



**World Health  
Organization**

**Assessment of Stigma, Discrimination & Psychosocial Distress among  
People Living with HIV in Sri Lanka**

**Request for Proposals (RFP)**

**Bid Reference**

**RFP-2023-Pillar 3 (MH)-18 MH-HIV**

**Country/Unit Name  
NCD Unit, WHO, Sri Lanka**

**Closing Date:**

**[26/06/2023]**



The World Health Organization (WHO) is seeking offers for conducting assessment of Stigma, Discrimination & Psychological Distress among People Living with HIV in Sri Lanka. The purpose of this Request for Proposals is to seek an independent rapid assessment of Stigma, Discrimination & Psychosocial Distress among People Living with HIV in Sri Lanka, with the aim of understanding their psychological, emotional, and social needs and providing recommendations for effective support and interventions.

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 an assessment of Stigma, Discrimination & Psychological Distress among People Living with HIV in Sri Lanka. Stigma and discrimination along with other psychological factors including mental health issues, and social support networks significantly influence the experiences, behaviors, and treatment adherence of People Living with HIV.

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 public health/academia, with proven expertise in project assessments and evaluations.

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

Mandatory experience:

Institutional Mandatory expertise should include

- Should have a team with expertise in stigma, discrimination, and psychosocial well-being, and the specific challenges faced by PLHIV.
- Should have a demonstrated track record in working within the healthcare sector and specific experience in HIV/AIDS-related projects.
- Should possess knowledge and experience in conducting assessments and utilizing a variety of methodologies, such as surveys, interviews, focus groups, and data analysis techniques.

**\*Please share relevant reports/ links to reports**

Institutional profile (Desirable):

The institute / or consortium of team members demonstrate through institute or personal profile

- Knowledge on Sri Lankan Health system and community engagement, with PLHIV, healthcare providers, community organizations, and other relevant stakeholders.
- Previous work done with Ministry of Health and/or UN Agencies

The team should consist of the following experts with qualifications and experience as mentioned below

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Mandatory qualifications requirements of key experts:

1. One lead expert with relevant bachelors and masters degrees in public health or demography or human rights or social sciences , with previous research work done in the field of HIV
2. One sub-coordinate with bachelors in bio sciences/demography or statistics
3. Lead expert or sub-coordinate should have research experience in the field of key populationa and people living with HIV

Desirable experience of key experts:

1. Key expert : at least 3 years experience in work closely with PLHIV, healthcare providers, community organizations, and other relevant stakeholders.
2. Sub-coordinate expert: Having more than 2 years experience of conducting field surveys.

**\* Please submit brief institutional profile and/ or brief CVs of experts to validate the above requirements**

Having any other experts related to the task given will be an additional advantage

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:

- Proposed Approach/Methodology addressing all objectives (see Annex 1 for details)
- Proposed time line (See Annex 1 for details)
- Financial proposal as a separate document should have budgeted for **02 phases separately** – Currency LKR. (See Annex 1 for details)
- Confidentiality Undertaking (please complete Annex 2)
- Presentation of your Company / Institution. Please complete Annex 3 while ensuring the mandatory requirements as proposed in Section 1 above.

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 21.06.2023:

**Email for submissions of all queries: [sesrlprocurement@who.int](mailto:sesrlprocurement@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 **26.06.2023 at 16:00 hours Sri Lankan time** ("the closing date"), by email at the following email address:

**sesrlprocurement@who.int.**

*(use Bid reference in subject line )*

To be complete, a proposal shall include:

- A technical proposal, as described under part 2 above and further elaborated in detailed Terms of Reference (Annex 1) ;
  - A financial proposal as a separate document, as described under part 2 above and further elaborated in detailed Terms of Reference (Annex 1);
1. 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: RFP-2023-Pillar 3 (MH)-18 MH-HIV .

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:

<b><u>Mandatory</u></b> Institutional expertise:	<b>15</b>
The institute should have	
<ul style="list-style-type: none"> <li>Should have a team with expertise in stigma, discrimination, and psychosocial well-being, and the specific challenges faced by PLHIV.</li> </ul>	5
<ul style="list-style-type: none"> <li>Should have a demonstrated track record in working within the healthcare sector and specific experience in HIV/AIDS-related projects.</li> </ul>	5
<ul style="list-style-type: none"> <li>Should possess knowledge and experience in conducting assessments and utilizing a variety of methodologies, such as surveys, interviews, focus groups, and data analysis techniques.</li> </ul>	5
<ul style="list-style-type: none"> <li></li> </ul>	
<b>*Please share relevant reports/ links to reports</b>	
<b><u>Institutional profile (Desirable):</u></b>	<b>12</b>
The institute / or consortium of team members demonstrate through institute or personal profile	
<ul style="list-style-type: none"> <li>Knowledge on Sri Lankan Health system and community engagement</li> </ul>	4
<ul style="list-style-type: none"> <li>Previous work done with PLHIV, healthcare providers, community organizations, and other relevant stakeholders.</li> </ul>	4
<ul style="list-style-type: none"> <li>Previous work done with Ministry of Health and/or UN Agencies</li> </ul>	4
<ul style="list-style-type: none"> <li></li> </ul>	



<b><u>Mandatory qualifications requirements of key experts:</u></b>	<b>15</b>
1. One lead expert with relevant bachelors and masters degrees in public health or demography or human rights or social sciences, with previous research work done in the field of HIV	5
2. One sub-coordinate with bachelors in bio sciences/demography or statistics	5
3. Lead expert or sub-coordinate should have research experience in the field of key populationa and people living with HIV	5
<b><u>Desirable experience of key experts:</u></b>	<b>8</b>
1. Key expert : at least 3 years experience in work closely with PLHIV, healthcare providers, community organizations, and other relevant stakeholders.	4
2. Sub-coordinate expert: Having more than 2 years experience of conducting field surveys.	4
<b><u>Quality of the overall proposal and Methodology</u></b>	<b>15</b>
Proposal that includes 2 phases	5
1 <sup>st</sup> phase of the proposal with scientific methodology for the consensual validation of the Berger's Stigma Scale	5
2 <sup>nd</sup> phase of the proposal with the sampling and methodology of the assessment following WHO SEARO and Local ethical clearance	5
<b><u>Activity Gantt and timelines are provided for two phases.</u></b>	<b>5</b>
<b>TOTAL</b>	<b>70</b>

The scoring scale per criteria was defined as follows:

<b>Criteria evaluated as:</b>	<b>Based on the following supporting evidence:</b>	<b>Corresponds to the score of:</b>
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 [49 (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:

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.**

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,

.....  
Amit Aggarwal  
Administrative Officer.

**Annexes**

1. Detailed Terms of Reference
2. Confidentiality Undertaking
3. Vendor Information Form
4. Contractual provisions



## **Annex 1: Detailed Terms of Reference**

# **Assessment of Stigma, Discrimination & Psychosocial Distress among People Living with HIV in Sri Lanka**

## **1. Purpose of the Request for Proposal**

The purpose of this Request for Proposals is to seek an independent rapid assessment of Stigma, Discrimination & Psychosocial Distress among People Living with HIV in Sri Lanka, with the aim of understanding their psychological, emotional, and social needs and providing recommendations for effective support and interventions

## **2. Background**

There are 4100 people living with HIV (PLHIV) in Sri Lanka currently, according to 2023 statistics of the National STD/AIDS Control Programme. Although new HIV infections in Sri Lanka has remained relatively low during the past, more recent data reveals a 48% increase of new cases in the year 2021, out of which 13% (n = 76) were females, while 86% (n = 522) were males and 1% (n = 9) were of transgender. There were 648 reported cumulative deaths due to AIDS in 2022.

Stigma and discrimination pose significant obstacles to the prevention, treatment, care, and support of individuals affected by HIV. UNAIDS defines stigma as a dynamic process that devalues and discredits an individual in the eyes of others by identifying certain attributes as discreditable or unworthy. The negative attitudes through stigma towards HIV create fear and discourage individuals from seeking vital HIV information, and services to reduce their risk of infection and adopt safer behaviors, thus hindering effective HIV prevention efforts. The first assessment of stigma among PLHIV in Sri Lanka was conducted in the years 2009, while the second stigma assessment among PLHIV was carried out in 2017 among 150 people living with HIV in Sri Lanka.

Stigma and discrimination along with other psychological factors including mental health issues, and social support networks significantly influence the experiences, behaviors, and treatment adherence of PLHIV. Therefore, psychosocial well-being plays a crucial role in the lives of individuals living with HIV, encompassing their psychological, emotional, and social dimensions of health.

It is therefore vital to study and understand stigma, discrimination, and psychosocial distress in the context of HIV because it directly impacts the quality of life and overall health outcomes of PLHIV. Addressing stigma, discrimination, and psychosocial distress improves holistic care and outcomes for PLHIV, promoting a better quality of life and long-term health outcomes.

## **3. Planned timelines (subject to confirmation)**

Start date: 15/07/2023

End date: 15/11/2023

Expected duration: Four months

## **4. Requirements - Work to be performed**

Objective:

To assess the stigma, discrimination, and psychosocial distress among PLHIV in Sri Lanka, with the aim of understanding their psychological, emotional, and social needs and providing recommendations for effective support and interventions.



The Consultancy firm shall be responsible for the following activities:

**1. Phase one of the assessment – Consensual validation of the Berger’s Stigma scale**

Methodology for the validation with Delphi technique with the relevant literature should be provided with the time frame. An interim report should be submitted and will be assessed by the National STD/AIDS Control Programme (NSACP) and WHO Country Office

**2. Obtaining ethical clearance for the assessment from both WHO SEARO and local ethical clearance institutions**

Documents should be prepared in consultation with WHO Country Office and NSACP

**3. Phase 2 of the assessment-**

Overall assessment of stigma, discrimination, and psychosocial distress of PLHIV, with the aim of understanding their issues pertaining to stigma and discrimination, including psychological, emotional, and social needs, and providing recommendations for effective support and interventions.

**Methods**

The validated K-10 questionnaire, of the Berger’s Stigma Scale in the Phase 1 should be used to assess the psychosocial distress among the PLHIV.

The assessment will be conducted in two parts:

1. Interviewer administered questionnaire among individuals from the three PLHIV networks in Sri Lanka.
2. Virtual data collection using a google questionnaire would be done among PLHIV who do not belong to any of the PLHIV networks.

Out of the PLHIV in Sri Lanka, around 50% belong to the membership of the three PLHIV networks. Therefore, in the proposed study 50% of the participants out of the total sample who are accessible through the networks would be administered the questionnaire by trained PLHIV interviewers, while the other 50% of the participants would be accessed virtually for data collection. Sample size and the duplication should be avoided in a scientific method.

A three-day training programme should be conducted for interviewers to provide them with an understanding of the history, rationale, objectives, and the components involved in the People Living with HIV. Data entry and analysis would be carried out using the SPSS Version 21 Software. at the National STD/AIDS Control Programme

**5. Requirements to be submitted in technical proposal.**

The bidding institution is expected to provide a detailed methodology of the evaluation, to cover the objective and may use mixed methods techniques to assess various components required in line.

Ethical clearance should be obtained from WHO and local ethical clearance with the assistance of WHO Country Office and National STD/AIDS Control Programme

The proposal should include a detailed activity Gantt, with indicative timelines. WHO expects the work to be completed in 16 weeks from the start of the project.

The Requesting Unit list the different Outputs, their format and the date at which they are expected. At the stage of the ToRs, the exact list and timelines may not be finalized yet: they should then be marked as “indicative”.

**6. Requirements to be submitted in financial proposal.**

The bidding institution is expected to submit a detailed financial proposal that covers 02 phases of the required costs to achieve the objective of the work, including personnel, consultative meetings, as well as costs related to travel or other specific or incidental needs.



The submission of costs related to personnel should be based clearly on the pro-rate time engagement (%age of time) of various personnel proposed to work on the project.

## 7. Inputs

Reference publications;

<https://www.who.int/publications/i/item/9789240052390>

[http://www.aidscontrol.gov.lk/images/publications/research\\_documents/Final-copy-Police-survey.pdf](http://www.aidscontrol.gov.lk/images/publications/research_documents/Final-copy-Police-survey.pdf)

[http://www.aidscontrol.gov.lk/images/publications/research\\_documents/IBBS-REPORT-PDF.pdf](http://www.aidscontrol.gov.lk/images/publications/research_documents/IBBS-REPORT-PDF.pdf)

## 8. Deliverables of the project:

1. Initial draft of the assessment.
2. Final assessment report.

The selected institution may be requested to submit interim status reports for the project, including records of data / or assessments/ or interviews conducted.

## 9. Timeframe:

Specific area of work	Duration/ timeline
<ul style="list-style-type: none"> <li>Adjustments/updates to technical proposal in consultation with MOH and WHO if any.</li> </ul>	Within 10 days after signing the contract.
<ul style="list-style-type: none"> <li>Phase 1 – Consensual validation of the Berger’s Stigma Scale</li> </ul>	3 weeks
<ul style="list-style-type: none"> <li>Ethical Clearance</li> </ul>	6 weeks
<ul style="list-style-type: none"> <li>Conduct the evaluation</li> </ul>	4 weeks
<ul style="list-style-type: none"> <li>Submission of a printed rapid assessment report, final technical report and statement of expenditure withal original invoices to the WHO</li> </ul>	2 week after finalizing report based on inputs

## 10. Activity Coordination & Reporting

<b>Technical Officer:</b>	Dr Farrukh Qureshi Dr Nayani Dharmakeerthi	<b>Email:</b>	<a href="mailto:gureshif@who.int">gureshif@who.int</a> <a href="mailto:dharmakeerthin@who.int">dharmakeerthin@who.int</a>
For the purpose of:	Technical supervision and instructions - Reporting		
<b>Administrative Officer:</b>	Mr Amit Aggarwal / Administrative Officer / WHO	<b>Email:</b>	<a href="mailto:aggarwalam@who.int">aggarwalam@who.int</a>
For the purpose of:	Contractual and financial management of the contract		

## 11. Characteristics of the Provider

Institutional Mandatory expertise should include



1. Should have a team with expertise in stigma, discrimination, and psychosocial well-being, and the specific challenges faced by PLHIV.
2. Should have a demonstrated track record in working within the healthcare sector and specific experience in HIV/AIDS-related projects.
3. Should possess knowledge and experience in conducting assessments and utilizing a variety of methodologies, such as surveys, interviews, focus groups, and data analysis techniques. **\*Please share relevant reports/ links to reports**
4. Should have strong collaboration and should be able to work closely with PLHIV, healthcare providers, community organizations, and other relevant stakeholders to ensure their active involvement throughout the assessment process.
5. Should commitment to non-discrimination and ensure the equitable treatment of all individuals, particularly People Living with HIV (PLHIV), throughout the entire assessment process.
6. Should obtain the approval of the Advisory Committee of the National STD/AIDS Control Programme (NSACP) at each stage of the assessment process.
7. Should commit to submit the final draft of report to the Technical Advisory Committee of the National STD/AIDS Control Programme

#### Institutional profile (Desirable):

##### Mandatory Institutional expertise:

The institute should have

- Should have a team with expertise in stigma, discrimination, and psychosocial well-being, and the specific challenges faced by PLHIV.
- Should have a demonstrated track record in working within the healthcare sector and specific experience in HIV/AIDS-related projects.
- Should possess knowledge and experience in conducting assessments and utilizing a variety of methodologies, such as surveys, interviews, focus groups, and data analysis techniques.

\*Please share relevant reports/ links to reports

#### Institutional profile (Desirable):

The institute / or consortium of team members demonstrate through institute or personal profile

- Knowledge on Sri Lankan Health system and community engagement
- Previous work done with PLHIV, healthcare providers, community organizations, and other relevant stakeholders.
- Previous work done with Ministry of Health and/or UN Agencies

Mandatory qualifications requirements of key experts:

1. One lead expert with relevant bachelors and masters degrees in public health or demography or human rights or social sciences, with previous research work done in the field of HIV
2. One sub-coordinate with bachelors in bio sciences/demography or statistics
3. Lead expert or sub-coordinate should have research experience in the field of key population and people living with HIV

Desirable experience of key experts:

1. Key expert : 3-5 years experience in work closely with PLHIV, healthcare providers, community organizations, and other relevant stakeholders.
2. Sub-coordinate expert: Having more than 2 years experience of conducting field surveys.

**\* Please submit brief institutional profile and/ or brief CVs of experts to validate the above requirements**



## **Annex 2: Confidentiality Undertaking**

1. The World Health Organization (WHO), acting through its Department of NAME OF DEPARTMENT, has access to certain information relating to TOPIC 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 "NAME OF PROJECT" ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.
3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
  1. was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
  2. was in the public domain at the time of disclosure by or for WHO to the Undersigned;
  3. becomes part of the public domain through no fault of the Undersigned; or
  4. 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).
5. 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.
6. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.
7. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.
8. 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.
9. 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:**

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

**Annex 3: Vendor Information Form**

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

\* <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.

