

**Title...** To develop an investment for the African Region to maintain a robust VPD surveillance network in the post-polio eradication era

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Request for Proposals (RFP)

Bid Reference

AFRO/040/2017

Unit Name

VPD



Unit Name **VPD**

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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 following work: to develop a value proposition and an investment case for vaccine preventable disease (VPD) surveillance in the WHO African Region. This VPD surveillance investment case should outline a conceptual framework putting sensitive disease surveillance at the center of VPD control, and certification/verification of elimination, and detail the budget required to support the core and supportive laboratory and epidemiology surveillance activities that address new and existing priority VPD threats within the African Region. Concerned that VPD laboratory and epidemiological surveillance activities are currently heavily dependent on [Global Polio Eradication Initiative \(GPEI\)](#) resources, it is imperative that a costed VPD surveillance investment case is developed that highlights the investment needed to maintain and sustain a rapid response to priority new and existing VPD public health threats in the post-polio eradication era and increasing threats of anti-microbial resistance (AMR).

This investment case will be used by Member States and WHO to raise the necessary domestic and external financial resources required to maintain a robust VPD laboratory and epidemiological surveillance network within the Africa Continent.

WHO is an Organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are therefore requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

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### 1.2 About WHO

#### 1.2.1 WHO Mission Statement

The World Health Organization was established in 1948 as a specialized agency of the United Nations. The objective of WHO ([www.who.int](http://www.who.int)) is the attainment by all peoples of the highest possible level of health. "Health", as defined in the WHO Constitution, is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.

#### 1.2.2 Structure of WHO

The World Health Assembly (WHA) is the main governing body of WHO. It generally meets in Geneva in May of each year and is composed of delegations representing all 194 Member States. Its main function is to determine the policies of the Organization. In addition to its public health functions, the Health Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. It also considers reports of the WHO Executive



Board, which it instructs with regard to matters upon which further action, study, investigation or report may be required.

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

The WHO Secretariat consists of some 7,600 staff at the Organization's headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The current Director-General is Dr Margaret Chan. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

WHO in the African region:

The main role of the WHO Secretariat in the African Region is to support Member States to build capacities for health stewardship, health systems strengthening, essential services delivery and for protection of public health security through:

- Disseminating evidence on the effectiveness of different health sector interventions and good practice for service delivery, mainly through WHO guidelines;
- Providing guidance and support for the development/updating of national policies, strategies, guidelines and plans for scaling-up equitable, quality and evidence-based interventions for prevention, treatment, care and support;
- Strengthening procurement and supply management systems to promote equitable and sustainable access to essential and affordable HIV medicines and other commodities;
- Strengthening laboratory capacity for provision of quality-assured laboratory results for provision of priority health interventions;
- Strengthening surveillance, monitoring and evaluation systems, including programme reviews, in order to report on programme performance, coverage and impact;
- Supporting operational research and documenting and sharing “best practices” for decision-making; and
- Supporting countries to mobilize resources using existing mechanisms

### 1.2.3 Description of Cluster/Service/Unit

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## 1.3 Definitions, Acronyms and Abbreviations

*Enter text*

## 2. DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES

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### 2.1 Overview

The [Africa Regional Strategic Plan for Immunization 2014-2020](#) (RSPi) sets ambitious targets to be attained by 2020, including the eradication of polio, elimination of measles, and maternal-neonatal tetanus, Meningitis A epidemics as well as the attainment of high and equitable immunization coverage. The main objective of [RSPi](#) is to prevent millions of deaths by 2020 with more equitable access to traditional and new vaccines for all people in all communities. [RSPi](#)



provides an opportunity to strengthen immunization systems, increase coverage and reduce the unacceptably high morbidity and mortality attributable to vaccine-preventable diseases. [RSPI](#) articulates that the needed quality immunization services and coverage is a shared responsibility of individuals, communities, civil society, governments and their development partners.

In order to translate this responsibility into firm commitments of all stakeholders, in February 2016, the World Health Organization's Regional Offices for Africa and the Eastern Mediterranean Regions, together with the African Union and the Government of Ethiopia, hosted the first-ever [Ministerial Conference on Immunization in Africa \(MCIA\)](#) at the African Union Headquarters in Addis Ababa, Ethiopia. The conference convened African political leaders and immunization stakeholders to discuss what needs to be done to reach the targets set by the [GVAP](#) and ensure that all children – regardless of where they are born – receive the full benefits of immunization. With the primary objectives of increasing community demand and building country ownership for immunization, this landmark meeting brought together African Ministers of Health – alongside immunization partners, advocates, technical experts and policymakers from across Africa and around the world – to renew and strengthen commitments to improving access to lifesaving vaccines across the African continent.

The [MCIA](#) was a galvanizing moment for immunization in Africa, bringing together more than 1,000 stakeholders from approximately 70 countries, including nearly every African country. Two days of in-depth panel sessions, side-events and bilateral meetings focused on: securing sustainable financing, empowering local communities, collecting better data, strengthening immunization systems, and harnessing polio's legacy. Participants advanced critical discussions on immunization progress and challenges, resulting in a Declaration on [Universal Access to Immunization as a Cornerstone for Health and Development in Africa](#), signed by Ministers of Health or heads of delegation from 47 African countries. This historic document (The Addis Declaration on Immunisation - ADI) is the first declaration focused on immunization signed by African ministers which was endorsed by all Heads-of-State at the 28<sup>th</sup> African Union Summit that took place in January 2017. One of the ten commitments enshrined in the ADI prioritizes "Attaining and maintaining high quality surveillance for targeted vaccine preventable diseases."

As the African region embarks on implementing the [ADI Roadmap](#) (which was finalized in June 2017), the critical importance of surveillance data to drive programme strategic decision-making is paramount. Surveillance for vaccine preventable disease in the African Region is framed in the context of the Regional Integrated Disease Surveillance and Response (IDSR) strategy. WHO AFRO developed the IDSR approach for improving public health surveillance and response in the African Region linking community, health facility, district and national levels. IDSR promotes the rational and efficient use of resources by integrating and streamlining common surveillance activities. Surveillance activities for different diseases involve similar functions (detection, reporting, analysis and interpretation, feedback, action) and often use the same structures, processes and personnel.

In the past two decades, VPD surveillance in the African Region has been conducted in an integrated manner, supported heavily from the Global Polio Eradication Initiative (GPEI) funding. However, as the GPEI draws closer to eradicating polio, the GPEI budget has substantially starting to decrease and will continue over the next 3-years. The closing of the



GPEI presents important risks for the VPD surveillance network in the African Region should funding streams that support VPD surveillance not be identified. As of mid-2017 for example, there has not been any specific donor or partner funds to support yellow fever and neonatal tetanus surveillance, cholera and typhoid fever and the funds from the Measles and Rubella Initiative have declined markedly in the last 2 years to the extent that many of the laboratories in the measles –rubella lab networks have faced stock out of key test kits.

In addition to the phasing out of [GPEI](#), the African region will also start to face the phasing out of GAVI support as countries within the African region transition and will no longer be eligible to apply for GAVI support. As more countries become ineligible for GAVI support (which is determined by a country's Gross National Income per capita according to World Bank data), GAVI funding to WHO to support Member States will also deplete. Currently, GAVI does not have a specific support window for VPD surveillance. Even though, theoretically, countries may be able to access Health System and Immunization Strengthening (HSIS) funds to finance surveillance activities, this has been very difficult in practice, given the multiple priorities budgeted against HSIS funds.

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## 2.2 Objectives of the activity

The scope of this activity will cover VPD laboratory and epidemiological surveillance, in the 47 countries that comprise the WHO African region and will look into the programmatic needs until 2030.

The objective of this activity is to develop a value proposition and an investment case for the African Region to be used by Member States and WHO to raise the necessary domestic and external financial resources required to maintain a robust VPD laboratory and epidemiological surveillance network within the African Region in the post-polio eradication era and linked to the Anti-Microbial Resistance agenda. Details to include in the investment case are proposed in section 3.3 of this RFP.

Furthermore, although [GPEI](#) will close once the globe is certified polio-free, [GPEI](#) has developed its “post-certification strategy” where some essential functions (including surveillance) will need to continue even after global polio certification. Member States will need to either deliver or support these functions, including: surveillance & the regional reference laboratory network; polio virus containment; etc. This investment case should also take into consideration these essential functions.

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## 2.3 Activity coordination





*This activity will primarily be conducted off-site by the consulting firm where weekly tele-conference calls and regular e-mail exchanges will be held with designated immunization staff from the WHO Regional Office for Africa. A face-to-face introductory meeting as well as a face-to-face meeting with WHO to finalize the investment case should be planned. t*

### 3. REQUIREMENTS

#### 3.1 Introduction

WHO requires the successful bidder, the Contractor, to carry out task: ... , to develop a regional investment case to maintain a robust VPD laboratory and epidemiological surveillance network within the African Region in the post-polio eradication era.

Given the increasing availability and introduction of new vaccines in the African region, accurate assessments of disease burden, outbreak investigation and response and vaccination impact will be necessary. Systems that have the capacity to conduct high quality surveillance for diseases prevented by new vaccines such as: rotavirus, influenza, *Haemophilus influenzae* type b (Hib), and *Streptococcus pneumoniae* (pneumococcus) while ensuring strong linkages and synergies with existing surveillance systems for polio, measles, rubella, diphtheria, yellow fever, epidemic meningitis, CRS and neonatal tetanus and other communicable disease surveillance efforts in order to create efficiencies and ensure long-term sustainability of vaccination programmes [Toscano et al, Vaccine 2013].

In 2007, the World Health Organization published the Global Framework for Immunization Monitoring and Surveillance (GFIMS), which outlines recommendations for ministries of health to enhance national surveillance of vaccine-preventable diseases (VPDs) [Dabbagh et al, A new global framework for immunization monitoring and surveillance, WHO Bulletin 2007; 85:904-5]. Rather than implementing new disease-specific and vertical VPD surveillance systems, the GFIMS recommends that VPD surveillance be placed in a “unified framework” that builds upon the strengths of existing surveillance systems. Such an approach is also at the core of the African Regional ISDR strategy.

The above underlines the need to develop an investment case for an integrated VPD surveillance system in the post-polio eradication era.

#### 3.2 Characteristics of the provider

##### 3.2.1 Status

The provider shall be a private company or individuals or public institution operating in the field of public health consulting with proven expertise in immunization and disease surveillance both globally and on the African continent.





### 3.2.2 Accreditations

Not applicable

### 3.2.3 Previous experience

Previous work with WHO, other international organizations and/or major institutions in the field of: public health, with firm expertise in immunization and disease surveillance

Proven experience in: *Enter text*

### 3.2.4 Logistical capacity

*The work is to be carried out primarily off-site, with travel to the WHO regional office and a number of African countries when needed.*

### 3.2.5 Staffing

Staff dedicated to the Project, or specified phases thereof, must have proven expertise and experience in the principles and practices of global health in general and immunization and disease surveillance in particular.

Staff will conduct their work primarily off-site. As the work to be conducted will be performed in English, staff must be fluent in English (with a working knowledge of French & Portuguese desirable).

#### Work to be performed

To develop an investment case for the African Region to be used by Member States and WHO to raise the necessary domestic and external financial resources required to maintain a robust integrated VPD laboratory and epidemiological surveillance network within the African Region in the post-polio eradication era.

The investment case will include a conceptual framework that justifies the need for solid and sensitive surveillance systems as a measure of the impact of interventions against VPDs. It will also outline the various types of current VPD surveillance activities against the disease control objectives, and develop a unifying framework that integrated key supportive functions, and as much as possible the core surveillance elements. The investment case will primarily focus on the VPDs currently targeted through a case based and sentinel surveillance model, but is expected to incorporate the other VPDs and new VPDs that may be targeted for control in the next decade. In addition, the investment case will position VPD surveillance pivoting around the following principles: flexibility, simplicity, representativeness, sensitivity, alignment to the disease control objectives, among others.

Type of Surveillance	Objective	Example
Active nationwide case based surveillance, with lab confirmation of all cases, focused around health facilities and other reporting areas	Eradication/elimination, identify all chains of transmission, certification and verification of eradication/ elimination	Polio, measles, rubella (integrated with measles)



Active nationwide case based surveillance, including community based surveillance	Elimination	Neonatal tetanus
Active nationwide case based surveillance, especially focusing on outbreak detection and detailed investigation	Control of epidemic prone diseases, elimination of epidemics	Yellow fever, meningitis
Sentinel site surveillance (supported by lab networks)	To follow trends of occurrence for diseases targeted by vaccines	CRS, meningitis, invasive bacterial diseases, rotavirus and other diarrhoeal diseases
Nationwide aggregate reporting, +/- selective investigation of clusters of cases	Trend monitoring, outbreak investigation	Pertussis, diphtheria, AEFIs
Sero-epidemiological studies	Assessing vaccine effectiveness, monitoring the impact of interventions	Hepatitis B
Population based cancer registries		Cervical cancer

In addition, the investment case should specify the following:

- the costs and contributions of the current VPD surveillance system (sentinel, aggregate, case based surveillance), including:
  - current cost of the laboratory and epidemiology surveillance infrastructures and operations,
  - current cost to coordinate and support the various regional lab networks, and the regional reference labs
  - the source of these funds, with detailed information on specific donor contributions,
  - the sustainability/vulnerability of these country and donor funds, and
  - the current and/or anticipated funding gaps (in the context of diminishing polio funds) to maintain the current surveillance infrastructures and operations.
- the estimated costs of an optimal and sensitive surveillance system that provides the high quality surveillance data that fully meets the programme needs as well as on that enables rapid response to priority new and existing vaccine preventable public health threats, and allows monitoring of antimicrobial resistance in selected vaccine-preventable pathogens including:
  - an optimization of the current laboratory and epidemiological infrastructure, specifying redundant and needed infrastructures and operations,
  - efficiencies and cost-saving of better coordination and integration, and
  - the gaps between current and future funding needs, including a consideration of anticipated costs associated with required increases in surveillance sensitivities as targets move from control to elimination.



- The costs including supportive surveillance functions like coordination, training, monitoring and supervision, provision of feedback

These costs should be calculated separately for countries to implement these functions, but also for WHO to support the implementation and monitoring of these systems

Moreover, we propose the investment case covers the following essential attributes and are open to suggestions made by the successful contractor to include additional attributes to further strengthen the investment case:

## (1) CONTENT

- Objectives and scope.** Concise introduction that provides critical context about the motivation and objective for the investment case. This section should also identify the scope and time horizon of the analysis and demonstrate the need for a fully funded and functioning integrated VPD surveillance network in the post-polio eradication era.
- Role of WHO in monitoring disease trends.** Brief description of WHO's primary role in directing and coordinating international health through monitoring the health situation and assessing health trends. This section should also stipulate WHO's core competences to support the work of countries.
- Description of VPDs and their global health significance.** Brief description of VPDs and potential interventions for their management and summarize the current state of efforts to regionally coordinate management of VPDs. This section should also address issues related to the ability of VPDs to spread regionally and globally and thereby the importance of ensuring a fully funded and functioning integrated VPD surveillance network is in place in the African Region.
- Role in the portfolio of coordinated global/regional health priorities.** This section should briefly describe status of VPD surveillance and outbreak investigation/ response in the context of the overall portfolio of coordinated global/regional health priorities and the degree of alignment of the investment case with any existing global VPD surveillance strategic plans and links with the Global Health Security Agenda, the anti-microbial resistance in selected vaccine-preventable pathogens and Integrated Disease Surveillance & Response. In addition the section will discuss the current context vis a vis the African CDC, the Global health Security, the FELTP programs , and other Regional and global initiatives.
- Process.** This section should summarize the process used to prepare the investment case. Further, given the anticipated desire and/or expected needs to maintain an investment case as a "living document" that evolves over time as conditions change, this section should provide details about any important reasons for major changes (e.g. achievements of milestones, recognition of barriers and/or unanticipated events that leads to modifications of plans or expectations, etc.).



## (2) CURRENT PATH

- a. **Current global/regional strategies for disease surveillance.** This section should provide a synthesis of the methods used for disease surveillance as well as describe the current state and quality of surveillance evidence and context that might impact the interpretation of historical data by the surveillance system. This section should also discuss the technical feasibility of deploying surveillance activities sufficient to support globally- and regionally-coordinated disease management efforts like those required to eradicate/eliminate a VPD and to confirm the absence of the pathogen with high confidence. This section should also take into account the current Regional global goals for the different VPDs and future projections, in linkage to the type of surveillance that befits to the disease control objectives. The section will also strongly highlight the need for sustainability of disease surveillance systems over time particularly given GPEI funds a substantial portion of the VPD surveillance network currently in the African Region.
- b. **Current expected regional level of control.** Recognizing that countries within the African region may progress through various phases of exposure to VPDs (e.g. emergence, endemic, epidemic) and control, the investment case should summarize the current state of the globe versus the African region with respect to the geographic distribution of VPDs and in light of the sensitivity of the surveillance systems available to detect and report on these VPDs. The discussion should provide context about VPD outbreaks and control activities and the extent of implementation of the existing interventions for prevention and in reaction to outbreaks. This part should also synthesize the available data and the results of appropriate mathematical models used to define the *status quo* path, which reflects the past, current and expected planned investments of countries with respect to control of VPDs and represents the expected global/regional baseline for comparison. In addition, the investment case should forecast the expected future investments based on extrapolation from the past, current practices and/or existing national, regional and or/global commitments? The investment case must make any assumptions about projections transparent and demonstrate the impact of different projections with respect to the characterizations of the burden of disease. This section should also highlight any major issues that currently interfere with greater success of the current path (e.g. lack of access and security issues in some geographic areas, donor fatigue, competing priorities, etc).
- c. **Characterization of current financial costs.** This section should synthesize the evidence about the financial costs of the expected current VPD surveillance path and include projected, expected and realistic (not optimistic) costs of all the interventions out over time. The successful contractor should take into consideration but not duplicate the work previously conducted to generate costing and funding projections based on the GVAP global costing (tailoring it to countries within the African region).



- d. **Characterization of current health benefits.** This section should synthesize the evidence about the overall programmatic and economic benefits of the current *status quo* path to include discussion and use of different metrics that effectively address the needs of stakeholders to understand and communicate the benefits of the current path (e.g. outbreak response activities, deaths prevented, etc.)? Consideration could be given to synthesize the available evidence related to economic valuation of the health benefits recognizing that countries may differ significantly with respect to their values.
- e. **Synthesis of the economies of the current investment.** This section should synthesize the overall evidence and provide the results of the economic analysis of the current path. This section should also describe the current financial and political commitments that support investments made by stakeholders in VPD surveillance, and discuss the implications for this current path should this change over time (to include the ramp-down of the GPEI and GAVI transitioning countries).
- f. **Limitations and uncertainties.** This section should discuss key uncertainties, limitations in the evidence, and other issues that may potentially impact the assessment of the current path, burden of disease, costs and valuation estimates.

### (3) ALTERNATIVE PATHS

- a. **Alternative options.** Building on the foundation developed about the current situation (section 2), this sub-section should identify the full set of potential options that exist for alternative levels of investment in the regional management of VPD surveillance for a decision point. The alternative could explore different VPD surveillance targets, different timelines for achieving those targets, and different timing, with full recognition of the potential for shared or competitive use of scarce resources. The alternative options should also include in the equation such factors as: the introduction of technologies, especially the expanding networks and access for internet/ cellular communications for real time data transmission; GIS mapping and tagging of cases and outbreaks; point of care testing and other emerging lab methodologies that can be introduced to support and decentralise VPD surveillance.
- b. **Global/regional system implementation capacity.** This section should provide details about whether the existing VPD surveillance systems within the African Region exist to support implementation of each alternative. The analysis should carefully consider the timelines required for any efforts to build capacity to ensure that the alternative paths reflect real possibilities and to ensure consistency with estimates of resource requirements. The investment case should provide a plan to ensure no net harm to health systems associated with the alternative, and characterize any expected net benefits to health systems associated with the implementation of the alternative.



- c. **Expected financial costs of the alternatives.** For each of the feasible alternatives, the investment case should estimate the associated financial costs and its incremental cost compared to the current path. The expected costs should identify opportunities to share costs (i.e. potential synergies) between the various surveillance approaches and systems and/or with other existing or potential efforts. The investment case should cost these separately such that the cost estimates do not depend on the occurrence of other actions.
- d. **Expected net benefits of the alternatives.** This section should quantify the expected net benefits of the alternatives using the same metrics and approaches used for the current path and present the incremental net benefits for each alternative. The investment case should also identify potential positive and/or negative indirect impacts, including effects on the broader disease surveillance systems, for each option and quantify the impacts to the extent possible?
- e. **Expected political and financial commitments.** This section should identify the expected required political and financial commitments needs to support the various alternative paths, including critical factors for securing required commitments. The discussion should also address how the alternatives in the investment case relate to other competing initiatives in the global portfolio and opportunities for synergy (e.g. Global Health Security Agenda, Integrated Disease Surveillance & Response, etc.). This section should also discuss the implications of potential changes in political, financial and other resource commitments and investments, including consideration of the impact of delays of other global health initiatives leading to the potential of delayed or limited availability of resources.
- f. **Synthesis of the economics of the alternative investments.** This section should synthesize overall evidence and provide an economic analysis of the expected alternatives compared to the current VPD surveillance path. This part should present estimates of incremental cost-effectiveness and net benefits for the alternatives compared to the current path. For each alternative, the investment case should identify key milestones for tracking progress along the expected path. As needed, the investment case should present different metrics that may prove useful to different stakeholders and/or references for comparison (e.g. costs per capita compared to health sector budget, costs of other disease surveillance initiatives, surveillance costs as compared to the costs incurred in managing and responding to large outbreaks etc.).
- g. **Limitations and uncertainties.** This section should describe key uncertainties, limitations in the evidence, and other issues that may potentially impact the assessment of the alternatives and the associated burden of disease or cost estimates. This section should highlight any major considerations and provide the results of any sensitivity and/or uncertainty analyses performed. This part should demonstrate the impacts of explicit choices regarding valuation of health outcomes and nonmonetary benefits on the economic analyses.

#### (4) CONSIDERATIONS





- a. **Impact on health systems.** This section should provide an assessment of why existing health systems stratified by relevant categories or types currently perform the way they do with respect to management of VPD surveillance. This analysis should identify the areas with the weakest, most fragile health systems and provide high-level plans for addressing the issues in these areas required to meet the priority VPD surveillance targets associated with the current and alternative paths? The analysis of disease surveillance systems should explicitly consider the sustainability of resources required to provide disease surveillance activities and infrastructure capacity.
- b. **Management and governance.** This section should describe the management and organizational structures required for the current and alternative VPD surveillance paths and describe the existing and expected roles and commitments of stakeholders for the current path and any difference in requirements for the alternative paths. The organizational structure should address all levels and their connections, and provide clarity about the management and governance of any surveillance activities coordinated regionally. The investment case should also describe the expected tools and process for monitoring and evaluating progress towards VPD surveillance milestones and responsibilities related to managing coordination, cooperation and shared resources.
- c. **Stakeholder engagement.** Achievement of the priority VPD surveillance performance targets and milestones associated with the current and alternative paths will require the engagement of a broad group of stakeholders. This investment case should provide details about plans for communication with stakeholders to engage them in the deliberative process to chart the preferred course and ensure alignment with their perceptions about the preferred course.
- d. **Risks and contingency plans.** The investment case should clearly identify key risks and describe the detailed contingency plans that exist for their management. It should anticipate challenges and constraints of all types and demonstrate plans and strategies to address these, including the allocation of resources to implement the contingency plans. This section should address issues related to maintaining progress towards the VPD surveillance milestones in the context of financial crises, political strife or instability and other emergencies.
- e. **Research and development.** This investment case should discuss the role of research with respect to resolving important sources of uncertainty and achieving the milestones for the current and alternative paths.
- f. **Timing in the context of the portfolio of regionally-coordinated VPD surveillance efforts.** The investment case should consider the broader context of other regionally-coordinated disease surveillance efforts. It should also provide context about the overall portfolio of regional disease surveillance efforts and explore how the alternatives may benefit from synergies and/or may encounter additional challenges with respect to the timing of their implementation.





- g. **Financing.** The investment case should consider the opportunities that may exist for financing regionally-coordinated VPD surveillance efforts and how the investment case fits into the context of the overall portfolio of regional disease surveillance efforts. In the context of discussing potential financing, the investment case should focus on anticipated opportunities and challenges that may exist given other global/regional commitments and the potential impact on financing.
- h. **Oversight and iteration.** This section should discuss the planned process for oversight of regional coordination of VPD surveillance efforts and consider the potential impact of time delays, unplanned activities and programmatic cost overruns. It should also outline a process for updating the investment case, particularly as the current path changes. Effective use of the investment case as a living document will require periodic iteration, and this will require an on-going commitment to keep it updated.

## (5) CONCLUSIONS

- a. **Conclusions.** This section should provide a set of conclusions and include any recommendations about preferred alternatives with respect to any of the attributes (i.e. it should identify the set of “best” options that exist based on the quantitative analyses and on specific qualitative factors). The conclusions should reflect and support the deliberations by stakeholders (not preclude or pre-empt them) and make all assumptions clear such that stakeholders can debate and iterate on the alternatives with the objective of reaching a consensus on and commitment to the preferred path.

### 3.2.6 Key deliverables

- (1) Comprehensive assessment/ inventory of current VPD surveillance infrastructure/assets within the countries in the African Region.
- (2) Comprehensive assessment of the role of WHO in supporting the implementation of VPD surveillance within the countries in the African Region.
- (3) Weekly check-in calls.
- (4) Monthly progress reports.
- (5) A detailed investment case and corresponding advocacy document for fundraising purposes to ensure sufficient commitment of resources for the African Region to maintain a robust VPD laboratory and epidemiological surveillance network covering the years 2018 - 2030 ( ).



### 3.2.7 Key requirements

### 3.2.8 Reporting requirements

*Not applicable*

### 3.2.9 Finance and accounting requirements

*Not applicable*

### 3.2.10 Performance monitoring

*Oversight of the work and acceptance of the delivery of the products will be the responsibility of the Coordinator, Immunization & Vaccine Development Programme, WHO/AFRO.*

### 3.2.11 Further Capacities

*Not applicable*

## 4. INSTRUCTIONS TO BIDDERS

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

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### 4.1 Language of the Proposal and other Documents

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

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### 4.2 Intention to Bid

**No later than 08/01/2018** the bidder shall complete and return by email to WHO to the following address: **[afrgoafrobids@who.int](mailto:afrgoafrobids@who.int)**

1. The RFP **AFRO/040/2017** Acknowledgement form, attached hereto as Annex 1, signed as confirmation of the bidder's intention to submit a bona fide proposal and designate its representative to whom communications may be directed, including any addenda; and
2. The RFP **AFRO/040/2017** Confidentiality form, attached hereto as Annex 2, signed.

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### 4.3 Cost of Proposal

The bidder shall bear all costs associated with the preparation and submission of the proposal, including but not limited to the possible cost of discussing the proposal with WHO, making a presentation, negotiating a contract and any related travel.



WHO will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.

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#### 4.4 Contents of the Proposal

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

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

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#### 4.5 Joint Proposal

Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. Such a proposal must be submitted in the name of one member of the consortium - hereinafter the "lead organization". The lead organization will be responsible for undertaking all negotiations and discussions with, and be the main point of contact for, WHO. The lead organization and each member of the consortium will be jointly and severally responsible for the proper performance of the contract.

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#### 4.6 Communications during the RFP Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than **7** working days prior to the closing date for the submission of offers.:

Email for submissions of all queries: **afrgoafrobids@who.int**  
(use subject: Bid Ref. **AFRO/040/2017** )

The **VPD** Team at WHO will respond in writing (via email only) to any request for clarification of the RFP that it receives by the deadline indicated above. A consolidated document of WHO's response to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP. Questions are to be submitted following the format of the form "Questions from Bidders", attached hereto as Annex 4.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

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#### 4.7 Submission of Proposals

The bidder shall submit the complete proposal to WHO **no later than 16/01/2018 at 17:00 hours Brazzaville time** ("the closing date"), as follows:

[by E-mail at the following address: **afrgoafrobids@who.int**]



Each proposal should include the signed Proposal Completeness Form (attached hereto as Annex 3) and supporting documents, as well as the signed Acceptance Form (attached hereto as Annex 5).

Each proposal shall be marked Bid Ref: **AFRO/040/2017** and be signed by a person or persons duly authorized to represent the bidder, submit a proposal and bind the bidder to the terms of the RFP.

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

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

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

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

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#### 4.8 Period of Validity of Proposals

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

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#### 4.9 Modification and Withdrawal of Proposals

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

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

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal in accordance with section "Period of Validity of Proposals"

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#### 4.10 Receipt of Proposals from Non-invitees

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

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#### 4.11 Amendment of the RFP

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



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

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

#### 4.12 Proposal Structure

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

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

##### 4.12.1 Acceptance Form

The bidder's proposal must be accompanied by a transmittal letter (in the form of Annex 5, attached) signed by a duly authorized representative of the bidder and stating:

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

##### 4.12.2 Executive Summary

The bidder's proposal must be accompanied by an Executive Summary/Proposed Solution.

##### 4.12.3 Information about Bidders

Bidders should include the following information in their bids. Bidders who are individuals should include in their bids the information that is relevant to individuals.

Information about Bidders	
<b>1</b>	<b>Company Information</b>
1.1	<b>Corporate information</b>
1.1.1	Company <b>mission statement</b>
1.1.2	<b>Service commitment</b> to customers and measurements used
1.1.3	<b>Organization</b> structure
1.1.4	<b>Geographical</b> presence
1.1.5	Relevant <b>experience</b> (include description of those parts of your organization that would be involved in the performance of the work)
1.2	<b>Staffing information</b>
1.2.1	<b>Number and Geographical</b> distribution of staff
1.2.2	<b>Number of consultants</b> employed on similar projects in each of the past three years
1.2.3	<b>Staff turnover</b> rate for the past three years
1.3	Audited <b>financial statements</b> for the past three (3) years
1.4	<b>Legal information</b>
1.4.1	History of <b>Bankruptcy</b>



Information about Bidders	
1.4.2	Pending major <b>lawsuits</b> and <b>litigations</b> in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement)
1.4.3	Pending <b>Criminal/Civil lawsuits</b>
1.5	<b>Relevant Contractual relationships</b>
1.5.1	<b>Relevant Contractual projects</b> (with other UN agencies or contractors)
1.6	Proposed <b>sub-contractor</b> arrangements including <b>sub-contractor information</b> (as above for each sub-contractor)
2	<b>Experience</b> and <b>Reference Contact Information</b> (list and provide five (5) detailed examples of relevant experience gained within the past five years of the issuance of this RFP that demonstrate the contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP)
2.1	<b>Project Name</b>
2.1.1	<b>Project Description</b>
2.1.2	<b>Status</b> (under development/implemented)
2.1.3	<b>Reason for Relevance</b> (provide reason why this project can be seen as relevant to this project)
2.1.4	<b>Roles and responsibilities</b> (list and clearly identify the roles and responsibilities for each participating organization)
2.1.4.1	<b>Client</b> Role and Responsibility
2.1.4.2	<b>Contractor</b> Role and Responsibility. Previous contractor role in project
2.1.4.3	<b>Third party contractors</b> Role and Responsibility. Previous specified 3 <sup>rd</sup> party role in project.
2.1.5	<b>Team members</b> (indicate relevant members of the team that will also be used for this project)

#### 4.12.4 Proposed Solution

*The proposed solution should identify the specific components proposed by addressing the requirements, as specified, point by point; providing a detailed description of the essential performance characteristics;*

#### 4.12.5 Approach/Methodology

*Describe the methodology that will be used, the numbers of provider personnel who will be assigned to the project and their roles, and the role of WHO personnel. Describe the outputs that the provider will submit as supporting documentation to their recommendations, and how the provider envisions the process of obtaining decisions about which changes to implement. Finally, describe the final products that the provider will deliver in support of implementation of any agreed changes.*

#### 4.12.6 Proposed Time line

*WHO anticipates this work to be completed in a four- to six-month timeframe (however, should a strong justification be highlighted in each bid for an alternative timeline – this will be considered). The provider should define the timeline for this project as it would be conducted over such a period.*



#### 4.12.7 Financial Proposal

*The contractor will be required to present the financial proposal on a level of effort basis and including the different level of expertise and be able to separately illustrate the direct and indirect component.*

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#### 4.13 Conduct and Exclusion of Bidders

All bidders must adhere to the UN Supplier Code of Conduct, which is available at the following link: [https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/2014/February%202014/conduct\\_english.pdf](https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/2014/February%202014/conduct_english.pdf)

Bidders will be excluded if:

- they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for fraud, corruption, involvement in a criminal organization, money laundering, terrorist-related offences, child labour or trafficking in human beings;
- they or persons having powers of representation, decision making or control over them have been the subject of a final judgment or of a final administrative decision for financial irregularity(ies);
- it becomes apparent to WHO that they are guilty of misrepresentation in supplying, or if they fail to supply, the information required under this RFP and/or as part of the bid evaluation process; or
- they have a conflict of interest, as determined by WHO in its sole discretion.

WHO may decide to exclude bidders for other reasons.

## 5. EVALUATION OF PROPOSALS

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### 5.1 Preliminary Examination of Proposals

WHO will examine the proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

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

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### 5.2 Clarification of Proposals





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

### 5.3 Evaluation of Proposals

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

The technical and financial evaluations of proposals will be accomplished by WHO staff which will evaluate all proposals having passed the Preliminary Examination of Proposals.

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

#### 5.3.1 Technical Evaluation

The technical evaluation of the proposals will include:

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

The number of points which can be obtained for each evaluation criterion is specified below and indicates the relative significance or weight of the item in the overall evaluation process. . The technical scoring will be given 70% of the overall evaluation

#### 5.3.2 Financial Evaluation

During the Financial Evaluation, the price proposal of all bidders who have passed the Technical Evaluation will be compared, according to the following scoring and weighting system. The financial scoring will be given 30% of the overall evaluation.

### 5.4 Bidders' Presentations

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

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



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## 6. AWARD OF CONTRACT

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### 6.1 Award Criteria, Award of Contract

WHO reserves the right to

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

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

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

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

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

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

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

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### 6.4 WHO's Right to enter into Negotiations

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

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### 6.5 Signing of the Contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the



contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

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## 6.6 Publication by WHO of Contract awards

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

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

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

- the Contract shall include a detailed budget;
- the Contractor shall be held to submit a financial statement together with each invoice;
- any advance payments by WHO shall be used by the Contractor exclusively for the work in accordance with the budget and any unspent balance shall be refunded to WHO;
- payment by WHO shall be subject to satisfactory performance and the acceptance of the Contractor's financial statements; and
- 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.

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### 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.

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### 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. The Contractor shall facilitate the operational audit related to the execution of the work and the compliance with the obligations set forth in the Contract, by persons so designated by WHO. In this regard, the Contractor shall make all relevant operational information, without restriction, available to persons so designated by WHO and provide satisfactory explanations to all queries arising in connection therewith.

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### 7.3 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.

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### 7.4 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.

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## 7.5 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.

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## 7.6 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.

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## 7.7 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.

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## 7.8 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.

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## 7.9 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.

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## 7.10 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. The Contractor agrees that breach of this provision is a breach of an essential term of the Contract.

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### 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.

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### 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.

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### 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.

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### 7.14 Place of Performance

The place of performance of the work under the Contract shall be **at the bidder's location**

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### 7.15 Language

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

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### 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.

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### 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 7.4.2 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.

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### 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.





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### 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.

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### 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.

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### 7.21 Use of WHO name and emblem

Without WHO's prior written approval, the Contractor shall not, in any statement of an advertising or promotional nature, refer to the Contract or its relationship with WHO. In no case shall the Contractor use the name or emblem of the World Health Organization, or any abbreviation thereof, in relation to its business or otherwise.

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### 7.22 Publication by WHO of Contract awards

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public the Contractor's name and address, information regarding the Contract, including a description of the goods or services provided under the Contract and the Contract value.

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### 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.



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## 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.

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## 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.

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## 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.



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### 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.

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### 7.28 Observance of Laws

The Contractor shall comply with all laws, ordinances, rules, and regulations bearing upon the performance of its obligations under the terms of the Contract.

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### 7.29 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.

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### 7.30 Privileges and Immunities

Nothing in or relating to the Contract shall:

- be deemed a waiver of any of the privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law, convention or agreement; and/or
- be construed as submitting WHO to any national court jurisdiction.

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### 7.31 No Terrorism or Corruption

The Contractor warrants that:

- (i) it is not and will not be involved in, or associated with, any person or entity involved in terrorism, that it will not make any payment to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity; and
- (ii) it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices in connection with execution of the Contract.

The Contractor agrees that breach of this provision is a breach of an essential term 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.



## 8. PERSONNEL

### 8.1 Approval of Contractor Personnel

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

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

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

### 8.2 Project Managers

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

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

### 8.3 Foreign Nationals

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

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



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## 8.4 Compliance with WHO's Policies

The Contractor shall at all times comply with and ensure that the Contractor and 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 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, 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.

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## 8.5 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 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.

By entering into the Contract, the Contractor acknowledges its acceptance of the UN Supplier Code of Conduct, and expressly agrees to adhere to the principles, and meet the standards, set forth therein.

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## 8.6 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

<b>Annex 1</b>	<b>Acknowledgment Form</b>
<b>Annex 2</b>	<b>Confidentiality Undertaking</b>
<b>Annex 3</b>	<b>Proposal Completeness Form</b>
<b>Annex 4</b>	<b>Questions from Bidders</b>
<b>Annex 5</b>	<b>Acceptance Form</b>
<b>Annex 8</b>	
<b>Annex 9</b>	
<b>Annex 10</b>	
<b>Annex 11</b>	



Request for Proposals: **AFRO/040/2017**

**Annex 1: Acknowledgement Form**

Please check the appropriate box (see below) and email to [afrgoafro bids@who.int](mailto:afrgoafro bids@who.int) this acknowledgement form immediately upon receipt to:

Office N/A\_

Attn: \_N/A\_

(Title) N/A\_

World Health Organization

N/As

Bid Ref: **AFRO/040/2017**

**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 16/01/2018 at 17:00 hours Brazzaville time.**

**Non-Intention To Submit A Proposal**

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

(insert reason here)

**Bidder's Contact Information is as follows:**

<b>Entity Name:</b>	.....
<b>Mailing Address:</b>	.....
<b>Name and Title of Duly authorized representative:</b>	.....
<b>Signature:</b>	.....
<b>Date:</b>	.....





Request for Proposals: **AFRO/040/2017**

**Annex 2: Confidentiality Undertaking**

The World Health Organization (WHO), acting through its Department of Enter Text , has access to certain information relating to **To develop an investment for the African Region to maintain a robust VPD surveillance network in the post-polio eradication era.**

1. t which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as "the Information").

WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for the **To develop an investment for the African Region to maintain a robust VPD surveillance network in the post-polio eradication era.**

2. Project ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.
3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
  - a) was known to the Undersigned prior to any disclosure by WHO to the Undersigned; or
  - b) was in the public domain at the time of disclosure by 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 WHO.
4. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to 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.

<b>Entity Name:</b>	.....
<b>Mailing Address:</b>	.....
<b>Name and Title of Duly authorized representative:</b>	.....
<b>Signature:</b>	.....
<b>Date:</b>	.....



Request for Proposals: **AFRO/040/2017**

**Annex 3: Proposal Completeness Form**

Section	Requirement	Completed in full (Yes/No)
4.12.3	Information about bidder	
4.12.4	Proposed solution	
4.12.5	Approach/Methodology	
4.12.6	Proposed time line	
4.12.7	Financial proposal	

The enclosed Proposal is valid for \_\_\_\_\_ days from the date of this form.

Agreed and accepted, in (.....) original copies on \_\_\_\_\_

<b>Entity Name:</b>	.....
<b>Mailing Address:</b>	.....
<b>Name and Title of Duly authorized representative:</b>	.....
<b>Signature:</b>	.....
<b>Date:</b>	.....



**Request for Proposals: AFRO/040/2017**

**Annex 4: Questions from Bidders** (see Paragraph Communications during the RFP Period)

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



Request for Proposals: **AFRO/040/2017**

**Annex 5: Acceptance Form**

The Undersigned, ....., confirms to have read, understood and accepted the terms of the To develop an investment for the African Region to maintain a robust VPD surveillance network in the post-polio eradication era. Request for Proposals (RFP) No. **AFRO/040/2017**, and its accompanying documents. If selected by WHO for the work, the Undersigned undertakes, on its own behalf and on behalf of its possible partners and contractors, to perform **AFRO/040/2017** in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the following sums:

Item	Cost (Indicate Currency)
<b>One-Time Costs-Amend as appropriate</b>	
Total Proposed Manpower Costs by Phase (check only)	0.00
Total Proposed Manpower Costs by Resource	0.00
Total Proposed Hardware Costs	0.00
Total Proposed Operating System Costs	0.00
Total Proposed Networking Costs	0.00
Total Proposed Database Costs	0.00
Total Proposed Application Costs	0.00
Total Proposed Per-Module Costs	0.00
Total Proposed Admin, User, Customer License Costs	0.00
Total Proposed Maintenance Support Costs	0.00
Total Proposed Travel Costs	0.00
Total Leaving Costs	0.00
Total Other Costs	0.00
<b>Total Proposed On-Time Cost</b>	<b>0.00</b>
<b>Recurring Costs</b>	
Total Proposed Hardware Costs	0.00
Total Proposed Operating System Costs	0.00
Total Proposed Networking Costs	0.00
Total Proposed Database Costs	0.00
Total Proposed Application Costs	0.00
Total Proposed Per-Module Costs	0.00
Total Proposed Admin, User, Customer License Costs	0.00
Total Proposed Maintenance Support Costs	0.00
Total Other Costs	0.00
<b>Total Proposed Recurring Cost</b>	<b>0.00</b>

The enclosed Proposal is valid for \_\_\_\_\_ days from the date of this form

Agreed and accepted, in four (...) original copies on \_\_\_\_\_ Date \_\_\_\_\_

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

