s\), budget or any financial information.](#) Additional note: Please also include bidder's proposal related to consultations with key country stakeholders.

Bidders must ensure that their proposed design and implementation of the review is guided by the following three principles:

1. **Simplicity**: the review implementation and deliverables should be focused, clear, succinct and conclusive.
2. **Complementarity and additionality**: the review should generate information that will be in addition to the wide range of performance-related and other evidence produced by the Secretariat.
3. **Pragmatic and action-oriented**: the review should comprise specific, feasible and actionable recommendations that can be applied in a timely manner using existing resources of the Secretariat.

Bidders shall demonstrate their capacity and capability to fulfil the requirements in section 3.3 and the detailed Terms of Reference, which may include, but not limited to, their experience in the carrying out [similar assignments](#) in the past. At least [three \(3\) samples of most relevant past projects including its outcome \(case studies\) successfully delivered must be presented in the proposal, along with reference contact](#). The proposal shall demonstrate that both the firm and the proposed team members meet each of the "Qualifications and Skills Requirements under 3.2.1" and supported with relevant evidence. [In addition, each of these mandatory Qualifications and Skills Requirements must be demonstrated and highlighted clearly in the 3 case studies presented in the Technical Proposal.](#)

Bidders must also elaborate on their [team management approach](#), including the communication/coordination plan with Unitaid's team, the allocation of resources and appropriate level of effort for each proposed phase of activities, capacity to deliver these projects should be indicated and explain how they will deliver the project effectively and efficiently at the highest quality.



The team composition and proposed level of effort shall be rightsized and take into considerations of Unitaid's restricted financial resources. Bidders shall submit detailed and updated CV(s) of the dedicated project team member(s) proposed for this project, with clear and detailed elaborations on the relevant experience in relation to each of the requirements indicated in TOR (Resources required and qualifications). For example, when demonstrating expertise and experience in conducting complex assessments; or delivering high quality reports, please include clear description of the relevant projects and link to the report/analysis produced. Please add a table or short summary (overview) to outline how each team member meets the specific requirement and experience, example:

List of TOR Requirement/ Experience	Team member(s)	Years of Experience in this requirement	Project name and description	Relevance

CVs marked as “indicative” or “options” will not be evaluated. Kindly merge all the CVs as part of the Technical Proposal (in lieu of multiple separate attachments for each CV) and indicate years of experience for each of the proposed experts. The proposed team members who have been agreed on and accepted by Unitaid following the evaluation and selection process shall not be changed by the Contractor after the award of contract, unless requested or agreed to by Unitaid during the contract implementation. If bidder is partnering with other firm or individuals, please ensure they also do not have any potential or perceived conflict of interest to carry out this work.

4.15.3 Proposed Timeline

The proposed timeline/project plan should be presented either in Microsoft Word, XLS or PDF format, taking into account sections 3.3.3 and 3.3.4 to illustrate the proposed key activities and anticipated outcome(s). In the timeline, bidders are requested to indicate the anticipated level of effort (in number of days) proposed under each key timelines/milestones, or level of effort per monthly distribution, as appropriate.

4.15.4 Financial Proposal

Bidders are requested to submit the financial proposal using Annex 5 attached to the RFP, indicating the daily rates for the experts/roles proposed under requirement in section 3.2.2 which should remain valid throughout the contractual period to serve as the basis for invoicing. Please submit the financial proposal in **both** PDF and MS Excel format, free from any computational errors. **In maintaining the integrity and fairness of the competition, bidders are refrained from contacting Unitaid to seek information or clarifications on the budget allocation for this project.**

The offer currency must be the same as the bank account of the Contractor that will be used to receive payment for the to-be contract. For comparison purpose only, financial proposals that are submitted in currency other than USD will be converted into USD using the UN exchange rate³ as of the tender closing date of this RFP.

The bidder's Financial Proposal must be 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 (preferably US Dollars);
- The number of days the proposal is valid (from the date of the form) in accordance with

³ <https://treasury.un.org/operationalrates/>



section 4.10.

4.16 Conduct and Exclusion of Bidders

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

In addition, bidders **shall submit, as part of their proposal submission (under the “Technical” Envelope) 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 Unitaid 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 Unitaid 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.

Unitaid may decide to exclude bidders for other reasons.



5. OPENING AND EVALUATION OF PROPOSALS

5.1 Opening of Proposals

After the closing date for submission of proposals, Unitaid will open the technical proposals that were received in a timely manner.

In a second and later stage, only the financial proposals of those bids which have achieved the minimum technical threshold according to the evaluation process of section 5.4 will be opened and evaluated.

There will be no public bid opening.

5.2 Clarification of Proposals

Unitaid 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 Preliminary Examination of Proposals

Unitaid 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. **Technical proposals found to contain financial bid or pricing information (e.g., daily rates) will be rejected.** Proposals which are not in order as aforesaid may be rejected.

Please note that Unitaid 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 Unitaid/WHO's general principles, including economy and efficiency, Unitaid does not bind itself in any way to select the bidder offering the lowest price.

5.4 Evaluation of Proposals

Following the preliminary examination of proposals as per section 5.3, a two-stage procedure will be implemented, with the evaluation of the technical proposal being completed prior to the evaluation of the financial proposal.

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



5.4.1 Technical Evaluation (*bidders are encouraged to pay attention on this section*)

The technical evaluation of the proposals will include:

- the extent to which Unitaid's requirements and expectations have been satisfactorily addressed, understood and articulated;
- the quality of the overall proposal;
- the appropriateness of the proposed approach and methodologies;
- the quality of the technical solution proposed;
- the manner in which it is proposed to manage and staff the project (including project management and coordination plan with Unitaid);
- the relevant experience of the firm in carrying out related projects and the relevance of experience in relation to this TOR;
- of important, the qualifications, experience and competence of the personnel proposed for the assignment to be clearly demonstrated, meeting each of the specific requirements listed in the TOR (Qualification and Skills);
- the proposed timeframe for the project;
- the firm's commitment and initiatives in support of sustainability (particularly in relation to carbon footprint) as per requirement in Annex 4 (Item 1.1.7); and
- the presentation performance, if requested by Unitaid during bid evaluation stage.

5.4.2 Financial Evaluation

Financial proposals will remain sealed until the completion of the technical evaluation. During the financial evaluation, only the price proposals of those bids which have achieved the minimum technical threshold will be opened and compared.

5.5 Bidders' Presentations

Unitaid 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 Unitaid's choice) followed by a "question and answer" session. If required, the presentation may be held virtually by tele/videoconference and bidders (including the proposed key team members) are expected to make availability during this period.

NOTE: Other presentations and any other individual contact between WHO/Unitaid 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

Unitaid reserves the right to:

- a) Award the contract to a bidder of its choice, even if its proposal 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 proposals 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 Unitaid'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.

Unitaid has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. Unitaid 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: Unitaid is acting in good faith by issuing this RFP. However, this document does not oblige Unitaid to contract for the performance of any work, nor for the supply of any products or services.

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

At any time during the evaluation/selection process, Unitaid reserves the right to modify the scope of the work, services and/or goods called for under this RFP. Unitaid 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 Unitaid's Right to Extend/Revise Scope or Requirements at Time of Award

Unitaid 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 Unitaid's Right to enter into Negotiations

Unitaid 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 Unitaid according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then Unitaid has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

6.6 Publication by WHO/Unitaid of Contract awards

WHO/Unitaid reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public information regarding contracts awarded, including Contractors' names and addresses, a description of the goods or services provided and their value.



7. GENERAL AND CONTRACTUAL CONDITIONS

The contract between Unitaid/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 Unitaid/WHO;
- clear deliverables, timelines and acceptance procedures;
- payment terms tied to the satisfactory performance and completion of the work;
- notices.

The prices payable by Unitaid/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 Unitaid/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 Access), 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 Access

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.

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 indicated under 3.3.2.

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 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.

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, or sexual exploitation and abuse.

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 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 Code of Conduct for responsible Research; (iv) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (v) 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

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

- 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 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
- 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.

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 harassment, (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 from WHO, 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), 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, or 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 [AND APPENDICES]

Annex 1	Acknowledgment Form (Intention to Bid) <i>(to be submitted preferably before the tender closing date)</i>
Annex 2	Confidentiality Undertaking <i>(to be submitted preferably before the tender closing date)</i>
Annex 3	Proposal Completeness Form <i>(to be submitted with the Technical Proposal*)</i>
Annex 4	Information about Bidder <i>(to be submitted with the Technical Proposal*)</i>
Annex 5	Financial Proposal Template <i>(to be submitted in separate envelope from Technical Proposal*)</i> <i>(attachment is provided in separate document of this RFP)</i>
Annex 6	Bidder Self-Declaration Form <i>(to be submitted with the Technical Proposal*)</i>
Annex 7	Declaration of Interest Form for Business Entity <i>(to be submitted with the Technical Proposal*)</i> <i>(attachment is provided in separate document of this RFP)</i>
Annex 8	WHO Arms-Tobacco Disclosure Statement <i>(to be submitted with the Technical Proposal*)</i> <i>(attachment is provided in separate document of this RFP)</i>

***Submission date of the complete Technical and Financial proposal: 17 March 2025.**
Given the time constraints and hard deadlines, extension of tender closing date is **not feasible** at this juncture.

Appendix 1	UNGM Guide <i>(attachment is provided in separate document of this RFP)</i>
Appendix 2	Terms of Reference (TOR) <i>(attachment is provided in separate document of this RFP)</i>
Appendix 3	General Conditions of Contract (Agreement for Performance of Work) <i>(attachment is provided in separate document of this RFP)</i>



Request for Proposals: 2025.06

Annex 1: Acknowledgement Form

To be submitted as Intention to Bid (refer paragraph 4.2) together with Annex 2.

Please check the appropriate box (see below) and upload this acknowledgement form under the “Correspondence” tab in UNGM:

 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 17/03/2025 at 17:00 hours Geneva time.**

 Non-Intention to Submit a Proposal

We hereby acknowledge receipt the invitation to 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:	.....
UNGM Registry number:	| .....|
Mailing Address (including country of bidder's registered business):	..... ..... .....
Name, Title and email of duly authorized representative:	.....
Signature:	
Date:	.....



Request for Proposals: 2025.06

Annex 2: Confidentiality Undertaking

To be submitted as Intention to Bid (refer paragraph 4.2) together with Annex 1.

1. Unitaid has access to certain information relating to the below mentioned project which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as “the Information”).
 2. Unitaid/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 Proposals (RFP) for **End-of-Project evaluation for Unitaid’s investment in Perennial Malaria Chemoprevention (PMC)** (“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 Unitaid/WHO or parties collaborating with Unitaid/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 Unitaid/WHO to the Undersigned; or
 - b) was in the public domain at the time of disclosure by Unitaid/WHO; or
 - 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 to Unitaid/WHO.
4. At Unitaid/WHO’s request, the Undersigned shall promptly return any and all copies of the Information to Unitaid/WHO.
5. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above-mentioned RFP process.
6. Any dispute relating to the interpretation or application of this Undertaking 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.

Entity Name:	.....
Mailing Address (including country of bidder’s registered business):	..... ..... .....
Name, Title and Email of duly authorized representative:	.....
Signature:	
Date:	.....



Request for Proposals: 2025.06

Annex 3: Proposal Completeness Form *(incomplete submission may be disqualified)*

To be uploaded in UNGM, "Tender Documents" tab, under "Technical Envelope" ONLY.

Section	Requirement	Completed in full (Yes/No)
Annex 1	Acknowledgement form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 2	Confidentiality undertaking form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 3	Proposal completeness form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 4	Information about Bidder, including past experience/projects and response to climate and environment aspect (carbon footprint) <i>(please complete and submit information requested under Annex 4 as part of the main Technical Proposal)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 5	Financial Proposal (TO BE UPLOADED SEPARATELY IN FINANCIAL ENVELOPE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 6	Self-Declaration Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 7	Declaration of Interest for Business Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annex 8	WHO's Arms & Tobacco Disclosure Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.15.1 to 4.15.4	Technical Proposal - including Executive Summary, proposed solution, approach and methodology, timeline, detailed CVs of the proposed team, etc. Please merge all these documents in one/single pdf file as a Technical Proposal (in lieu of multiple attachments) and provide a clear Table of Contents with page information on the first page of Technical Proposal for reference.	<input type="checkbox"/> Yes <input type="checkbox"/> No

The enclosed proposal is valid for _____ days* from the date of this form.

* minimum period of 120 calendar days after the closing date for submission of proposals.

Agreed and accepted,

Entity Name:	.....
Mailing Address (including country of bidder's registered business):	..... ..... .....
Name, Title and Email of duly authorized representative:	.....
Signature:	
Date:	.....



Request for Proposals: 2025.06

Annex 4: Information about Bidder *(to be added in the last section of bidder's main**Technical Proposal)*

RFP Ref. If applicable	Information required
	1. Company Information
	1.1 Corporate information
3.2	1.1.1 Company mission statement <i>(including profit or not for profit status)</i>
	1.1.2 Service commitment to customers and measurements used
3.2	1.1.3 Accreditations
	1.1.4 Organization structure
	1.1.5 Geographical presence
	1.1.6 Audited financial statements for the past (3) three years
	1.1.7 Mandatory (bidders who fail to sufficiently respond to this requirement in the technical proposal may not be considered for award of contract): Company's commitment and initiatives in support of sustainability (in particular in relation to carbon footprint, e.g.: overall company carbon footprint, past/ongoing initiatives to reduce carbon emissions, or compensation/offsetting of emissions) and how it will be reflected in this procurement/consultancy activities. Please include any relevant certification or supportive documentation. Kindly provide sufficient information on this requirement as it will be evaluated and scored in the Technical Proposal assessment. Bidder(s) not demonstrating sufficient initiatives (i.e. having limited climate /environmental efforts undertaken with no formal or concrete pledge/policy in the organization) may not be recommended for award of contract. Please indicate if bidders have a formal/concrete pledge or policy, formal commitment to net-zero goals or Paris Agreement targets, and/or measurable achievements (e.g., footprint reduction against baseline, and footprint associated to goods or services delivered)
	1.2 Legal Information
	1.2.1 History of Bankruptcy, if any
	1.2.2 Pending major lawsuits and litigations in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement), if any
	1.2.3 Pending Criminal/Civil lawsuits, if any
3.2	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 <i>(list and provide detailed examples of relevant experience that demonstrate the Contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP).</i>
	2.2.1 Project Description
	2.2.2 Status <i>(under development / implemented)</i>
	2.2.3 Reason for relevance <i>(provide reason why this project can be seen as relevant to this specific project)</i>
	2.2.4 Roles and responsibilities
	2.2.5 Team Members <i>(indicate relevant members of the team that will also be used for this project)</i>
3.2	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 <i>(info required under item 3.2.1 to 3.2.3 below can be incorporated under Section 4.15.2 of the Technical Proposal)</i>



	3.2.1 Name and CV of each team member proposed, highlighting relevant experience matching with each of the TOR requirements (Resources required and qualifications)
	3.2.2 Structure of the team, and role of each member in the project
	3.2.3 Time dedicated to the project (please clearly indicate number of days proposed in the Technical Proposal, without disclosing daily rates or financial information)
	3.2.3 Risk management, including contingency plans in the event of a consultant vacancy and how COVID-19 challenges and restrictions which may impact this project.
4.5	4. Proposed sub-contractor arrangements including sub-contractor information, if relevant <i>(to provide info as above for each sub-contractor)</i>

**Request for Proposals: 2025.06****Annex 6: Self Declaration Form**

To be uploaded in UNGM, "Tender Documents" tab, under "Technical Envelope" ONLY.

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 (financial or otherwise) arising from a procurement contract or the award thereof.
- i. It adheres to the UN Supplier Code of 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 (including country of bidder's registered business):	..... ..... .....
Name, Title and Email of duly authorized representative:	.....
Signature:	
Date:	.....