

Conducting Systematic Reviews to inform WHO Guidelines for the Pharmacological treatment of hypertension

Request for Proposals (RFP)

Bid Reference 2019/UCN/NCD/001

Unit Name **MND**



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1. INTRODUCTION

1.1 Objective of the RFP

The purpose of this Request for Proposals (RFP) is to enter into a contractual agreement with a successful bidder and select a suitable contractor to carry out the following work: Conducting systematic reviews to inform the development of WHO guidelines for the pharmacological treatment of hypertension in adults using GRADE methodology .

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 Margaret Chan. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

1.2.3 Description of Cluster/Service/Unit

The WHO Noncommunicable Diseases (NCD) department is responding to the challenges of the new health landscape: supporting countries to tackle noncommunicable diseases. NCDs is one of several departments at WHO Headquarters, working with regional and country offices.

The Management of NCDs (MND) unit is responsible for developing guidelines, tools and training materials on specific aspects related to the management of NCDs, and by identifying ways to improve access to cost-effective prevention, treatment and care.

1.3 Definitions, Acronyms and Abbreviations



MND Management of Noncommunicable Diseases Unit
MOU Memorandum of Understanding
NCDs Noncommunicable diseases
NGO Non-government organisation
NVI Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention
RFP Request for proposals
WHA World Health Assembly
WHO World Health Organization

2. DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES

2.1 Overview

The World Health Organization is developing new guidelines for the pharmacological treatment of hypertension in adults. WHO guidelines dealing specifically with raised blood pressure were last published 20 years ago- in 1999 – and are now outdated. In 2007, comprehensive guidelines on cardiovascular risk included some recommendations on hypertension but these also need revision and updating in the light of new evidence and practice.

In the past decade, WHO has included diagnosis and management of hypertension in a total cardiovascular risk approach as part of the WHO Package of Essential NCD interventions 2007,2010 and 2013 (PEN). However, this approach has not included the most recent advances in hypertension diagnostic classification and pharmacological treatment.

Although there are a considerable number of national guidelines dealing with hypertension, thresholds for treatment and other management decisions vary between guidelines.

Given this context, it is timely and appropriate for WHO to develop updated global guidelines for the pharmacologic treatment of hypertension in adults

2.2 Objectives of the activity

A provider is sought to undertake a series of systematic reviews, for 11 questions that have already been determined by the Guideline Development Group. The systematic review team will be required to synthesise extant evidence and the reviews are used to develop guidelines using the GRADE (Grading of Recommendations, Assessment, Development and Evaluations) methodology.

The provider will carry out these systematic reviews in a timely manner for the development of WHO guidelines on hypertension treatment. Full details are outlined in the WHO Handbook for Guideline Development, 2nd Edition.

2.3 Activity coordination

The successful bidder will plan and undertake all activities in collaboration with WHO. The technical unit coordinating this project is the Management of Noncommunicable Diseases Unit, in the Department of Noncommunicable Diseases (NCDs).

3. REQUIREMENTS

3.1 Introduction

WHO requires the successful bidder, the Contractor, to carry out task of conducting systematic reviews for eleven PICO questions pertaining to the pharmacological treatment of hypertension.

3.2 Characteristics of the provider

3.2.1 Status

- The systematic review provider shall be an institution with proven expertise in research and systematic reviews

3.2.2 Accreditations

- Accreditation as an academic and/or research institution by a certified accreditation body will be an asset.

3.2.3 Previous experience

- 1 Previous work with WHO, other international organizations and/or major institutions in the field of hypertension or systematic reviews;
- 2 Proven experience in systematic reviews is required, including expertise with GRADE.

3.2.4 Logistical capacity

The successful bidder will have the capacity to carry out systematic reviews for eleven PICO questions in accordance with tight timelines (before 1 April 2020), liaise with WHO on issues concerning the reviews, and attend a guideline development group meeting in WHO HQ, Geneva in mid-2020

3.2.5 Staffing

- 3 Staff dedicated to the Project, or specified phases thereof, **on a full-time basis** or part-time basis, depending on staffing capacity.

3.3 Work to be performed

The contractual partner is requested to undertake this assignment in accordance with the following special requirements:

1. Conduct eleven systematic reviews using statistical software, including:
 - a. Developing review protocols
 - b. Carrying out search and study selection
 - c. Data extraction
 - d. Assessment of risk of bias of individual studies

- e. Evidence synthesis and assessment of the quality of evidence, including production of GRADE evidence profiles, Summary of Findings tables, and Evidence to Decision/Evidence to Recommendation tables using GRADEPro software
 - f. Final report of the systematic reviews
 - g. Develop analytic frameworks if required
2. Provide expert input to the guideline planning proposal and other guideline documents as required.
 3. Performing other duties for the systematic review team as specified by the WHO Guideline Development Handbook (2nd Ed.)
 4. It is acceptable to use existing systematic reviews if it were found to answer the questions of interest and meet credibility standards (using AMSTAR or other tools to assess credibility of systematic reviews). Such reviews need to be updated and then used to generate evidence profiles/summary of findings and evidence tables.

3.3.1 Key requirements

The PICO questions to be answered are:

1. At what level of blood pressure should pharmacological therapy be started to prevent cardiovascular events?

P	Adult men and women
I	Specific systolic and diastolic blood pressure thresholds*: Systolic (mm Hg): ≥120, ≥130, ≥140, ≥150 Diastolic (mm Hg): ≥80, ≥90
C	Placebo or systolic or diastolic blood pressure threshold that is higher than intervention thresholds
O	Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease, cognitive impairment/dementia, heart failure events and adverse events
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity

Study design: RCTS for efficacy/harm and observational studies for harm

*Each BP threshold in the intervention category (I) will be compared with a higher threshold. For example, I (<140) will be compared to C (\geq 140)

2. Is any laboratory testing necessary prior to initiation or during titration of pharmacological treatments?

P	Adult men and women requiring antihypertensive treatment
I	Initiation or titration of antihypertensives without lab tests
C	Initiation or titration of antihypertensives with lab tests
O	Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease and heart failure events, cognitive impairment/decline Blood pressure control Time to control blood pressure Adherence Adverse effects Patient satisfaction
S	Individual drugs and doses Patients with no co-morbidities Baseline blood pressure Type of lab test (ECG, blood, etc)
Study design: RCT and observational studies (Supporting evidence can also be derived from RCTs in which providers managing HTN meds were blinded from lab results)	

3. Should cardiovascular risk assessment be used to guide initiation of antihypertensive medications?

P	Adult men and women without pre-identified cardiovascular disease
I	Initiating antihypertensives drug therapy based on a formal CVD risk estimation
C	Initiating antihypertensives drug therapy without formal CVD risk assessment (i.e., using only BP threshold)
O	Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease heart failure events, cognitive impairment/dementia, and adverse events Proportion of people prescribed with antihypertensives Blood pressure levels
S	Blood pressure levels

Study design: RCT and observational studies

4. In adults with hypertension requiring pharmacological treatment, which drugs should be used as first-line agents?

P	Adult men and women with hypertension requiring pharmacological treatment
I	BB, CCB, diuretics, ACE, or ARB
C	placebo
O	-Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, cognitive impairment/dementia, myocardial infarction, end stage renal disease and heart failure events -Adverse effects such as bradycardia, acute kidney injury, angioedema, asthma, electrolyte abnormalities or hypotension -Blood pressure reduction and control (if data on CVD events are absent)
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity, level of baseline blood pressure
Study design: RCTS for efficacy/harm and observational studies for harm	

5. In adults with hypertension requiring pharmacological treatment, which drugs (BB, CCB, diuretics, ACE, or ARB vs BB, CCB, diuretics, ACE, or ARB in head to head studies) should be used as first-line agents?

P	Adult men and women with hypertension requiring pharmacological treatment
I	BB, CCB, diuretics, ACE, or ARB
C	BB, CCB, diuretics, ACE, or ARB (head-to-head studies)
O	-Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, cognitive impairment/dementia, myocardial infarction, end stage renal disease and heart failure events -Adverse effects such as bradycardia, acute kidney injury, angioedema, asthma, electrolyte abnormalities or hypotension -Blood pressure reduction and control (if data on CVD events are absent)
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity, level of baseline blood pressure
Study design: RCTS for efficacy/harm and observational studies for harm	

6. In adults with hypertension requiring pharmacological treatment, which drugs (Monotherapy using BB, CCB, diuretics, ACE or ARB vs Combination therapy using BB, CCB, diuretics, ACE or ARB) should be used as first-line agents?

P	Adult men and women with hypertension requiring pharmacological treatment
I	BB, CCB, diuretics, ACE, or ARB
C	combination therapy
O	-Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, cognitive impairment/dementia, myocardial infarction, end stage renal disease and heart failure events -Adverse effects such as bradycardia, acute kidney injury, angioedema, asthma, electrolyte abnormalities or hypotension -Blood pressure reduction and control (if data on CVD events are absent)
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity, level of baseline blood pressure
Study design: RCTS for efficacy/harm and observational studies for harm	

7. In adults with hypertension requiring pharmacological treatment, which drugs (Combination therapy of 2 or more drugs (BB, CCB, diuretics, ACE, or ARB) vs different combination therapy of 2 or more drugs (BB, CCB, diuretics, ACE, or ARB)) should be used as first-line agents?

P	Adult men and women with hypertension requiring pharmacological treatment
I	Combination therapy of 2 or more drugs (BB, CCB, diuretics, ACE, or ARB)
C	Different combination therapy of 2 or more drugs (BB, CCB, diuretics, ACE, or ARB)
O	-Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, cognitive impairment/dementia, myocardial infarction, end stage renal disease and heart failure events -Adverse effects such as bradycardia, acute kidney injury, angioedema, asthma, electrolyte abnormalities or hypotension -Blood pressure reduction and control (if data on CVD events are absent)
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity, level of baseline blood pressure
Study design: RCTS for efficacy/harm and observational studies for harm	

8. In adults with hypertension requiring pharmacological intervention, is use of a fixed dose single pill combination of antihypertensive drugs associated with improved outcomes?

P	Adult men and women with hypertension requiring pharmacological intervention
I	Single pill fixed dose combination (FDC) of antihypertensive drugs – 5 classes (any 2 or more from the 5)
C	Pharmacological interventions that do not involve use of single pill fixed dose combinations
O	Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease and heart failure events. Adverse effects Patient satisfaction Adherence Blood pressure level/change Number of anti-hypertensive medications
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity, level of baseline blood pressure
Study design: RCT and observational studies	

9. What target blood pressure should pharmacologic treatment aim to achieve?

P	Adult men and women
I	Specific systolic and diastolic blood pressure targets: Systolic (mm Hg): <120, <130, <140, <150 Diastolic (mm Hg): <70, <80, <90
C	Systolic or diastolic blood pressure targets that are higher than the intervention targets
O	Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease heart failure events, cognitive impairment/dementia, and adverse events
S	Based on different effect modifiers such as: estimated cardiovascular risk; pre-existing CAD, stroke, diabetes, age, sex, chronic kidney disease and race/ethnicity
Study design: RCTS for efficacy/harm and observational studies for harm	

10. In adults with hypertension given pharmacological treatment, when should blood pressure be reassessed?

P	Adult men and women with hypertension receiving a pharmacological intervention
I	Specific interval
C	Alternative interval
O	-Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease and heart failure events -Adverse effects -Blood pressure control -Adherence -Patient satisfaction
S	Titration phase vs controlled HTN follow up, level of initial blood pressure, other conditions, remote monitoring vs clinical visit
Study design: RCT and observational studies	

11. Can pharmacological management of hypertension be provided by non-physician care providers*?

P	Adult men and women
I	Pharmacological management by non-physician care providers
C	Pharmacological management by medically qualified practitioners (doctors)
O	Death (all-cause mortality), cardiovascular death (death from MI, sudden cardiac death or stroke), stroke, myocardial infarction, end stage renal disease and heart failure events Blood pressure control Adherence Serious adverse effects Patient satisfaction
S	Initiation vs follow up Self-care vs CHW vs nurse vs pharmacist vs physician assistant's vs in or out of clinic Levels of care Rural vs urban settings Ethnicity
Study design: RCTs and comparative non RCTs of complex interventions if it includes pharmacotherapy	

An additional systematic review is needed to summarize what is known about values, acceptability, resources and feasibility surrounding decisions to undertake antihypertensive treatment. Considering the scope of the topic, this can be an overview of systematic reviews (i.e., summary of well conducted existing systematic reviews).

3.3.2 Reporting requirements

The provider will report to the WHO MND technical team on each activity of the project. They will submit an interim summary of progress after three months after the contract is awarded. The final reviews, evidence tables, and other GRADE documents will comprise the main outputs. A completion summary will be provided by the provider after the reviews are complete and the guidelines written.

3.3.3 Finance and accounting requirements

In their proposal, the successful bidder will provide a financial proposal for the project. Assumptions should be delineated in the proposal

3.3.4 Performance monitoring

Performance shall be monitored by the reporting specifications outlined above as well as regular communication with WHO staff, with whom routine consultation for ongoing questions, clarification, and other coordination activities is expected.

3.3.5 Further Capacities

None specified

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 later than 10th November 2019 the bidder shall complete and return by email to WHO to the following address: varghesec@who.int ; Cc khant@who.int:

1. The RFP **2019/UCN/NCD/001** Acknowledgement form, attached hereto as Annex 1, signed as confirmation of the bidder's intention to submit a *bona fide* proposal and designate its representative to whom communications may be directed, including any addenda; and
2. The RFP **2019/UCN/NCD/001** Confidentiality form, attached hereto as Annex 2, signed.

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 either part or total requirement of PICOs. Proposals must explicitly address which PICOs are addressed.

The bidder is expected to follow the proposal structure described in paragraph 4.13 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 **two** working days prior to the closing date for the submission of offers.:

Email for submissions of all queries: varghesec@who.int ; Cc: khant@who.int, no later than **10th November 2019**.
(use subject: WHP Bid Ref. **2019/UCN/NCD/001**)

The **MND** 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 through use of the form "Questions from Bidders", attached hereto as Annex 4.

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

4.7 Submission of Proposals

The bidder shall submit the complete proposal to WHO no later than **10/11/2019 17:00 hours Geneva** time ("the closing date"), as follows:

- Option 1: In two hard copies, labelled "Master Copy" and "Copy" at the following address:
Office 6007
Bid Ref: **2019/UCN/NCD/001**
Attn: Dr Cherian Varghese
World Health Organization
Avenue Appia 20,
1211 Genève 27,
Switzerland

The bidder must ensure that the content of all copies is identical. If at any time a difference is discovered between any copies of the proposal then the "Master Copy" will prevail as the official copy.]

- Option 2: by E-mail at the following address: varghesec@who.int ; Cc: khant@who.int

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

Each proposal shall be marked Bid Ref: **2019/UCN/NCD/001** and be signed by a person or persons duly authorized to represent the bidder, submit a proposal and bind the bidder to the terms of the RFP.

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

It shall be the Bidder's responsibility to obtain a confirmation of receipt by WHO of the signed Acknowledgement form (see section 4.2 above) and the proposal, marking in particular the Bid Reference number and the date and time of receipt by WHO.

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

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

4.8 Period of Validity of Proposals

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

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 4.11).

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 4.8.

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 4.12.3 to 4.12.7 below.

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

4.12.1 Acceptance Form

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

- That the bidder undertakes on its own behalf and on behalf of its possible partners and contractors to perform the work in accordance with the terms of the RFP;
- The total cost of the proposal, indicating the United Nations convertible currency used (preferably US Dollars);
- The number of days the proposal is valid (from the date of the form) in accordance with section 4.8.

4.12.2 Executive Summary

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

4.12.3 Information about Bidders

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

Information about Bidders	
a)	Company Information
b)	Corporate information
c)	Company mission statement
d)	Service commitment to customers and measurements used
e)	Organization structure
f)	Geographical presence
g)	Relevant experience (include description of those parts of your organization that would be involved in the performance of the work)
h)	Staffing information
i)	Number and Geographical distribution of staff
j)	Number of consultants employed on similar projects in each of the past three years
k)	Staff turnover rate for the past three years
l)	Audited financial statements for the past three (3) years
m)	Legal information
n)	History of Bankruptcy
o)	Pending major lawsuits and litigations in excess of USD 100,000 at risk (indicate particularly those by licensees or patent infringement)
p)	Pending Criminal/Civil lawsuits
q)	Relevant Contractual relationships
r)	Relevant Contractual projects (with other UN agencies or contractors)
s)	Proposed sub-contractor arrangements including sub-contractor information (as above for each sub-contractor)
t)	Experience and Reference Contact Information (list and provide five (5) detailed examples of relevant experience gained within the past five years of the issuance of this RFP that demonstrate the contractor's ability to satisfactorily perform the work in accordance with the requirements of this RFP)
u)	Project Name



Information about Bidders	
v)	Project Description
w)	Status (under development/implemented)
x)	Reason for Relevance (provide reason why this project can be seen as relevant to this project)
y)	Roles and responsibilities (list and clearly identify the roles and responsibilities for each participating organization)
z)	Client Role and Responsibility
aa)	Contractor Role and Responsibility. Previous contractor role in project
bb)	Third party contractors Role and Responsibility. Previous specified 3 rd party role in project.
cc)	Team members (indicate relevant members of the team that will also be used for this project)

4.12.4 Proposed Solution

The proposed solution will outline the review protocol.

4.12.5 Approach/Methodology

The methodology will make use of PRISMA checklists and standardised methodological tools for systematic reviews.

4.12.6 Proposed Time line

The reviews and corollary products will be complete before 1st April 2020, ideally beforehand

4.12.7 Financial Proposal

The proposal should detail the expected costs for salaries for each staff member/consultant, equipment/software, institutional fees, and other costs identified by the provider, as well as (where applicable) any funding that may be contributed to the process by the provider's institution in kind.

4.13 Conduct and Exclusion of Bidders

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

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.

5.3.1 Technical Evaluation

The technical evaluation of the proposals will include:

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

- the qualifications and competence of the personnel proposed for the assignment; and
- the proposed timeframe for the project.

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

Technical Scoring and Weighting System:

Criteria	Maximum score
The extent to which WHO's requirements and expectations have been satisfactorily addressed;	4
Quality of the overall proposal;	3
Experience of the team with systematic reviews and GRADE	5
Experience of the team in the areas of cancer, pain management or palliative care.	3
Proposed timeframe required to complete the work	6

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.

Financial Scoring and Weighting System:

Criteria	Maximum score
Overall cost	6
Level of detail/completeness	3
Appropriateness of item cost estimations	3

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. The presentation will be held at WHO's headquarters in Geneva 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

1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. 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;
3. 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;
4. 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;
5. 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 at the choice and cost of the provider. The products shall be used at the 2nd Guideline Development Group meeting, which will be held at WHO HQ, Geneva in 2017.

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.
- 3) At WHO's request, the Contractor shall take all necessary steps, execute all necessary documents and generally assist WHO in securing such rights in compliance with the requirements of applicable law.

7.18 Termination and Cancellation

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

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

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

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



7.19 Force Majeure

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

In the event of and as soon as possible after the occurrence of any cause constituting *force majeure*, the Contractor shall give notice and full particulars in writing to WHO, of such occurrence or change if the Contractor is thereby rendered unable, wholly or in part, to perform its obligations and meet its responsibilities under the Contract. The Contractor shall also notify WHO of any other changes in conditions or the occurrence of any event which interferes or threatens to interfere with its performance of the Contract. The notice shall include steps proposed by the Contractor to be taken including any reasonable alternative means for performance that is not prevented by *force majeure*. On receipt of the notice required under this section, WHO shall take such action as it, in its sole discretion, considers to be appropriate or necessary in the circumstances, including the granting to the Contractor of a reasonable extension of time in which to perform its obligations under the Contract.

7.20 Surviving Provisions

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

7.21 Use of WHO name and emblem

Without WHO's prior written approval, the Contractor shall not, in any statement 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	Acknowledgment Form
Annex 2	Confidentiality Undertaking
Annex 3	Proposal Completeness Form
Annex 4	Questions from Bidders
Annex 5	Acceptance Form

Request for Proposals: **2019/UCN/NCD/001**

Annex 1: Acknowledgement Form

Please check the appropriate box (see below) and email this acknowledgement form immediately upon receipt to:

Office 6007

Attn: Dr Cherian Varghese

(Title) Acknowledgement of Request for proposals for the provision of systematic reviews to inform the development of WHO guidelines for the pharmacological treatment of hypertension

World Health Organization

Avenue Appia 20,
1211 **Geneva** 27,
Switzerland

Bid Ref: **2019/UCN/NCD/001**

☐ **Intention To Submit A Proposal**

We hereby acknowledge receipt of the RFP. We have perused the document and advise that we intend to submit a proposal on or before 10/11/2019 at 17:00 hours Geneva time.

☐ **Non-Intention To Submit A Proposal**

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

(_____

Bidder's Contact Information is as follows:

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

Request for Proposals: 2019/UCN/NCD/001
Annex 2: Confidentiality Undertaking

- The World Health Organization (WHO), acting through its Department of **MND**, has access to certain information relating to *the project* which it considers to be proprietary to itself or to entities collaborating with it (*hereinafter referred to as "the Information"*).
- WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for the 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.
- 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:
 - was known to the Undersigned prior to any disclosure by WHO to the Undersigned; or
 - was in the public domain at the time of disclosure by WHO; or
 - becomes part of the public domain through no fault of the Undersigned; or
 - becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality to WHO.
- At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.
- The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.
- 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: **2019/UCN/NCD/001**

Annex 3: Proposal Completeness Form

Section	Requirement	Completed in full (Yes/No)

The
enclosed
Proposal
is valid for

_____ days from the date of this form.

Agreed and accepted, in four (4) original copies on _____

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

Request for Proposals: **2019/UCN/NCD/001**

Annex 4: Questions from Bidders

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

Request for Proposals: **2019/UCN/NCD/001****Annex 5: Acceptance Form**

The Undersigned,, confirms to have read, understood and accepted the terms of the Request for Proposals (RFP) No. **2019/UCN/NCD/001**, 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 **2019/UCN/NCD/001** in accordance with the terms of this RFP and any corresponding contract between WHO and the Undersigned, for the following sums:

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

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

Agreed and accepted, in four (4) original copies on _____ **Date**

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

