1

WHO CENTRE FOR HEALTH DEVELOPMENT

The burden of cancer and its health system impact in ASEAN member countries and policy responses in light of Universal Health Coverage

Request for Proposals (RFP)

Bid Reference: UHC-ASEAN/12/2017

Unit Name: WHO Centre for Health Development

1.	INTF	RODUCTION		4	
	1.1	Objecti	ive of the RFP	4	
	1.2		WHO		
		1.2.1	WHO Mission Statement	4	
		1.2.2	Structure of WHO		
		1.2.3	Description of Cluster/Service/Unit		
	1.3		ions, Acronyms and Abbreviations		
			, ,,		
2.	DES	CRIPTION C	OF SUBJECT / PRESENT ACTIVITIES	5	
	2.1	Overvi	ew	5	
	2.2	Objecti	ives of the activity	6	
	2.3	Activity	y coordination	7	
				_	
3.			5		
	3.1		iction		
	3.2		teristics of the provider		
		3.2.1	Status		
		3.2.2	Previous experience		
	0.0	3.2.3	Staffing		
	3.3	work to	o be performed	/	
4.	INICT	PUCTIONS	TO BIDDERS	0	
4.	4.1		age of the Proposal and other Documents		
	4.1		on to Bid		
	4.2		f Proposal		
	4.3		its of the Proposal		
	4.5		roposal		
	4.6		unications during the RFP Period		
	4.7		ssion of Proposals		
	4.8		of Validity of Proposals		
	4.9		cation and Withdrawal of Proposals		
	4.10		t of Proposals from Non-invitees		
	4.11		ment of the RFP		
	4.12		sal Structure		
		4.12.1	Acceptance Form		
		4.12.2	Executive Summary		
		4.12.3	Information about Bidders		
		4.12.4	Proposed Solution		
		4.12.5	Approach/Methodology		
		4.12.6	Proposed Time line		
		4.12.7	Financial Proposal		
	4.13	Condu	ct and Exclusion of Bidders		
5.			F PROPOSALS		
	5.1		nary Examination of Proposals		
	5.2		ation of Proposals		
	5.3	Evalua	tion of Proposals	13	
	5.3.1		cal Evaluation		
	5.3.2		ial Evaluation		
	5.4	Bidder	s' Presentations	14	
6.	ΔW	ARD OF COM	NTRACT	14	
٠.	6.1		Criteria, Award of Contract		
	6.2		Right to modify Scope or Requirements during the Evaluation/Selection		5
	6.3		Right to Extend/Revise Scope or Requirements at Time of Award		
	6.4		Right to enter into Negotiations		
	6.5		g of the Contract		
	6.6		ation by WHO of Contract awards		
	-		•		
7.	GEN	ERAL AND	CONTRACTUAL CONDITIONS	16	

3

8.

9.

WHO Centre for Health Development

7.1	Conditions of Contract	16
7.2	Responsibility	16
7.3	Source of Instructions	17
7.4	Warranties	
7.5	Legal Status	
7.6	Relation Between the Parties	18
7.7	No Waiver	18
7.8	Liability	18
7.9	Assignment	18
7.10	Officials not to Benefit	18
7.11	Indemnification	
7.12	Contractor's Responsibility for Employees	19
7.13	Subcontracting	19
7.14	Place of Performance	19
7.15	Language	19
7.16	Confidentiality	19
7.17	Title Rights	
7.18	Termination and Cancellation	20
7.19	Force Majeure	
7.20	Surviving Provisions	21
7.21	Use of WHO name and emblem	
7.22	Publication by WHO of Contract awards	21
7.23	Successors and Assignees	21
7.24	Payment	21
7.25	Title to Equipment	22
7.26	Insurance and Liabilities to Third Parties	22
7.27	Settlement of Disputes	22
7.28	Observance of Laws	22
7.29	Authority to Modify	23
7.30	Privileges and Immunities	23
7.31	No Terrorism or Corruption	23
PERS	ONNEL	23
8.1	Approval of Contractor Personnel	23
8.2	Project Managers	24
8.3	Foreign Nationals	
8.4	Compliance with WHO's Policies	
8.5	Ethical Behaviour	
8.6	Engagement of Third Parties and use of In-house Resources	
LIST	OF ANNEXES	25

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: The burden of cancer and its health system impact in ASEAN member countries and policy responses in light of Universal Health Coverage.

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

1.2 About WHO

1.2.1 WHO Mission Statement

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

1.2.2 Structure of WHO

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

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

The WHO Secretariat consists of some 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 Tedros Adhanom Ghebreyesus. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

1.2.3 Description of Cluster/Service/Unit

The WHO Centre for Health Development (WKC), located in Kobe, Japan (and part of WHO headquarters' Health Systems and Innovation Cluster) is a WHO "think tank" focusing on multi-disciplinary research for cross-cutting themes. The Centre's 2016-2026 Strategy focuses on building evidence underpinning universal health coverage (UHC), innovation and ageing.

UHC-ASEAN/12/2017

1.3 Definitions, Acronyms and Abbreviations

GBD: Global Burden of Disease UHC: Universal Health Coverage WHO: World Health Organization WHA: World Health Assembly

WKC: WHO Kobe Centre (The WHO Centre for Health Development)

2. DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES

2.1 Overview

The ASEAN-Japan Ministerial Meeting on Universal Health Coverage and Population Ageing took place on 14-15 July, 2017, in which Health Ministers from ASEAN countries and Japan articulated their commitments to accelerate universal health coverage in light of the challenges of population ageing (http://www.mhlw.go.jp/file/04-Houdouhappyou-10501000-Daijinkanboukokusaika-Kokusaika/0000171519.pdf). As a follow-up to this meeting and to accelerate the realization of these commitments, the World Health Organization (WHO) Centre for Health Development (WHO Kobe Centre) met with senior policy makers to discuss areas of implementation research to sustain Universal Health Coverage (UHC) in light of population ageing in the ASEAN region. The research themes included: service delivery configurations that promote quality of life, scenario planning of different policy options, and country-focused studies of key issues and emerging challenges, and applicability of innovations across different country settings. Researchers in ASEAN countries applied for the research grants for implementation in 2018.

Cancer is one of the leading causes of morbidity and mortality worldwide. At present, there are 14 million new cases annually, and this is expected to increase by 70% over the next 2 decades. Some 70% of deaths from cancer occur in low- and middle-income countries.¹ Because of population size as well as disease incidence and the strength of prevention and control measures, Asia contributes a large share of the global cases and deaths from all causes of cancer (**Figure 1**).

Figure 1. Estimated number of new cancer cases and deaths, by region, 2012²

	Cases	Deaths
East, Central, South, West Asia	6,763,000	4,499,500
Africa	847,000	545,300
Americas	2,882,500	1,294,900
Europe	3,442,300	1,756,400
Australia, Melanesia,		
Micronesia, Polynesia	155,400	59,700

Globally, lung cancer is the most common, resulting in nearly 1.7 million deaths annually, followed by liver, colorectal, stomach, and breast cancer. In Asia, the most common kinds of cancer vary by region and

-

WHO Cancer Facts Sheet, 2017.

² GLOBOCAN



sex.³ Among men across all regions of Asia, lung and stomach cancers are the most commonly reported. In addition, Asian men commonly report colorectal, liver, and oesophageal cancers. Among women across all regions in Asia, the most common cancer reported is breast cancer. Other common cancers reported including colorectal, liver, stomach, and cervical cancer.

Variations in cancer incidence in ASEAN countries are driven by several factors. Population ageing and differences in age structure are important –yet not all of the variation can be explained by population ageing. Other factors include the strength of prevention policies, infectious disease prevalence, and the strength of the health system response.

A large share of cancers can be prevented. Globally, an estimated one third of deaths from cancer are due to five major behavioural and dietary risks: tobacco consumption, alcohol use, overweight as measured by high body mass index, poor diet, and physical inactivity.1 Thus, the strength of prevention policies is a key factor in cancer incidence. This includes the price and tax measures, advertising restrictions, and labelling regulations for tobacco, alcohol, and unhealthy food products; regulations on air pollution, and health promotion initiatives on diet and exercise.

The prevalence of infectious diseases is also an important factor in cancer incidence. Infections such as hepatitis and human papilloma virus account for up to 25% of cancer cases in low- and middle-income countries.⁴ In addition, bacterial infections may also increase the risk of cancer, including Helicobacter pylori and stomach cancer. Parasitic infections associated with cancer include schistosomiasis and liver flukes.

Lastly the strength of the health system is a key factor in both prevention and management. Strong health systems and particularly those that incentivize prevention can help prevent and manage major causes of cancer. Once diagnosed, the strength of care and treatment and effective referral systems are essential in achieving avoidable mortality. In addition, the availability of cancer screening and other diagnostics, when combined with quality treatment, can enable early diagnosis and effective treatment that prevents death. Screening and early detection of colorectal and cervical cancers in particular have been critical tools in reducing cancer deaths worldwide.

2.2 Objectives of the activity

The objective is to assess the burden of disease from cancer across ASEAN countries, the reasons for such variations, the extent to which the cases can be prevented and effectively managed in terms of public policy and regulatory measures, as well as effective clinical treatment and control programs.

Specifically the work should include:

1. Descriptive epidemiology of cancer (including age-adjusted incidence and mortality rates by sex, ,survival rates, and risk factors and trends over time using available data (IARC/GLOBOCAN, CI5, STEPS or national risk factor surveys, GHO, LSHTM, etc.)

- 2. Identification of gaps in essential data needed to monitor trends over time.
- 3. Descriptions and comparisons of the strength of cancer prevention policies, cancer control policies, and the availability of cancer services (public and private as well as national financing plans for treatment and prevention.

Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. GLOBOCAN 2008 v2.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 10. International Agency for Research on Cancer: Lyon, France; 2010.

UHC-ASEAN/12/2017

Plummer M, de Martel C, Vignat J, Ferlay J, Bray F, Franceschi S. Global burden of cancers attributable to infections in 2012: a synthetic analysis. Lancet Glob Health. 2016 Sep;4(9):e609-16. doi: 10.1016/S2214-109X(16)30143-7.



- 4. Study the variation in rates across countries, as explained by the strength of prevention measures (including prevention of tobacco consumption, harmful use of alcohol, and promotion obesity, and exercise) and cancer control measures.
- 5. Compare and contrast the health systems responses under universal health coverage (UHC), including the extent to which cancer prevention and services are integrated into the national UHC plans.

2.3 Activity coordination

WKC will contract with one entity to conduct and coordinate the research, that, in close coordination and collaboration with WKC, will further implement the key research activities below.

3. REQUIREMENTS

3.1 Introduction

WHO requires the successful bidder, the Contractor, to conduct the research, and to coordinate any other researchers/institutions, as necessary for the stated research in Japan and ASEAN countries.

3.2 Characteristics of the provider

3.2.1 **Status**

The provider shall be a [not for profit] institution operating in the field of research on cancer and/or public health with established publications record in health sciences on the basis of collaboration among Japan and ASEAN countries.

3.2.2 Previous experience

Previous work with WHO, other international organizations and/or major institutions in the field of health policy research or public health research.

Proven experience in: cancer prevention and control, health policy analysis, research methods and health systems research.

3.2.3 Staffing

Staff dedicated to the Project, or specified phases thereof, on a full-time basis/part-time basis.

3.3 Work to be performed

WKC will contract with one entity to conduct research, and to coordinate other researchers/institutions as necessary, that, in close coordination and collaboration with WKC, will further implement the key research activities below.

- Design a research protocol, which includes the study objectives, methodology, timeline and ethical
 considerations for comparative study. Identify the parameters of the study and the data to be
 utilized or collected. Data collection should include source of data, representativeness of the data,
 years collected, variables, open access, etc.
- 2. Develop a research plan and timeframe for implementation, with budget and justification

- 3. Implement the research as defined in the protocol
- 4. Produce a technical report with data settings that compile the research outputs, including the summary of the policy reviews, description of the epidemiology of cancers in ASEAN countries and recommendations for future research and policy development.

Deliverables for the appointed team are:

- Research protocol which follows the recommended format for research protocols provided by the WHO Ethics Review Committee (http://www.who.int/ethics/review-committee/format-research-protocol/en/). The protocol must receive technical and ethical clearance from WHO prior to implementation.
- 2) Technical report which consists of (a) summary of study, (b) collected data and description of the datasets, (c) analysis and assessments as required by the research objectives, and (d) analysis of gaps, recommendations for future research and policy development for ASEAN countries. At least one draft versions of the technical report must be submitted to WKC for technical review and revisions. Professional English language editing should be applied as necessary.

4. INSTRUCTIONS TO BIDDERS

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

4.1 Language of the Proposal and other Documents

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

4.2 Intention to Bid

No need.

4.3 Cost of Proposal

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

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

4.4 Contents of the Proposal

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

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

4.5 **Joint Proposal**

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

4.6 Communications during the RFP Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 5 working days prior to the closing date for the submission of offers:

Email for submissions of all queries: wkc@who.int (use subject: Bid Ref. UHC-ASEAN/12/2017)

The WHO Centre for Health Development 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 3.

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.

4.7 Submission of Proposals

The bidder shall submit the complete Proposal to WHO no later than 05/01/2018 at 18:00 hours Japan time ("the closing date"), as follows:

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

Each proposal should include the signed Proposal Completeness Form (attached hereto as Annex 2) and supporting documents, as well as the signed Acceptance Form (attached hereto as Annex 4).

Each proposal shall be marked Bid Ref: **UHC-ASEAN/12/2017** 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 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.

4.8 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a minimum period of **7** 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.

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"

4.10 Receipt of Proposals from Non-invitees

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

4.11 Amendment of the RFP

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

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 4, 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

11

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

4.12.3 Information about Bidders

this project)

each participating organization)

2.1.4.1 **Client** Role and Responsibility

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
1 Company Information
1.1 Corporate information
1.1.1 Company mission statement
1.1.2 Service commitment to customers and measurements used
1.1.3 Organization structure
1.1.4 Geographical presence
1.1.5 Relevant experience (include description of those parts of your organization that
would be involved in the performance of the work)
1.2 Staffing information
1.2.1 Number and Geographical distribution of staff
1.2.2 Number of consultants employed on similar projects in each of the past three
years
1.2.3 Staff turnover rate for the past three years
1.3 Audited financial statements for the past three (3) years
1.4 Legal information
1.4.1 History of Bankruptcy
1.4.2 Pending major lawsuits and litigations in excess of USD 100,000 at risk (indicate
particularly those by licensees or patent infringement)
1.4.3 Pending Criminal/Civil lawsuits
1.5 Relevant Contractual relationships
1.5.1 Relevant Contractual projects (with other UN agencies or contractors)
1.6 Proposed sub-contractor arrangements including sub-contractor information (as
above for each sub-contractor)
2 Experience and Reference Contact Information (list and provide three (3) 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 Project Name
2.1.1 Project Description
2.1.2 Status (under development/implemented)
2.1.3 Reason for Relevance (provide reason why this project can be seen as relevant to

Roles and responsibilities (list and clearly identify the roles and responsibilities for

- 1	nf	form	atio	n al	hout	Ric	ders
	ш	UH	เสเเบ	ווי מווי	DOUI	. DIC	JUCI 5

- 2.1.4.2 Contractor Role and Responsibility. Previous contractor role in project
- 2.1.4.3 **Third party contractors** Role and Responsibility. Previous specified 3rd party role in project.
- 2.1.5 Team members (indicate relevant members of the team that will also be used for this project)

4.12.4 Proposed Solution

An executive summary of the proposal must be included in the proposal. The executive summary will synthetize the financial proposal, as well as describe the core methodology proposed for the management of the entire project.

4.12.5 Approach/Methodology

For each of the deliverables listed in 3.3, the service provider will describe its preferred approach, methodology and proposed staffing (including a description of principal researcher or team leader).

4.12.6 Proposed Time line

Based on the proposed time line in 3.3, the service provider will propose a revised time line as necessary.

4.12.7 Financial Proposal

The financial proposal shall be presented as follows:

Item Description	Budget (currency)
Personnel (includes research and administrative staff)	
Data collection, management and analysis	
Writing and editing	
Travel	
Overall project management/coordination (includes project team meetings, office supplies, etc.)	
TOTAL	

A justification for the budget amount requested for each item is required. If funding from other sources for this project are received or anticipated, those should be explained.

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%202 014/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

5.1 Preliminary Examination of Proposals

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

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

5.2 Clarification of Proposals

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

5.3 Evaluation of Proposals

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 quality of the overall proposal, including meeting all technical requirements, including appropriateness of the proposed research approach (30%)
- the quality and representativeness of the data being used (30%)
- the experience of the contractor and proposed individuals in carrying out related research projects; (30%)
- the proposed timeframe for the project.(10%)

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.

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:

- Quality of budget justification overall commensurate with project activities (50%)
- Justification of funding to personnel, particularly those employed by the contracting organization (10%)
- Appropriate level of funding to analysis and writing (10%)
- Appropriateness of funding to travel (10%)
- Appropriateness of level of funding to administrative support (20%)

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 Centre for Health Development (WHO Kobe Centre – WKC) in Kobe, Japan 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.

6. AWARD OF CONTRACT

6.1 Award Criteria, Award of Contract

WHO reserves the right to

- a) Award the contract to a bidder of its choice, even if its bid is not the lowest;
- b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;

- c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
- d) Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned:
- e) Not award any contract at all.

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

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

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

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

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

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

6.4 WHO's Right to enter into Negotiations

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

6.5 Signing of the Contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

6.6 Publication 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.

7.1 Conditions of Contract

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

7.2 Responsibility

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

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.

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.

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.

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.

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.

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.

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.

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.

7.11 Indemnification

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

copyrighted material or other intellectual property by the Contractor, its employees, officers, agents, servants, partners or sub-contractors.

7.12 Contractor's Responsibility for Employees

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

7.13 Subcontracting

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

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

7.14 Place of Performance

The place of performance of the work under the Contract shall be the place of legal registration of the service provider, except for the case studies which will entail travel to specific countries.

7.15 Language

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

7.16 Confidentiality

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

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

7.17 Title Rights

- 1) All rights pertaining to any and all deliverables under the Contract and the original work product leading thereto, as well as the rights in any non-original material incorporated therein as referred to in section 7.4.2 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.
- At WHO's request, the Contractor shall take all necessary steps, execute all necessary documents and generally assist WHO in securing such rights in compliance with the requirements of applicable law.

7.18 Termination and Cancellation

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

- 1) In the event the Contractor fails to begin work on the date agreed, or to implement the work in accordance with the terms of the Contract; or
- In the event the progress of work is such that it becomes obvious that the obligations undertaken by the Contractor and, in particular, the time for fulfilment of such obligations, will not be respected.

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

- 1. At will with the provision of thirty (30) days prior notice in writing; and
- 2. With immediate effect (in addition to other rights, such as the right to claim damages), if, other than as provided above, the Contractor is:
 - a. In breach of any of its material obligations under the Contract and fails to correct such breach within a period of thirty (30) days after having received a written notification to that effect from WHO; or
 - b. Adjudicated bankrupt or formally seeks relief of its financial obligations.

7.19 Force Majeure

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

In the event of and as soon as possible after the occurrence of any cause constituting force majeure, the Contractor shall give notice and full particulars in writing to WHO, of such occurrence or change if the Contractor is thereby rendered unable, wholly or in part, to perform its obligations and meet its responsibilities under the Contract. The Contractor shall also notify WHO of any other changes in

conditions or the occurrence of any event which interferes or threatens to interfere with its performance of the Contract. The notice shall include steps proposed by the Contractor to be taken including any reasonable alternative means for performance that is not prevented by force majeure. On receipt of the notice required under this section, WHO shall take such action as it, in its sole discretion, considers to be appropriate or necessary in the circumstances, including the granting to the Contractor of a reasonable extension of time in which to perform its obligations under the Contract.

7.20 Surviving Provisions

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

7.21 Use of WHO name and emblem

Without WHO's prior written approval, the Contractor shall not, in any statement 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.

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.

7.23 Successors and Assignees

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

7.24 Payment

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

7.25 Title to Equipment

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

7.26 Insurance and Liabilities to Third Parties

The Contractor shall provide and thereafter maintain:

- (i) insurance against all risks in respect of its property and any equipment used for the execution of the Contract:
- (ii) all appropriate workmen's compensation insurance, or its equivalent, with respect to its employees to cover claims for personal injury or death in connection with the Contract; and
- (iii) liability insurance in an adequate amount to cover third party claims for death or bodily injury, or loss of or damage to property, arising from or in connection with the performance of the work under the Contract or the operation of any vehicles, boats, airplanes or other equipment owned or leased by the Contractor or its agents, servants, employees, partners or sub-contractors performing work in connection with the Contract.

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

- a) Name WHO as additional insured:
- b) Include a waiver of subrogation to the insurance carrier of the Contractor's rights against WHO;
- c) Provide that WHO shall receive written notice from the Contractor's insurance carrier not less than thirty (30) days prior to any cancellation or material change of coverage.

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

7.27 Settlement of Disputes

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

7.28 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.

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.

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.

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.

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.

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.

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

Annex 1	Confidentiality Undertaking
Annex 2	Proposal Completeness Form
Annex 3	Questions from Bidders
Annex 4	Acceptance Form



Request for Proposals: UHC-ASEAN/12/2017

Annex 1: Confidentiality Undertaking

- 1. The World Health Organization (WHO), acting through Centre for Health Development (WHO Kobe Centre WKC)t, has access to certain information relating to Research on Trends and Impact of Cancer in ASEAN which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as "the Information").
- 2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for the Research on Trends and Impact of Cancer in ASEAN 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.

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

Request for Proposals: UHC-ASEAN/12/2017

Annex 2: Proposal Completeness Form

Section	Requirement	Completed in full (Yes/No)
4.12.1	Acceptance Form	Yes
4.12.2	Executive summary	Yes
4.12.3	Information about Bidders	Yes
4.12.4	Proposed Solution	Yes
4.12.5	Approach/Methodology	Yes
4.12.6	Proposed Timeline	Yes
4.12.7	Financial Proposal	Yes
	Appendices	Yes

Agreed and accepted, in one (1)) original copies on _____

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

Request for Proposals: UHC-ASEAN/12/2017

Annex 3: Questions from Bidders (see Paragraph Communications during the RFP Period)

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

Request for Proposals: UHC-ASEAN/12/2017

Annex 4: Acceptance Form

The Undersigned,, confirms to have read, understood and accepted the terms of the Research on Trends and Impact of Cancer in ASEAN Request for Proposals (RFP) No. UHC-ASEAN/12/2017, 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 UHC-ASEAN/12/2017 in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the following sums:

	Item Description	Budget (currency)		
Personnel (includes research and administrative staff)				
Data collection, man	agement and analysis			
Writing and editing				
Travel				
Overall project mana team meetings, offic	agement/coordination (includes project e supplies, etc.)			
TOTAL				
The enclosed Proposal is valid for days from the date of this form				
Agreed and accepted, in one (1) original copy on (date)				
		, , ,		
Entity Name:				
Entity Name: Mailing Address:				
Mailing Address: Name and Title of Duly authorized				