World Health Organization

Implementation research for immunization in Iran – Readvertised

Request for Proposals (RFP)

Bid Reference

CD/IRN/04/58

Country/Unit Name
IRAN/DCD

Closing Date:

July 10, 2025

General Requirements for Submitting Proposals and Supporting Documents

All proposals and supporting documents must be submitted via email to: emacoiratenders@who.int.
Ensure that the name of you company/institution and the RFP Number is clearly indicated in the subject line of your emails. Submissions without the RFP Number may be excluded from evaluation.
In the body of your email, list all attached files along with the number of pages for each attachment.
Submit technical and financial proposals as separate files.
Name all attachments using the following format:
RFP Number (as stated in the RFP document), Subject
(e.g., RFP Number – Financial Proposal).

Do not submit documents in ZIP folders, JPG format, or Word documents. All documents must be submitted as separate PDF files, each clearly titled to reflect its content.
Ensure that all required documents are duly signed and stamped by the authorized representative of your institution, as specified in the relevant templates.

In financial proposals, items such as unexpected costs, miscellaneous costs, contingency fund and alike are not acceptable as a budget line. Please either provide a detailed breakdown for such item or remove them for the budget breakdown.

The World Health Organization (WHO) is seeking offers for Implementation research for immunisation in Iran. Your ☐ Company ☒ Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

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

1. Requirements

WHO requires the successful bidder, to carry out Implementation research for immunisation in Iran .
See detailed Terms of Reference in Annex 1 for complete information.

The successful bidder shall be a ☐ for profit / ☒ not for profit institution operating in the field of immunisation and public health with proven expertise in implementational public health research.

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

- Minimum five years of experience implementing public health projects, including immunisation.
- Comprehensive knowledge of Iran's immunisation landscape, including programs, WHO policies, guidelines, and procedures in relevant areas, and the ability to apply them in the country's context.
- Proven experience working with MoHME.
- A team with strong analytical, organisational, and communication skills, demonstrated initiative, sound judgment, and the ability to work collaboratively.
- Staff proficient in English, both oral and written.
- A functional financial system with a valid bank account registered in the institution's name.
- Adequate financial liquidity is required to ensure the availability of sufficient resources for the project execution.
  Desirable
- Working experience with the UN, especially WHO.

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

2. Proposal

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

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

- Confidentiality Undertaking *(please complete Annex 2)*
- Presentation of your Company / Institution *(please complete Annex 3)*
- Proposed solution
- Proposed Approach/Methodology
- Proposed Timeline
- Technical Proposal *(please complete Annex 5)*
- Financial Proposal – IRR *(please complete Annex 6)*
- Principal Investigator and Co-Investigators track record (*please complete Annex 7)*

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

3. Instructions to Bidders

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

A prospective bidder requiring clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than July 02, 2025 :

Email for submissions of all queries: Emacoiratenders@who.int

(use Bid reference in subject line)

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

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

The bidder shall submit, in writing, the complete proposal to WHO, no later than **July 10, 2025 at 17:00 hours Tehran time** ("the closing date"), by email at the following email address:

Emacoiratenders@who.int

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(use Bid reference in subject line)

To be complete, a proposal shall include:

- A technical proposal, as described under part 2 above *(Annex 5)*
- A financial proposal, as described under part 2 above *(Annex 6)*
- Annexes 2 & 3, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: CD/IRN/04/58 .

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

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.
The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder's consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

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

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

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

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

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

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

4. Evaluation

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

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

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

The technical evaluation of the proposals will include:

Addressing of WHO's requirements and expectations	20
Quality of the overall proposal	30
Experience of the firm in carrying out related project	20
Qualifications and competence of the personnel proposed for the assignment	20
Proposed timeframe for the project	10
TOTAL	**100**

The scoring scale per criteria was defined as follows:

Criteria evaluated as:	Based on the following supporting evidence:	Corresponds to the score of:
Excellent	Excellent evidence of ability to exceed requirements	100%
Good	Good evidence of ability to exceed requirements	90%
Satisfactory	Satisfactory evidence of ability to support requirements	70%
Poor	Marginally acceptable or weak evidence of ability to support requirements	40%

Very Poor	Lack of evidence to demonstrate ability to comply with requirements	10%
No submission	Information has not been submitted or is unacceptable	0%

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

A minimum of [**70**] points is required to pass the technical evaluation.
The final evaluation will combine the weighted scores of both technical and financial proposals to come up with a cumulative total score.

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

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

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

5. Award

WHO reserves the right to:

a) Award the contract to a bidder of its choice, even if its bid is not the lowest;

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

c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;

d) Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;

e) Not award any contract at all.

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

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

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

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

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

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

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

We look forward to receiving your response to this RFP.

Yours sincerely,
Dr. Omid Zamani

Annexes

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions
5. Technical Proposal Template
6. Financial Proposal
7. Principle Investigator and Co-Investigators track record template
8. Required Contractual Documents (For awarded bidders)

Annex 1: Detailed Terms of Reference

1. Purpose of the Technical Service Agreement (TSA)

Immunisation is among the most successful and cost-effective interventions to improve community health outcomes. Yet, the effective implementation of immunisation programs and services, including high coverage, equity, quality, and sustainability, remains a challenge in many low- and middle-income countries, such as Iran. Enhancing the implementation of immunisation programs requires research initiatives that engage implementers as active coproducers with researchers in identifying barriers to immunisation, developing research questions, and generating new scientific insights and knowledge products that lead to practice or policy change. This implementation research project aims to strengthen Iran's immunisation systems to understand and address context-specific barriers that limit access and uptake of vaccination. Through impactful collaboration between researchers and implementers, this project is designed to prioritise research on empirical questions of local relevance, generate feasible recommendations and integrate evidence into practice, policymaking, or health system strengthening.

Background

Despite the availability of nationally recommended vaccines within health systems, multiple contextual factors may hinder their optimal impact on health outcomes. Suboptimal vaccination coverage lowers herd immunity, increases mortality and morbidity due to vaccine-preventable diseases, and dampens progress toward elimination goals for diseases such as measles, affecting the Sustainable Development Goal agenda. An implementation science lens can help strengthen health service delivery in routine settings and inform policymaking using real-time evidence to ensure the quality of the immunisation program and its sustainability.

In Iran, implementation research, especially in regions with higher socio-economic marginalisation where coverage gaps are most apparent, can facilitate the development of practical strategies to address context-specific barriers. In the organisational systems of routine vaccination, multiple system components, such as people (caregivers and health workers), health facilities, primary healthcare structures (including institutions), policies, politics, community and government, are involved in optimising the recommended immunisation programs. While these components are interconnected and interrelated, each one's variable behaviour can favourably or unfavourably influence vaccination efforts. Implementation research embeds priority questions of local relevance into the complex interaction between immunisation system components that contribute to disparities in the effective implementation of immunisation programs and services. Instead of developing a new intervention, this project aims to understand how to overcome the obstacles within existing immunisation programs in low-coverage communities or provinces in Iran. In addition, this project will build embedded research capacity for implementation and accelerate the large-scale adoption, practical implementation, and dissemination of successful approaches that improve health outcomes among communities.

The WHO Country Office seeks an esteemed institution as an executing partner to collaborate closely with the Ministry of Health and Medical Education (MoHME) and stakeholders to carry out implementation of research on immunisation and Behavioural and Social Drivers of Vaccination (BeSD) of vaccination immunisation within the below-defined scope:

- Study questions can address a wide variety of topics (e.g., immunisation, child health days, birth registration, newborn and child health in humanitarian settings) and health system challenges (e.g., information systems, human resources, supply chain, demand for services, community engagement, integration).
- Study questions must be context-specific at the community, district, or national levels and culturally sensitive, considering local cultural norms.
- Study methods can include a range of designs if fit for purpose. Study methods must consider real-world conditions rather than controlled ones.

- Study findings must have real-time or near real-time application, aligned with policy and program cycles and in time for real-time improvements and adaptation.
- The study must focus on processes, outcomes, and documentation of evidence-based recommendations for policymakers and decision-makers.

Gavi, the Vaccine Alliance, funded this project.

2. Planned timelines (subject to confirmation)

Planned start date: 1 Aug 2025

Planned end date: 30 Feb 2026

Total Duration: 7 months

3. Requirements - Work to be performed

Since 2015, Gavi has funded the Implementation Research and Delivery Science Unit, in collaboration with the Immunisation Unit of UNICEF and other partners, including the WHO Alliance for Health Policy and Systems Research, to conduct global and country-level implementation research initiatives. We highly recommend that applicants visit the link below and read a report that provides an overview of three key initiatives to improve the implementation of policies and programs designed to increase immunisation coverage, equity, and broader health programs. This report provides essential insights into the principles of implementation research and offers valuable examples from several low- and middle-income countries: https://www.technet-21.org/media/com_resources/trl/4982/multi_upload/UNICEF_Implementation_Research_for_Immunisation_Report_to_Gavi_July_2018.pdf

Objective 1: To establish a team of stakeholders and identify priority research questions and related implementation research studies.

- Deliverable 1.1. Establish partnerships among key stakeholders, comprising policymakers, decision-makers, implementers (e.g., program managers, district managers, frontline health workers), and researchers. Develop Terms of Reference (ToRs) to outline clear roles and responsibilities for the stakeholders.
- Deliverable 1.2. Organise participatory workshops for stakeholders. The participatory workshop must be designed to enable the stakeholder team to develop one or more implementation research question/s, discuss sampling frames, data collection methods, ethical considerations, budgets, and logistics, and plan an analysis as an outline for protocol development. All study components must be scheduled within the context of existing immunisation programs and current needs to improve the application of such programs. A detailed report, including the workshop design, content, and outcomes, must be prepared.

Objective 2. To carry out the implementation research activities and develop a project report.

- Deliverable 2.1. Develop a project protocol, including a clear study timeline, and finalise data collection and management tools.
- Deliverable 2.2. Analyse the findings and develop a project report, including detailed sections on background, methods, results, limitations, discussion and evidence-based country context practical recommendations.

Objective 3. To provide evidence on the real-time or near-real-time use of findings.

- Deliverable 3.1. Findings must be documented and disseminated to stakeholders and used to inform policy, program, or practice changes, regardless of their scope or local nature. The dissemination and publication of the results alone do not constitute “use,” and policy, program, or practice changes must be documented, even if small. Adequate time and formal follow-up after the research must be allocated to allow for such documentation.

Please note:

- Through the implementation research process, WHO staff, in partnership with the implementation research team, will provide technical support and training to develop protocols, ensure adherence to ethical research standards, conduct studies, and facilitate the communication of results, recommendations, and the application of findings for policy and program changes.
- All deliverables should be in Farsi and English, as WHO requests for review and feedback.
- The executing partner shall obtain necessary approvals from relevant ethics committees. The study shall adhere to national and WHO ethical guidelines, including data confidentiality and participant privacy, which must be consistently maintained.
- All publications from this project should follow WHO Publication policies and procedures, including Ethical Clearance and Open Access Policy, and the Copyright holder will be WHO.
- The content of the findings must be approved by the Center for Communicable Disease Control (CCDC) at MoHME before publication.

4. Requirements - Planning

Task to be performed *(indicate expected work to be performed.)*	**Deliverable(s)** *(specify final outputs.)*	**Work schedule** *(month/period covered)*	**Payment** *(installment or total fee)*
countersigning	-	-	20%
Deliverables 1.1 and 1.2	Establishing a team of stakeholders and identifying priority research questions and related implementation research studies	30 Aug 2025	25%
Deliverables 2.1 and 2.2	Carrying out the implementation research activities and developing a project report	30 Nov 2025	25%
Deliverables 3.1	Providing evidence on the real-time or near-real-time use of findings	30 February 2026	30%

5. Inputs

The WHO country office will support the project financially and technically and provide direct oversight throughout the activity.
The WHO country office will provide technical guidance on processes and procedures applicable in formulating, managing, monitoring, and evaluating phases.
The vendor must work independently on the project's administration and provide feedback to the supervisor.

6. Activity Coordination & Reporting

The selected institution will work on the supervision of:

Technical issues:	For technical supervision, reporting and instructions		
Responsible Officers	***Dr Omid Zamani***, National Professional Officer, CD unit head and ***Dr Maryam Salehi Alavi*** Immunization Officer	Email:	zamanio@who.int salehim@who.int

Manager	***Dr Syed Jaffar Hussain***, WHO Representative of Iran	Email:	hussains@who.int
RO focal points	***Dr Aarti Singh***, Medical Officer and ***Dr Farid Muhammad***, Technical Officer	Email:	singhaa@who.int faridmu@who.int
Administrative issues	For contractual and financial management of the contract		
	Ms Zahra Seifosadat, CD Program Assistant, WHO-Iran	Email:	emacoiradcd@who.int

Verification:

Compatibility of the Contract implementation process and results with terms and conditions defined here will be verified and approved by EPI Office of the Center for Communicable Diseases Control at the Ministry of Health and Medical Education.

7. Characteristics of the Provider

An academic institution with an internationally renowned public health research setup. The institution must have an interdisciplinary team of public health specialists, statisticians, immunisation specialists, and data managers. The institution and each multidisciplinary team member should have at least five years of experience and a track record in similar assignments, including timely delivery of high-quality results.

8. Place of assignment

The agency is supposed to work at its premises. Travel may be needed, and costs are included in the lump sum of the contract. The implementing agency should prepare a plan for the country's epidemic or related emergencies.

Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of WCO IRAN-DCD Unit, has access to certain information relating to Implementation research for immunisation in Iran 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 " Implementation research for immunisation in Iran" ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.

3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
   a) was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
   b) was in the public domain at the time of disclosure by or for WHO to the Undersigned;
   c) becomes part of the public domain through no fault of the Undersigned; or
   d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality (as evidenced by written records or other competent proof).

4. The Undersigned further undertakes not to use the Information for any benefit, gain or advantage, including but not limited to trading or having others trading in securities on the Undersigned's behalf, giving trading advice or providing Information to third parties for trade in securities.

5. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.

6. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.

7. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event of the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.

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

Acknowledged and Agreed:

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

Annex 3: Vendor Information Form

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

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

Annex 4: Contractual Provisions

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

1. **Compliance with WHO Codes and Policies**. By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below). In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other natural or legal persons engaged or otherwise utilized to perform any services under the Contract.

Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.
For purposes of the Contract, the term "WHO Policies" means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA); (iii) the WHO Policy on Preventing and Addressing Abusive Conduct; (iv) the WHO Code of Conduct for responsible Research; (v) the WHO Policy on Whistleblowing and Protection Against Retaliation; (vi) the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, and (vii) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: http://www.who.int/about/finances-accountability/procurement/en/ for the UN Supplier Code of Conduct and at http://www.who.int/about/ethics/en/ for the other WHO Policies.

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

(i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA), and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct by any of its employees and any other natural or legal persons engaged or otherwise utilized to perform the work under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the Contractor becomes aware; and

(ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy Directive on Protection from sexual exploitation and sexual abuse (SEA), and/or sexual harassment and other types of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct. Without limiting the foregoing, the individual Contractor shall promptly report to WHO, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which the individual Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement**. The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not

to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

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

i. it is not and shall not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it shall not make any payment or provide any other support to any such person or entity and that it shall not enter into any employment or other contractual relationship with any such person or entity;

ii. it shall not engage in any fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, in connection with the execution of the Contract;

iii. it shall take all necessary measures to prevent the financing of terrorism and/or any fraudulent or corrupt practices as referred to above in connection with the execution of the Contract; and

iv. it shall promptly report to WHO, through the WHO Integrity Hotline or directly to the WHO Office of Internal Oversight Services (IOS), any credible allegations of actual or suspected fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption of which the Contractor becomes aware and respond to such allegations in an appropriate and timely manner in accordance with its respective rules, regulations, policies and procedures. Furthermore, the Contractor agrees to cooperate with WHO and/or parties authorized by WHO in relation to the response. Relevant information on the nature of any credible allegations of such actual or suspected violations, as well as the details of the intended response and the outcome of any such response, should be communicated and coordinated with WHO, with the understanding that, subject to the terms of the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, confidentiality and the due process rights of those involved will be respected.

In the event that any resources, assets and/or funds provided to or acquired by the Contractor under the Contract are found to have been used by the Contractor, its employees or any other natural or legal persons engaged or otherwise utilized to perform any work under the Contract, to finance, support or conduct any terrorist activity or any fraudulent or corrupt practices, the Contractor shall promptly reimburse and indemnify WHO for such resources, assets and/or funds (including any liability arising from such use).

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

i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or

ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

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

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

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

8. **Audit and Investigations**. WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract. Similarly, WHO may initiate an investigation into credible allegations of fraud and corruption and other forms of misconduct based on information received in accordance with its respective policies, procedures and rules.

In this context, the Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

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

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

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

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

Annex 5: Technical Proposal Template

Find the document in the link below:
HTTPS://DRIVE.GOOGLE.COM/DRIVE/FOLDERS/1FVVOL9KSROV-FWBHZDB6M3ZKGLXC2ENT?USP=SHARING

Annex 6: Financial Proposal

to be completed at the time of submission, found here:

https://drive.google.com/drive/folders/1drns7uRHP8eQpwdfiiQi_A560ZQwsa7j?usp=sharing

Annex 7: Principal Investigator and Co-Investigators track record template
to be completed at the time of submission, found here:
https://drive.google.com/drive/folders/1g3VyctwUoBCtxdrLg-1eeDFmwcw7QsvQ?usp=sharing

Annex 8: Required contractual documents
The awarded bidder needs to provide the documents in the link below:
HTTPS://DRIVE.GOOGLE.COM/DRIVE/FOLDERS/10TONFNGLTOQNWTO4WSW1TBXWCZI5D0J0?USP=SHARING