**REQUEST FOR PROPOSALS**

**GAVI The Vaccine Alliance**

**(033-2024-GAVI-RFP)**

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| **Request for Proposals for Strengthening Measurement of HPV Coverage in Gavi Priority Countries** | | |
| **RFP Opening Date: March 18, 2024** |  | **RFP Closing Date: May 6, 2024** |
| **Address Technical, Financial Proposals and required documents via email to** [**procurement@gavi.org**](file:///C:/Users/mwattinger/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/ILKZ9D01/procurement@gavi.org) | | |

Section 1: RFP SCOPE AND REQUIREMENTS

**RFP Timelines:**

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| --- | --- | --- |
| Procurement Activity | Responsible Party | Due Date |
| RFP Issue Date | Project Sponsors | 18 Mar. 24 |
| Intent to Participate due | Bidder | 03 Apr. 24 |
| Final date for submitting questions | Bidder | 03 Apr. 24 |
| Gavi response to questions | Project Sponsors | 10 Apr. 24 |
| Bid submission deadline (CET) | Bidder | 6 May 2024, 23:59 (CET) |
| Shortlisted Meetings (optional) | Project Sponsors/Bidder | 03 Jun. 24 |
| Estimated Contract Award Date | Project Sponsors | Jul-Sep. 24 |
| Estimated Contract Start Date | Project Sponsors | Jul-Sep. 24 |

The proposed timeline set out above indicates the process Gavi intends to follow. If there are any changes to this time plan, Gavi will notify all Bidders of this in writing.

# The Project

Gavi, the Vaccine Alliance (“**Gavi**”) and the Bill and Melinda Gates Foundation (“**BMGF**”) (Gavi and BMGF together, the “Project Sponsors”) are commissioning this project to obtain and compare survey-derived, population-level human papillomavirus (HPV) vaccination coverage estimates in low- and middle-income countries. This project will be co-funded by the Project Sponsors.

# Project sponsors overview

**Gavi:**

[Gavi, the Vaccine Alliance](http://www.gavi.org/about/mission) (“Gavi”) is a public-private partnership, headquartered in Geneva Switzerland, committed to saving children's lives and protecting people's health by increasing equitable use of vaccines in lower-income countries. The Vaccine Alliance brings together all the key stakeholders in global immunisation: implementing and donor governments, the World Health Organization (WHO), UNICEF, the World Bank, technical agencies, civil society, the Bill & Melinda Gates Foundation, the vaccine industry, and other private sector partners. Drawing on the individual strengths of its members, Gavi aggregates country demand, guarantees long-term, predictable funding, and brings down prices, helping ensure that generations of children in developing countries do not miss out on life saving vaccines. Gavi uses innovative finance mechanisms, co-financing by recipient countries, to secure sustainable funding and adequate supply of quality vaccines. By bringing together the key stakeholders in global immunisation, Gavi combines the technical expertise of the development community with the business know-how of the private sector. Since 2000, Gavi has contributed to the immunisation of over 1 billion children and the prevention of more than 17.3 million future deaths.

**BMGF:**

[Bill and Melinda Gates Foundation](https://www.gatesfoundation.org/) is guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Mark Suzman, under the direction of co-chairs Bill Gates and Melinda French Gates and the board of trustees.

# Purpose of project

The Project Sponsors (Gavi and BMGF) are commissioning a measurement improvement project for survey-derived, population-level HPV vaccination coverage estimates and related indicators in LMICs. The overarching objectives are to:

1. Conduct methods research to help define the optimal methodology for HPV vaccine coverage surveys.
2. Obtain household survey-derived, population-level HPV vaccination coverage estimates for countries to better understand HPV program performance, following guidance from WHO’s vaccination coverage cluster survey reference manual[[1]](#footnote-2) and HPV vaccine coverage monitoring manual[[2]](#footnote-3).
3. Assess equity in immunization by identifying sociodemographic characteristics of vaccinated and unvaccinated girls, and understand the behavioral and social drivers of HPV vaccination uptake among adolescent girls and their caregivers.
4. Assess the validity of administrative coverage estimates by comparing to survey coverage.
5. Develop evidence on the appropriateness of alternative, innovative data collection approaches for measuring HPV vaccine coverage and indicators, that may be less expensive and/or more rapid than a full vaccine coverage cluster survey.

The Project Sponsors aim to fund work in 3-5 countries via a multi-country award preferably through a consortium approach including local organizations. The successful consortium/awardee(s) must address objectives b, c, d, and e in each proposed country; objective a may be proposed in a sub-set of countries (i.e., 2 countries).

The primary measurement outcome of interest is HPV vaccination coverage (one dose, or two doses depending on country schedules) among adolescent girls (typically 10-14 years old[[3]](#footnote-4), though some countries may have higher age targets). Secondary outcomes of interest will vary based on country needs and context but should include behavioural and social drivers of HPV vaccine uptake; equity in access; cost/accuracy/precision of different data collection methodologies; and additional vaccine outcomes.

To encourage fit-for-purpose HPV measurement efforts, this RFP centres work on identifying sustainable, effective, generalizable approaches to measuring HPV program coverage. Evidence and insights from this work will inform 1) Gavi and BMGF decision-making on future HPV vaccination strategy including integrated and equitable HPV vaccine programmes that link closely with cervical cancer elimination strategy, 2) plans to measure programme performance going forward, and 3) the work of Alliance partners and particularly Core partners in HPV coverage estimation and guidance on survey methodology.

This RFP is separate, but complementary to Gavi’s HPV Learning Agenda RFP (*Request for Proposals for Implementation Research on Integrated Adolescent Services to Improve HPV Vaccine Coverage*, 197-2023-GAVI-RFP, released October 2023), which aims to advance evidence and experience integrating HPV vaccination with other services for adolescents.

# Background and context

**HPV vaccination**

Cervical cancer is preventable through HPV vaccination, yet 342,000 deaths were estimated globally in 2020, with ~90% of these occurring in LMICs. HPV vaccine has among the highest impact of all Gavi-supported vaccines[[4]](#footnote-5), and is the key intervention towards the ambitious WHO 2030 targets to achieve cervical cancer elimination[[5]](#footnote-6). HPV vaccination is especially critical in low-income countries with high disease burden and weak secondary prevention programmes.[[6]](#footnote-7) It is also a bridge to women and girls’ health and an opportunity to positively impact gender equity.[[7]](#footnote-8) To date, progress on delivery of HPV vaccination in LMICs has been mixed, with low coverage persisting in many Gavi-supported countries, particularly in the African region.

**HPV vaccine coverage: Challenges**

There are two main coverage estimates for HPV vaccination in use by the HPV community, with country-level estimates for both produced by the World Health Organization (WHO): 1) *program coverage* which measures coverage according to the national schedule and program target population in the calendar year, and 2) *coverage by age 15* which measures the population turning 15 in the reporting year that received at any time between age 9-14 at least one dose of HPV vaccine.[[8]](#footnote-9) With the switch to a single dose of HPV vaccine in many countries, tracking differences between 1- and 2-dose coverage may become less relevant, but the importance of generating quality program coverage estimates is reinforced. Quality measurement of *program coverage* is the focus of this RFP given the key role this indicator plays in informing timely HPV programme decision-making.

Measuring HPV vaccine coverage is challenging in comparison to childhood vaccines. The administrative vaccination data reporting system is the main data source for monitoring routine and multi-age cohort (MAC) immunization activities in most countries.[[9]](#footnote-10) However, reported administrative data[[10]](#footnote-11) and target population information have rarely been validated[[11]](#footnote-12) against complementary sources, most notably owing to a lack of robust survey or biomarker data on HPV vaccination coverage. Without this validation, questions remain on both programmatic numerators (e.g., challenges in age identification, identifying prior vaccination status, etc.) and population denominators (e.g., overall uncertainty due to outdated census, local uncertainty due to migration, and systemic issues such as limited ability to estimate out-of-school (OOS) girls).[[12]](#footnote-13)

While several high-income countries including the United States[[13]](#footnote-14), Canada[[14]](#footnote-15), and Switzerland[[15]](#footnote-16) regularly conduct surveys to measure HPV vaccination coverage, relatively few surveys have been conducted in LMICs to measure national HPV vaccination coverage. This systemic lack of survey data on HPV vaccine program coverage is due to the fact that most LMIC household surveys do not sample young adolescents (i.e., 10–14-year-olds) nor are they designed to include a representative sample of caregivers of these adolescents. Both the Demographic and Health Survey (DHS) program[[16]](#footnote-17) and the UNICEF’s Multiple Indicator Cluster Survey (MICS) program[[17]](#footnote-18) have developed HPV vaccination coverage modules, however these typically target adolescents aged 15-17 years and are therefore better suited for assessing coverage by age 15 rather than program coverage (the focus of this RFP). Smaller scale subnational coverage surveys have been conducted in the context of Gavi-supported demonstration projects or following HPV vaccine introduction, for example in Zimbabwe[[18]](#footnote-19), and a few countries have recently conducted national surveys (i.e., Sao Tome and Principe). However, across these survey experiences, standard methodology specific to measuring HPV vaccination status has not been clearly defined. One key issue is the tradeoffs/complexities with surveying very young adolescents relative to their caregivers. Additional challenges to determining HPV vaccination status in LMICs may include low retention of vaccination cards, caregivers not being present when their daughters are vaccinated against HPV, uncertainty about the accuracy of recall over time, and challenges to identifying and enumerating OOS girls. With the increasing focus on expanded adolescent touchpoints and vaccination throughout the life course, it will be crucial to understand the challenges and opportunities in measuring vaccination status among adolescents.

**HPV vaccine coverage: Opportunities and resources**

There may be opportunities to leverage the household-level surveys that are used to estimate coverage of routine childhood vaccines, including Expanded Program on Immunization (EPI) immunization coverage surveys (also known as vaccination coverage surveys or VCS), and multipurpose surveys like the previously mentioned DHS and MICS – all of which gather vaccine data via caregivers. Post-campaign coverage surveys (PCCS) conducted after campaigns gather vaccine data via either caregivers or recipients when the campaign reaches adolescents and/or adults. While DHS and MICS mostly prioritize data collection on routine infant immunization, namely for children 12-36 months of age, VCS and PCCS can be more easily adapted to include older age groups. Some countries are adapting MICS and other household surveys to conduct more frequent assessments for routine immunization including assessments of HPV vaccination coverage. Other survey platforms that do target adolescents such as the Global Student Health Survey (GSHS) have also been considered to assess HPV vaccine coverage in the school setting, and countries administering the GSHS can choose to include an optional module on HPV vaccine coverage.[[19]](#footnote-20)

The WHO provides guidance on conducting immunization coverage surveys[[20]](#footnote-21) in the 2018 guidance *Vaccination Coverage Cluster Surveys: Reference Manual*. This reference manual, which is currently being updated, includes some guidance specific to HPV, noting that the surveyed age range may need to be adapted based on the vaccination schedule in country and that special care will need to be taken when considering the target population to account for girls who are not in school. The indicators that can be obtained using surveys include first- and second-dose vaccine coverage by age group disaggregated by multiple dimensions (sex, urban/rural, socioeconomic status, maternal education, school enrolment, etc.), timeliness of vaccination (among those with documented evidence), and vaccination barriers and enablers measured via behavioural and social drivers (BeSD) of vaccine uptake questions. Additional guidance is included in the *HPV Vaccine Coverage Monitoring Manual* (2020).[[21]](#footnote-22)

Core BeSD questions for routine immunization are described in the 2022 WHO guidance *Behavioural and social drivers of vaccination: Tools and practical guidance for achieving high uptake* and draft HPV-specific questions are currently being field tested (e.g., Do you want your child to get the HPV vaccine? How important do you think the HPV vaccine is for your child’s health?)[[22]](#footnote-23). These HPV-specific questions should be ready for use by late 2024. Additional frameworks with vetted questions related to intent include the Vaccine Confidence Index (with four core questions)[[23]](#footnote-24).

Given the high cost of conducting household surveys, there is an opportunity to identify innovative approaches and contribute to a long-term plan for HPV vaccine coverage measurement in low-resource settings. There is also demand for lower-cost, more rapid, more frequent, or targeted survey methods for childhood immunization measurement, and new resources, examples, and research on this topic.[[24]](#footnote-25)

Ultimately, there are many opportunities to develop methodologies that will improve understanding of HPV vaccination program performance, identify optimal delivery models, course correct immunization strategies, identify inequities, and improve coverage among adolescent girls, particularly in LMICs.

# Scope of work

**Goal of this RFP**

The goal of this RFP is to fulfil both short-term and long-term needs with respect to HPV vaccine programme measurement. Given the immediate need to understand the performance of HPV vaccine programmes, bidders will be expected to conduct primary data collection in the near-term to measure coverage in priority[[25]](#footnote-26) countries building on established, robust population-based household survey methodology. This could entail adding questions to existing adolescent survey platforms where they exist, which would be beneficial from a sustainability perspective.

Longer term, Gavi, its partners, and countries/programmes likely cannot routinely fund large HPV-specific coverage surveys, and therefore there is a need to establish sustainable methods and platforms for coverage estimates in the medium to long-term. This RFP is designed to make catalytic investments to develop the required methods and ecosystem for HPV vaccination coverage data to be collected in an ongoing and sustainable manner by identifying, testing, and validating innovative approaches that are fit-for-purpose, i.e., are more cost-effective and/or more rapid than a traditional population-based methodology used in many traditional coverage surveys. This methods development work is expected to feed into WHO guidance and inform Gavi and BMGF HPV vaccine measurement and monitoring plans. These findings may also help inform thinking about how to better incorporate HPV vaccine coverage measurement into existing household surveys (e.g., Demographic Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), vaccine coverage surveys (VCS)) that would not need to be conducted separately, and how administrative data quality and systems for HPV vaccine coverage can be improved.

**Proposed objectives:**

The proposed project will focus on the following aims in 3-5 Gavi-supported countries with established HPV vaccination programs i.e., those that introduced HPV vaccine three or more years ago. All objectives should be completed in every proposed country with the exception of objective ‘a’, which can be proposed in a subset of countries.

1. **Conduct methods research to help define the optimal methodology for HPV vaccine coverage surveys:**

Conduct robust method studies of population-based survey approaches in at least 2 countries to help inform key components of ‘traditional’ HPV vaccine coverage surveys. Standard methodology for coverage surveys is not well defined for HPV vaccine, so bidders are asked to identify the optimal approach to conducting a robust population-based coverage survey using established coverage survey methodology, similar to traditional household surveys used for childhood vaccines. The findings from the methods research would then inform the design of the full survey for all countries, as well as building the global evidence base for HPV vaccine coverage survey guidance and future survey efforts (i.e., DHS/MICS) by addressing key methodological questions. These methodological questions include: preferred survey respondents including ability to accurately report on HPV vaccination status (i.e., girls 10-14, caregivers), assessing recall accuracy/bias, sampling requirements, and feasibility concerns, testing innovative ideas for improving age ascertainment (a challenge for both surveys and program implementers), as well as testing out new/adapted questions (i.e., BeSD). Assessing ability to accurately report on HPV vaccination status might entail tracing back to immunization records (cards and/or school or facility records), using serology/biomarkers, or triangulating across different data sources. Bidders are encouraged to outline risk mitigation approaches for the methods research phase to ensure timely completion of the overall project: the methods work should be timed so the results inform the design of the other project objectives, however it is possible some aspects of this research may overlap with the subsequent phases. Gavi and BMGF will be working closely on award decisions and project management to ensure collaboration/alignment on methods across all countries; bidders are encouraged to plan for and budget for cross-country engagement. This methods research is in addition to standard piloting of survey data collection tools before survey implementation for objectives b-e.

1. **Obtain household survey-derived, population-level HPV vaccination coverage estimates for countries to better understand HPV program performance, following guidance from WHO’s vaccination coverage cluster survey reference manual and HPV vaccine coverage monitoring manual:**

Conduct a robust population-based household-level HPV vaccine coverage survey (’traditional household survey’) to estimate national first- and second-dose (if applicable) HPV vaccination program coverage among adolescent girls to facilitate assessment of performance in HPV immunization. ‘Traditional household survey’ methods/tools will be aligned across projects and based on the methods research outlined in objective ‘a’. Bidders proposing studies in larger countries may also want to consider subnational/regional estimates through the ‘traditional’ method in addition to national estimates. Ideally bidders would propose to assess coverage across multiple ages (i.e., typically 10–14-year-old adolescent girls, or older target populations in some countries) to provide information on both current and past coverage in the routine cohort with a focus on program coverage, as well as to better understand how to measure catch up vaccination impact, including with MACs.

1. **Assess equity in immunization by identifying sociodemographic characteristics of vaccinated and unvaccinated girls, and understand the behavioral and social drivers of HPV vaccination uptake among adolescent girls and their caregivers:**

Quantitatively assess equity in HPV immunization by obtaining additional information about reached and unreached adolescent girls and their caregivers, including but not limited to decision-maker for HPV vaccination uptake, past vaccination status for childhood vaccines, school attendance, urban/rural, socioeconomic status, and maternal education. Both the traditional survey and innovative approaches should include sociodemographic measures to aid in assessing equity in HPV immunization.

1. **Assess the validity of administrative coverage estimates by comparing to survey coverage:**

Assess how program coverage via survey methods compares to administrative estimates, evaluate how the survey findings relate to what the administrative system is measuring/reporting, and understand how innovative surveys (see objective ‘e’) could be used to augment the analysis of routine administrative data to produce more robust annual estimates of routine HPV immunisation coverage. Identify the challenges of assessing HPV vaccine coverage with both administrative and survey-based approaches, identify what future work should focus on to improve HPV vaccine coverage estimates in the long-term, and propose recommendations to strengthen HPV vaccination, improve home-based record availability and quality, and to strengthen data systems for sustainable monitoring of HPV vaccination.

1. **Develop evidence on the appropriateness of alternative, innovative data collection approaches for measuring HPV vaccine coverage and indicators, that may be less expensive and/or more rapid than a full coverage cluster survey:**

Concurrently measure HPV vaccine coverage using 2-3 alternative methodologies and/or platforms across all countries to estimate first- and second-dose (if applicable) HPV vaccination program coverage among adolescent girls. Ideally, any alternative method would be tested in at least two countries to allow for comparison. This will involve identifying approach(es) that may be fit-for-purpose, more cost-effective, and more rapid (and therefore perhaps more sustainable) than a traditional household survey and testing how these coverage estimates compare to the traditional methodology in a head-to-head way. An important element of this head-to-head comparison will be assessing the cost of both traditional and innovative coverage survey approaches for use in long-term programmatic decision-making to strengthen HPV vaccine coverage measurement. Alternative innovative methods should be assessed in terms of their representativeness, precision, accuracy, cost, speed of results, and overall ‘fitness for purpose’ to allow sustainable monitoring of HPV vaccine coverage and inform programmatic actions. Bidders are encouraged to demonstrate how innovative methods can be used in conjunction with administrative data to allow for more robust estimates of coverage, including appropriate adjustments that can be made to administrative data to more accurately triangulate program coverage and assess the strengths and weaknesses of administrative data. While national implementation of alternative approaches are preferable, the innovative approaches need not be implemented at the national level particularly in larger countries; conducting these in a subset of districts with varying characteristics for instance would be informative to understand how well the innovative methodologies perform relative to the traditional survey. The traditional survey must measure program coverage, but innovative approaches might also explore approaches that give a good indication of program performance without providing a point estimate of coverage. Innovative approaches should also include questions on behavioural and social drivers of immunization.

The Project Sponsors recognize different survey methodologies may be better suited to different countries, so bidders are not required to test the same survey methodology in all countries. However, we encourage bidders to keep in mind the goal of generalizing the learnings from this project to inform guidance on methods that could be used in other countries. We also encourage bidders to align suggested approaches with country appetite, interest, and health system infrastructure with the goal of sustainability in mind. These approaches (and in turn sampling methodologies) may include, but are not limited to, school surveys, phone surveys, web or social media surveys, use of biomarkers, respondent-driven sampling or other alternative approaches that are less cost-, time- and/or labour-intensive than ‘traditional’ household surveys. This objective could also extend to more creative ideas with practical use for programs, such as proxy measures and ways to combine inexpensive, easily deployed, approximate measures (e.g. social media survey or SMS based survey) that could detect changes in coverage between more robust surveys – with the objective of providing a low-cost tool used between surveys, rather than replacing other approaches. Bidders are also encouraged to think of ways to leverage other existing data collection efforts and platforms in innovative ways.

**Requirements**

The bidder should outline a fit-for-purpose measurement improvement research project that will meet both the near-term (i.e. defining methodologies, collecting data on coverage and equity/drivers, and comparing to admin data) and long-term (i.e. identifying and assessing innovative approaches) objectives as outlined above. The proposal should:

* Describe the research design/methodology to respond to all objectives as described above. Applicants are encouraged to build on what is outlined in the RFP and propose methods and approaches that reflect their expertise to best deliver the expected objectives and outcomes in the contract period.
* Detail all proposed survey methodologies (including the methods research approach for the ‘traditional’ survey) and include a description of questions/indicators to be included in each survey, including questions on sociodemographic characteristics (including school attendance) and behavioural and social drivers.
* Provide information on study procedures including data collection and data analysis plans. The research should provide strong information and learnings about HPV vaccine coverage survey methodology.
* Include a description of how cost estimates will be generated for all survey methodologies to inform long-term planning for HPV vaccine coverage measurement.
* Describe the analysis plan, both in terms of head-to-head comparison of survey methodologies and comparison to administrative coverage estimates. Estimation of 1- or 2-dose HPV vaccine coverage should be clear, as well as the target population e.g., age group(s) of adolescent girls being reached through each survey. The analysis plan should also include analysis of key equity dimensions and the BeSD indicators to understand drivers of coverage.
* Discuss the expected generalizability of the proposed methods at a regional or global level.
* Describe institutional capacity, partnership approach, team capacity and structure, as well as country presence and collaboration approach as described in ‘Skills and Competencies’ and ‘Technical Proposal Evaluation’ sections.

Aligning with the Project Sponsors’ policies on gender, we encourage bidders to bring a gender-, age-, and life course-lens to project design, implementation, and measurement, as well as to how the work is undertaken (i.e., processes that are inclusive, participatory, respectful of all stakeholders).[[26]](#footnote-27) We encourage equal participation of women and girls and the promotion of equitable partnership models in the design of the measurement improvement project, analysis of findings, and identification of recommendations.[[27]](#footnote-28),[[28]](#footnote-29)

These activities are to be undertaken in accordance with these principles:

* Strong engagement of and collaboration with government and other key stakeholders (i.e., WHO to leverage/inform global guidance).
* Inclusion of/submissions from local civil society organizations, academic and/or research partners close to the communities where the implementation research is taking place.
* Adolescent-centred approaches.
* Ethical, quality implementation research with appropriate methodology.
* Application of a gender lens to project design, implementation, research, and learning.
* A human rights-based approach.

## Deliverables

The following deliverables shall be produced through the completion of these tasks:

* Finalized measurement improvement project workplan, including activities, project budget, monitoring, evaluation, and learning (MEL) plan, dissemination plan, and staffing structure.
* Key milestone: Government engagement on project workplan and geographic scope decision-making.
* Key milestone: Completion of methods research phase for testing population-based survey approaches that should be built into the design for at least two countries to help inform key components of ‘traditional’ HPV vaccine coverage surveys for all countries. Based on this phase, at least one draft manuscript should be submitted that provides quantitative evidence on the key components of ‘traditional’ HPV vaccine coverage surveys and will help build the global evidence base for HPV vaccine coverage survey guidance.
* Protocol, measurement tools, and analysis approach - i.e., data collection tools for all survey methodologies, plan for analysis that compares across different approaches, how innovative approaches could be used to augment administrative data, as well as generalizability, feasibility, and acceptability of innovative approaches.
* Documentation of necessary ethical approvals in implementing countries (and sponsor country, as applicable) prior to start of data collection.
* Quarterly financial reports and progress reports.
* Routine meetings with Gavi and BMGF, as established at project launch.
* Report(s) summarising the main findings, lessons learned, and recommendations, including but not limited to:
* Insights and results from methods research on ‘traditional’ coverage survey methodologies.
* Head-to-head comparison of results of population-based household-level ‘traditional’ coverage survey and ‘innovative’ coverage survey.
* Assessment of the costs of all survey methodologies.
* Data on equity in immunization including sociodemographic characteristics of vaccinated and unvaccinated adolescent girls and their caregivers.
* Data on behavioural and social drivers of HPV immunization.
* Assessment of the validity of administrative estimates for HPV vaccine coverage and how implemented survey methods could be used to augment or adjust administrative estimates to produce more robust HPV coverage estimates.
* Insight on feasibility, acceptability, and generalizability of implemented survey methods.
* Recommendations to strengthen HPV vaccination and data systems for sustainable monitoring of HPV vaccination, as well as what future work should focus on to improve HPV vaccine coverage estimates in the long-term.
* Cross-country exchange and learning based on multi-country project design.
* A minimum of three draft manuscripts to be submitted to peer-reviewed journals (methods research phase results, cross-project results on coverage/equity/BeSD, findings from head-to-head methods comparisons).
* PowerPoint presentation and briefs on the project results (country-specific summaries and cross-project results and takeaways).
* Documented engagement with key in-country stakeholders, including discussion of results, recommendations, and an illustrative sustainability plan for future use/application.
* Dissemination of results to key stakeholders regionally and globally per dissemination plan, co-developed with Gavi and BMGF.
* Documentation that all publications of results arising from the project and all data generated by the project (once suitably anonymised) are made available on an open access basis in accordance with the Bill & Melinda Gates Foundation [Open Access Policy](https://openaccess.gatesfoundation.org/).

## Key Dates

The following key dates apply:

* 1 Aug. 2024 – Target project start date.
* 9 Sep. 2024 – Finalization of the project workplan, including activities/GANTT chart, project budget, MEL plan, dissemination plan, and staffing structure.
* 1 Oct. 2024 – Measurement protocol and tools submitted for ethics approval.
* Quarterly financial reports and progress reports (including results/insights to date).
* 28 Feb. 2025 – Mid-term financial report and progress report (including report on insights and results from methods research on ‘traditional’ coverage survey methodologies, key updates to research workplan/GANTT chart and dissemination plan, and other key updates).
* 15 Mar. 2025 (approximate) – Completion of methods research phase for testing population-based survey approaches to help inform key components of ‘traditional’ HPV coverage surveys for all countries.
  + Draft manuscript for submission to peer-reviewed journals (submission date TBD).
* 31 Jul. 2025 – Latest possible date for data collection completion (traditional and innovative approaches).
* 30 Sep. 2025 – Draft report(s) summarising the main findings (see deliverables section).
* 15 Oct. 2025 – Learning brief and presentation of project results (other dissemination deliverables and dates to be agreed up on award).
* 1 Nov. 2025 - Draft manuscript(s) for submission to peer-reviewed journals.
* 30 Nov. 2025 – Final report on project results as detailed in deliverables section.

## Skills and Competencies

The successful bidder(s) should be familiar with the applicable countries’ immunisation landscape as well as the health system and primary health care service structure in the country. They should have an established presence in the proposed countries. Individual organizations or consortia with one lead bidder are eligible to apply, with a consortium approach strongly preferred. **Local organizations (including academic, research, youth-led, women-led, and civil society organizations) are strongly encouraged to directly apply or participate in a consortium.**[[29]](#footnote-30) Organizations are encouraged to self-organize into consortia. In addition, organizations that are interested in contributing to a consortium may indicate through the ‘request for clarification’ process (see Q&A template below) that they are opting in to being included on an *Open to Partnering List.* This list will be shared with all organizations indicating their Intent to Particate by the ‘Gavi response to questions’ date, giving all potential bidders the opportunity to follow-up with organizations on this list as they wish. Other important attributes sought out for the proposed partner/set of partners include:

* Expertise in designing and executing vaccination coverage surveys (proposed sampling, evaluation methodologies, data collection techniques, costing, and quantitative analysis approaches, including head-to-head comparison between survey methodologies and validation of administrative data). Experience conducting surveys among adolescent populations strongly preferred.
* Demonstrated experience conducting research with and for very young adolescents, including maintaining high human subjects research standards for children and adolescents, and measuring behavioural and social drivers with young adolescents and caregivers.
* Experience conducting methods development and improvement research including assessing costs, feasibility, acceptability, and generalizability of activities such as survey design, implementation, and analysis.
* Proven statistical expertise in conducting and analysing survey data using complex sampling approaches.
* Demonstrated strong expertise in quantitative indicator estimation and triangulation from multiple data sources.
* Demonstrated footprint in selected countries; experience working with the national and state level authorities preferred.
* Good understanding of the HPV vaccine, implementation strategies, and its role in cervical cancer elimination.
* Experience synthesizing implementation research findings, publishing results, and disseminating findings through various channels (briefs, presentations, manuscripts, etc.).
* Experience in providing technical assistance on or researching challenges related to measurement and assessment of HPV vaccine coverage preferred.
* Ability to effectively articulate the importance of, advocate for, and implement programming that works to address gender- and age-related barriers and equity gaps in the immunisation space.
* Ability to recruit and deploy the right human resources at national and sub-national levels in a short period of time.
* For global partners, demonstrated ability to enter partnership with a local partner.
* Demonstrated experience using a human-rights based and gender-mainstreamed approach.

## Duration of the Work

The scope of work is expected to be finalised and delivered by **November 30, 2025**.

## Location of the Work

The Project Sponsors aim to fund work in 3-5 countries via one multi-country award; the successful consortium/awardee(s) must address all objectives in all proposed countries apart from objective ‘a’, which can be conducted in a sub-set of countries (e.g., 2). Bidders should propose the countries and subnational level(s) where the research will be conducted. Approaches across countries should have consistent and centrally coordinated methodology and approach, to the extent possible, with cross-cutting analysis of results, though bidders may try different innovative approaches in different countries. Traditional surveys should produce nationally representative coverage estimates that can be used to validate administrative data. The methods research (objective ‘a’) and head-to-head comparison study with innovative approaches (objective ‘e’) can be conducted in a subset of sub-national areas in each country that reflect a range of contextual factors.

Eligible countries are **Cameroon, The Gambia, Liberia, Mauritania, Myanmar, Rwanda, and Senegal.** These countries are currently Gavi supported and have established HPV vaccine programs, i.e., introduced HPV vaccine three or more years ago. Countries eligible for Gavi support under the Middle-Income Countries (MICs) approach are not eligible to participate.[[30]](#footnote-31) Countries with very recent, ongoing, or imminent HPV coverage measurement plans have been deprioritized (i.e., Ethiopia). We encourage bidders to include a mix of countries representing a range of contexts and delivery strategies.

Country selection and subnational level measurement decisions will be finalized during the contract negotiation phase with Gavi and in consultation with host governments. Any work taking place within a country shall be performed in close collaboration with the government (including the respective EPI and other relevant Ministry offices) and relevant implementing partners, with an intentional plan for how the findings will be used to improve the HPV immunization program.

## Work Context

The tasks shall be performed for the Project Sponsors, specifically: at Gavi, the Vaccine Programmes (VP) team in collaboration with the Measurement, Evaluation, and Learning (MEL) team; at BMGF, the Immunization Program Strategy Team. The Project Sponsors may call on external experts as needed. The outcomes will be shared with Alliance partners and other key implementing country stakeholders, as needed.

# Bid Submission

## Preliminary Information

This section sets out the necessary preliminary information for Bidders to submit in consideration for delivering the Requirement against any resultant Contract.

## Intent to Participate, Acceptance of Confidentiality requirements and Conflict of Interest Declaration

Bidders are required to acknowledge their acceptance of the instructions and rules pertaining to this tender. Bidders are also required to provide the contract information for a representative who will be the point of contact for all matters relating to the RFP, no later than the Due Date for submission of Preliminary Information set out at Part 1 – RFP Timeline and Key Dates. Bidders are required to maintain confidentiality in all matters relating to this RFP and shall not disclose confidential information in connection with the RFP to any third party without prior written consent of Gavi.

Each Bidder must complete the Conflict of Interest online declaration and must immediately inform Gavi should a Conflict of Interest arise during the RFP process. A Conflict of Interest may result in the Bidder being disqualified from participating further in the RFP. This declaration must be provided to Gavi no later than the Due Date for Preliminary Information set out at ANNEX 1 – RFP Timeline and Key Dates.

The Intent to Participate and Conflict of Interest Declaration form can be accessed via the following link: [Gavi Supplier Declaration Form](https://na.eventscloud.com/ereg/index.php?eventid=600006&).

# Technical Proposal

## Technical Proposal Format

Bidders must submit their Technical proposals filling the below document and sending it to [procurement@gavi.org](mailto:procurement@gavi.org) before the Bid submission deadline:

**Bidders are expected to provide a single Technical Proposal and X Financial Proposals (1 for each country for which they propose their support) using the template below and labelling them as follows: 033-2024-GAVI-RFP– Technical Proposal - [Bidder Name]” and “033-2024-RFP-Gavi – Financial Proposal - [Bidder Name] – [Country Name].**



## Technical Proposal Evaluation

|  |  |  |
| --- | --- | --- |
| No. | Criteria / Sub-Criteria | Weight (%) |
|  | **Technical Criteria** | **65%** |
| 1.1 | Concise, compelling, rational summary of proposed approach including project design, methodology, country inclusion, and consortium. | 10% |
| 1.2 | Bidder demonstrates a good understanding of the subject matter, evidence gaps, and rationale for the proposed design and methodology.  Proposed countries represent a range of contexts and meet criteria. | 5% |
| 1.3 | Appropriate & sufficient methods to respond to evidence needs (including both qualitative and quantitative methods), including:   1. Methods research to inform the ‘traditional’ coverage survey methodology. 2. Implementation of ‘traditional’ coverage survey and ‘innovative’ measurement approaches. 3. Head-to-head comparison of results of population-based ‘traditional’ coverage survey and alternative ‘innovative’ coverage survey(s). 4. Assessment of the costs of all survey methodologies (traditional and innovative). 5. Data on equity in immunization including sociodemographic characteristics of vaccinated and unvaccinated adolescent girls and their caregivers. 6. Data on behavioural and social drivers of HPV immunization. 7. Assessment of the validity of administrative estimates for HPV vaccine coverage and how implemented survey methods could be used to augment or adjust administrative estimates to produce more robust HPV coverage estimates. 8. Insight on feasibility, acceptability, and generalizability of implemented survey methods. 9. Expected generalizability and potential implications to strengthen HPV vaccination and to strengthen data systems for sustainable monitoring of HPV vaccination.   Acknowledgement of the limitations of the methodology proposed / challenges of the proposed assessment. | 30% |
| 2 | Appropriateness and clarity of the proposed workplan (realistic timeframe, appropriate number of days allocated to activities) including appropriate quality control / quality assurance mechanisms. | 10% |
| 3 | Appropriateness and clarity of the proposed monitoring, evaluation, and learning plan, including dissemination plan and illustrative key indicators. | 5% |
| 4 | Proposal brings a gender-, age-, and life course-lens to project design and implementation. | 5% |
|  | **Team Capacity Criteria** | **35%** |
| 5.1 | Appropriate consortium/team composition with diverse, relevant expertise (including strong preference for local organization involvement), including:   1. Experience with HPV vaccination and its role in cervical cancer elimination. 2. Extensive expertise with survey design, methodology, and analysis. 3. Experience of the bidder conducting assessments of similar technical and methodological approach. 4. Demonstrated experience conducting research with and for very young adolescents, including maintaining high human subjects research standards for children and adolescents. 5. Experience with costing of implementation research. 6. Experience with behavioral and social drivers of immunization, including those unique to HPV such as misconceptions related to fertility or sexual activity. 7. Experience with a human-rights based approach and gender-mainstreaming. 8. Strong epidemiologic and statistical skills. | 20% |
| 5.2 | Bidder demonstrates a good understanding of, and ability to meet, requirements and proposed deliverables, including appropriate time commitment of the staff on the team. | 5% |
| 5.3 | Demonstrated footprint by bidder/consortium in proposed countries and relevant sub-national levels.  Clear/appropriate plans for strong coordination with the EPI team, Gavi partners, and other relevant decision-makers and stakeholders towards the end goal of the findings being used for programmatic purposes. | 5% |
| 5.4 | Alignment of organizational core values and the proposed work. | 5% |
| Total weight for final decision making | | 80% |

Minimum Technical Score: 70%

# Financial Proposal

**Bidders are expected to provide a single Technical Proposal and X Financial Proposals (1 for each country for which they propose their support) using the template below and labelling them as follows: 033-2024-GAVI-RFP– Technical Proposal - [Bidder Name]” and “033-2024-RFP-Gavi – Financial Proposal - [Bidder Name] – [Country Name].**

Bidders must submit their Financial proposals filling the below document and sending it to [procurement@gavi.org](mailto:procurement@gavi.org) before the Bid submission deadline:



## Financial Proposal Evaluation

| No. | Criteria / Sub-Criteria | Sub-Weight (%) |
| --- | --- | --- |
| 1. | **Financial evaluation points** | 20% |
| a) | Points for the Financial Proposal being evaluated = [Maximum number of points for the Financial Proposal] x [Lowest price] / [Price of proposal being evaluated] |
|  | Total weight for final decision-making: | 20/100 |

Bidders must submit a copy of their Proposal to Gavi by email to: [procurement@gavi.org](mailto:procurement@gavi.org)

The subject heading of the email shall be **“033-2024-GAVI-RFP– Technical Proposal - [Bidder Name]” and “033-2024-RFP-Gavi – Financial Proposal - [Bidder Name]-[Country Name]”.** Bidders may submit multiple emails (suitably annotated – e.g. Email 1 of 3) if the attached files are too large to suit a single email transmission.

Please ensure that the different Proposal elements are returned in either MS Office Format or PDF.

# Requests for Clarification

Bidders may submit requests for clarification of the solicitation documents and direct any questions regarding the RFP content or process to [procurement@gavi.org](mailto:procurement@gavi.org) using the subject line“033-2024-GAVI-RFP– Clarification - [Bidder Name]” using the below Q&A template



All questions and requests for clarification must be submitted in writing to [procurement@gavi.org](mailto:procurement@gavi.org). Direct communications with Gavi personnel are not permitted and Gavi reserves the right to disqualify Proposals that do not comply with this requirement. Questions should be submitted by the deadline set out in ANNEX 1 – RFP Timeline and Key Dates. Organizations are encouraged to self-organize into consortia. In addition, organizations that are interested in contributing to a consortium may indicate through the ‘request for clarification’ process (see Q&A template below) that they are opting in to being included on an *Open to Partnering List.* This list will be shared with all organizations indicating their Intent to Particate by the ‘Gavi response to questions’ date, giving all potential bidders the opportunity to follow-up with organizations on this list as they wish. Gavi will respond to submitted questions and share responses (anonymously) with all Bidders who have submitted their Intent to Participate, to ensure transparency and fairness. Gavi retains the right to answer questions received after the deadline, when deemed necessary and beneficial for the outcome of the RFP.

# Submission Checklist

| Document Checklist | | | | |
| --- | --- | --- | --- | --- |
|  | Cover Letter which includes:   * Name and address of the Service Provider * Name, title, telephone number, and e-mail address of the person authorized to commit the Service Provider to a contract * Name, title, telephone number, and e-mail address of the person to be contacted regarding the content of the proposal, if different from above * A signature of this letter done by a duly authorized representative of your company | | | |
|  | [Gavi Declaration Form](https://na.eventscloud.com/ereg/index.php?eventid=600006&) |  | | Financial Proposal |
|  | Technical Proposal |  | | Corporate Social Responsibility documents |
| ☐ | CVs (for key personnel listed in Technical Proposal) |  | Financial Stability kindly submit to us the past 3 years’ financial statements documentation, including:  a. Auditor’s page,  b. Income/P&L,  c. Balance sheet and cash flow  d. Additionally, please name the top 3 officials of your company | |

| Format Checklist | | | |
| --- | --- | --- | --- |
|  | Technical proposal separate from commercial proposal (Two-Envelope System). |  | All files are of the accepted type (PDF or MS Office applications). |
|  | Separate emails prepared with subject names “033-2024-GAVI-RFP– Technical Proposal - [Bidder Name]” and “033-2024-GAVI-RFP– Financial Proposal - [Bidder Name]-[Country Name]”. | | |

# Proposed Contract and Gavi’s Terms and Conditions

The successful bidder will be awarded one service agreement from Gavi and one grant agreement from BMGF. The terms and conditions for the proposed Gavi Contract under 033-2024-GAVI-RFP can be found here: [Gavi Alliance General Terms and Conditions for Services Agreements.](https://www.gavi.org/sites/default/files/rfp/gavi-terms-and-conditions-for-goods-and-services-agreements.pdf)

BMGF sample terms and conditions for the proposed BMGF grant agreement can be found here: [BMGF Sample Terms & Conditions](https://docs.gatesfoundation.org/Documents/ProjSup%20-%20ER%20-%20Sample%20Terms.pdf).

Gavi proposal and budget templates linked in this RFP should be used for the proposal phase. The successful bidder will be required to complete BMGF budget and proposal templates for the BMGF portion of funding once a partner is selected. BMGF will provide these templates to the selected partner.

Gavi Services Agreement can be found below:



|  |  |
| --- | --- |
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Section 2: Rules of RFP

# Rules of Gavi RFP

## Scoring Approach

Gavi will base its initial evaluation on the Proposals submitted in response to the RFP.

In deciding which Bidders/s to shortlist Gavi will consider the results of the evaluation of each Proposal and the following additional information:

1. Each Bidder’s understanding of the Requirements, capability to fully deliver the Requirements and willingness to meet the terms and conditions of the Proposed Contract; and
2. The best value-for-money over the whole-of-life of the goods or services.

In deciding which Bidder/s, to shortlist Gavi may consider any of the following additional information:

1. The results from past performance reference checks, site visits, product testing and any other due diligence;
2. The ease of negotiations with a Bidder based on that Bidder’s feedback on the Proposed Contract (where these do not form part of the weighted criteria);
3. Any matter that materially impacts on Gavi’s trust and confidence in the Bidder; and
4. Any other relevant information that Gavi may have in its possession;

Gavi will advise Bidders if they have been shortlisted. Being shortlisted does not constitute acceptance by Gavi of the Bidder’s Proposal, or imply or create any obligation on to Gavi to enter into negotiations with, or award a Contract for delivery of the Requirements to any shortlisted Bidder/s.

## Evaluation Committee

Gavi will convene an evaluation committee comprising members chosen for their relevant expertise and experience. In addition, Gavi may invite independent advisors to evaluate any Proposal, or any aspect of any Proposal.

## Evaluation Model

The evaluation model is based on the weighting under sections 3.2 and 4.1 (Evaluation Criteria).

1. Bidders will be evaluated against the Technical Evaluation criteria in section 3.2. Proposals must meet the minimum threshold defined in Section 3.2
2. Bidders passing the minimum Technical score will then be evaluated against the Financial Evaluation criteria in Section 4.1 The maximum number of financial evaluation points will be allocated to the lowest priced financial proposal. Financial Proposals from other bidders will receive points in reverse proportion according to the following formula: [Maximum number of points for the Financial Proposal] x [Lowest price] / [Price of proposal being evaluated]

## Two-Envelope System

Members of the technical evaluation committee will score each Proposal based on the weighted Technical Criteria listed in Section 3.2 Proposals will then be ranked according to their technical scores. Proposals that meet the required technical minimum shall then be progressed to the financial evaluation stage whereby different members of the tender evaluation committee shall conduct an assessment based on the weighted Financial Criteria shown below. Collectively the tender evaluation committee will then determine which Proposals to shortlist/select based on best value-for-money over the whole-of-life of the Contract.

|  |  |
| --- | --- |
|  |  |

## Gavi Clarifications

Gavi may, at any time, request any Bidder to clarify their Proposal or provide additional information about any aspect of their Proposal. Gavi is not required to request the same clarification or information from each Bidder.

Bidders must provide the clarification or additional information in the format requested. Bidders will endeavour to respond to requests in a timely manner. Gavi may take such clarification or additional information into account in evaluating the Proposal.

Where a Bidder fails to respond adequately or within a reasonable time to a request for clarification or additional information, Gavi may cease evaluating the Bidders ’s Proposal and may exclude the Proposal from the RFP process.

## Acceptance of Proposals

Proposals may be for all or part of the Requirement and may be accepted by Gavi either wholly or in part.

Gavi is under no obligation to accept the lowest priced Proposal or any Proposal and reserves the right to reject any Proposal including incomplete, conditional or proposals which do not comply with the RFP.

### Late Proposals

Bidders are responsible for submitting their Proposals on or before the RFP closing date and time in accordance with ANNEX 1 – RFP Timeline and Key Dates. Any Proposal received by Gavi later than the stipulated RFP closing date and time will not be evaluated by Gavi.

### Withdrawal

Proposals may be withdrawn at any time prior to the RFP closing date and time by written notice to the Gavi.

### Alternative Proposals

Bidders may submit alternative Proposals if they feel it may offer Gavi additional benefits whilst still complying with the RFP requirements. Gavi reserves the right to accept or reject any proposed alternative either wholly or in part.

### Validity of Proposals

Proposals submitted in response to this RFP are to remain valid for a period of no less than ninety (90) days from the RFP closing date.

## No representation or Warrantee

Gavi shall take all reasonable care to ensure that the RFP is accurate, however the Gavi gives no representation or warranty as to the accuracy or sufficiency of the contained information and that all Bidders will receive the same information. Bidders are required to read and fully understand all conditions, risks and other circumstances relating to the proposed contract prior to submitting a Proposal.

## Costs of Preparing Proposals

The issuance of this RFP in no way commits Gavi to make an award nor commits Gavi to pay any costs or expenses incurred in the preparation or submission of Proposals or quotations. Bidders are solely responsible for their own expenses, if any, in preparing and submitting a Proposal to this tender

## Confidentiality

Bidders must not, without Gavi prior written consent, disclose to any third party any of the contents of the RFP documents. Bidders must ensure that their employees, consultants and agents also are bound and comply with this condition of confidentiality.

This entire RFP and all related discussions, meetings, exchanges of information, and subsequent negotiations that may occur are confidential and are subject to the confidentiality terms and conditions of the Intent to Participate.

Gavi and Bidder will each take reasonable steps to protect Confidential Information and without limiting any confidentiality undertaking agreed between them, will not disclose Confidential Information to a third party without the other’s prior written consent. Gavi and Bidder may each disclose Confidential Information to any person who is directly involved in the RFP process on its behalf, such as officers, employees, consultants, contractors, professional advisors, evaluation panel members, partners, principals or directors, but only for the purpose of participating in the RFP.

## Ownership of documents

Ownership of contents within the successful Proposal remain the property of Gavi or its licensors. However, the selected bidder grants to Gavi a non-exclusive, non-transferable, perpetual licence to retain, use, copy and disclose information contained in the Proposal for any purpose related to the RFP process.

## Third party information

Each Bidder authorises Gavi to collect additional information, except commercially sensitive pricing information, from any relevant third party (such as a referee or a previous or existing client) and to use that information as part of its evaluation of the Bidder’s Proposal. Each Bidder is to ensure that all referees listed in support of its Proposal agree to provide a reference. To facilitate discussions between Gavi and third parties each Bidder waives any confidentiality obligations that would otherwise apply to information held by a third party, with the exception of commercially sensitive pricing information.

## Ethics

Bidders must not attempt to influence or provide any form of personal inducement, reward or benefit to any representative of Gavi in relation to the RFP. Gavi reserves the right to require additional declarations, or other evidence from a Bidder, or any other person, throughout the RFP process to ensure probity of the RFP process.

## Anti-collusion and bid rigging

Bidders must not engage in collusive, deceptive or improper conduct in the preparation of their Proposals or other submissions or in any discussions or negotiations with Gavi. Such behaviour will result in the Bidder being disqualified from participating further in the RFP process. In submitting a Proposal, the Bidder warrants that its Proposal has not been prepared in collusion with a competitor. Gavi reserves the right, at its discretion, to report suspected collusive or anticompetitive conduct by Bidders to the appropriate authority and to give that authority all relevant information including a Bidders Proposal.

## No binding legal relations

Neither the RFP, nor the RFP process, creates a process contract or any legal relationship between Gavi and any Bidder, except in respect of:

1. The Bidder’s declaration in its Proposal
2. The Proposal Validity Period
3. The Bidder’s statements, representations and/or warranties in its Proposal and in its correspondence and negotiations with Gavi

No legal relationship is formed between Gavi and any Bidder unless and until a Contract is entered into between those parties.

## Exclusion

Gavi may exclude a Bidder from participating in the RFP if Gavi has evidence of any of the following, and is considered by Gavi to be material to the RFP:

1. The Bidder has failed to provide all information requested, or in the correct format, or materially breached a term or condition of the RFP.
2. The Proposal contains a material error, omission or inaccuracy.
3. The Bidder is in bankruptcy, receivership or liquidation.
4. The Bidder has made a false declaration.
5. There is a serious performance issue in a historic or current contract delivered by the Bidder.
6. The Bidder has been convicted of a serious crime or offence.
7. There is professional misconduct or an act or omission on the part of the Respondent which adversely reflects on the integrity of the Bidder.
8. The Bidder has failed to pay taxes, duties or other levies.
9. The Bidder represents a threat to national security or the confidentiality of sensitive government information; and/or
10. The Bidder is a person or organisation designated as a terrorist by any authority.

## Gavi’s additional rights

Despite any other provision in the RFP Gavi may, on giving due notice to Bidders:

1. Amend, suspend, change the closing date or time, cancel or re-issue the RFP, or any part of the RFP without prior notice, explanation or reasoning.
2. Make any material change to the RFP (including any change to the RFP dates, Gavi’s Requirements or Evaluation and Scoring Approach). Bidders shall be given a reasonable time within which to respond to the change.
3. Award a contract on the basis of initial offers received, without discussions or requests for best and final offers.
4. In exceptional circumstances, accept a late Proposal where it considers that it will not affect the fairness of the RFP process to other Bidders.
5. Accept or reject any non-compliant, non-conforming or alternative Proposal.
6. At its discretion does not provide a response to any question arising submitted by a bidder.
7. Waive irregularities or requirements in or during the RFP process where it considers it appropriate and reasonable to do so.
8. Select any individual element/s of the requirements that is offered in a Proposal and capable of being delivered separately.
9. Selecting two or more Bidders to deliver the requirements in the RFP.

## Governing Law

The terms of this RFP shall be interpreted and applied in accordance with their true meaning and intended effect independently of any system of national law, whether federal or state law. If a dispute or complaint is submitted to any mode of resolution and there is a need to refer to any law, the relevant Swiss law shall apply. No legal relationship is formed between Gavi and any Bidder unless a contract is entered into with a successful bidder.

## Settlement of Disputes

## Any Disputes arising out of this RFP shall be settled through a neutral mediator/conciliator in accordance with the conciliation rules adopted by the United Nations Commission of International Trade Law (UNCITRAL Conciliation Rules) presently in force, unless agreed otherwise determined by Gavi. The finding of the mediator/conciliator shall be final.

## Protests and complaints

A Bidder may, in good faith, raise with Gavi any complaint about the RFP, or the RFP process at any time by email to [procurement@gavi.org](mailto:procurement@gavi.org) using the subject line “033-2024-GAVI-RFP – Complaint – [Bidder Name]”.

Gavi will consider and respond promptly to the complaint. Both the Bidder and Gavi shall agree to act in good faith and use their best endeavours to resolve any complaint that may arise in relation to the RFP. The fact that a Bidder has raised an issue or complaint shall not to be used by Gavi to unfairly prejudice the Bidder’s ongoing participation in the RFP process or future contract opportunities.

For complaints of serious nature, please refer to the [Gavi Alliance Whistle-blower Policy](https://www.gavi.org/sites/default/files/document/gavi-alliance-whistleblower-policypdf.pdf)

## Acceptance

By submitting a Proposal, the Bidder accepts that it is bound by the Instructions and rules set out in ANNEX 2 of this RFP.

1. WHO. [WHO Vaccination Coverage Cluster Surveys: Reference Manual](https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/survey-methods). June 2018. Accessed 9 January 2024. [↑](#footnote-ref-2)
2. World Health Organization. HPV Vaccine Coverage Monitoring Manual. Nov 2020. <https://www.who.int/publications/i/item/hpv-vaccine-coverage-monitoring-manual> Accessed Feb. 26, 2024. [↑](#footnote-ref-3)
3. The WHO-recommended primary target population for HPV vaccination is girls aged 9-14 years. Measurement of HPV program coverage will focus on 10–14-year-olds to account for complexities of data collection from children under 10, but will capture HPV vaccination of 9-year-olds by age 10. For more information on target populations: Gavi. Vaccine Funding Guidelines. (April 2023) <https://www.gavi.org/sites/default/files/programmes-impact/Vaccine_FundingGuidelines.pdf> [↑](#footnote-ref-4)
4. Li et al. Estimating the health impact of vaccination against ten pathogens in 98 low-income and middle-income countries from 2000 to 2030: a modelling study. (2021) <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32657-X/fulltext> [↑](#footnote-ref-5)
5. To achieve this, 90% of girls should be fully vaccinated with HPV vaccine by 15 years of age; 70% of women should be screened using a high-performance test by age 35, and again by age 45; 90% of those identified with cervical disease should receive appropriate treatment. [↑](#footnote-ref-6)
6. Serrano et al. Epidemiology and burden of HPV-related disease. Best Pract Res Clin Obstet Gynaecol. 2018 Feb;47:14-26. doi: 10.1016/j.bpobgyn.2017.08.006. [↑](#footnote-ref-7)
7. Portnoy et al. The impact of vaccination on gender equity: conceptual framework and human papillomavirus (HPV) vaccine case study. Int J Equity Health. 2020 Jan 14;19(1):10. doi: 10.1186/s12939-019-1090-3. [↑](#footnote-ref-8)
8. WHO/UNICEF. [Reference page on HPV vaccination coverage dashboard.](https://gavinet.sharepoint.com/:b:/r/teams/COP/vip/Documents/HPV%20Programme/HPV%20Programme/HPV%20SFA/Coverage%20surveys/WUENIC%20Reference%20and%20Definitons_downloaded%20Oct%2011%202023.pdf?csf=1&web=1&e=WSI6Y3) Accessed February 22, 2024. [↑](#footnote-ref-9)
9. World Health Organization. HPV Vaccine Coverage Monitoring Manual. Nov 2020. <https://www.who.int/publications/i/item/hpv-vaccine-coverage-monitoring-manual> Accessed Feb. 26, 2024. [↑](#footnote-ref-10)
10. The WHO produces annual estimates of HPV vaccine coverage using administrative data, survey data where available, and information on targeted age groups and dose schedules reported through the WHO/UNICEF electronic Joint Reporting Form (eJRF) process. [↑](#footnote-ref-11)
11. Validation generally speaks to comparing administrative data to survey-derived data given the challenges with denominator estimation for administrative data, but this framework is also informative: Benova et al. What is meant by validity in maternal and newborn health measurement? A conceptual framework for understanding indicator validation. PLoS One May 29, 2020. <https://pubmed.ncbi.nlm.nih.gov/32470019/> [↑](#footnote-ref-12)
12. Bruni et al. HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019. Presentative Medicine. Mar 2021, Vol. 144. https://www.sciencedirect.com/science/article/pii/S0091743520304308?via%3Dihub [↑](#footnote-ref-13)
13. Pingali et al. Vaccination Coverage Among Adolescents Aged 13-17 Years - National Immunization Survey-Teen, United States, 2022. MMWR Morb Mortal Wkly Rep. 2023 Aug 25;72(34):912-919. doi: 10.15585/mmwr.mm7234a3. [↑](#footnote-ref-14)
14. Government of Canada. [Vaccination coverage in Canadian children: Results from the 2019 childhood National Immunization Coverage Survey (cNICS)](https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/2019-childhood-national-immunization-coverage-survey-results.html). Accessed 9 January 2024. [↑](#footnote-ref-15)
15. Swiss Federal Council. [National Vaccination Survey 2020](https://www.bag.admin.ch/dam/bag/en/dokumente/mt/i-und-i/national-vaccination-strategy-short-version.pdf.download.pdf/national-vaccination-strategy-short-version.pdf). Accessed 9 January 2024. [↑](#footnote-ref-16)
16. USAID. [New Optional Modules for DHS-8 Available](https://blog.dhsprogram.com/new-optional-modules-for-dhs-8-available/). Accessed 9 January 2024. [↑](#footnote-ref-17)
17. <https://mics.unicef.org/files?job=W1siZiIsIjIwMjMvMDYvMTYvMDEvMzAvMTIvNDk4L01JQ1M3X1F1ZXN0aW9ubmFpcmVfVG9waWNzXzcuMS43LmRvY3giXV0&sha=5989ab98b3a5ec3e> UNICEF. [Questionnaire for Women English 7.1.11](https://mics.unicef.org/tools). Accessed 9 January 2024. [↑](#footnote-ref-18)
18. LaMontagne DS et al. HPV vaccination coverage in three districts in Zimbabwe following national introduction of 0,12 month schedule among 10 to 14 year old girls. Vaccine. 2022 Mar 31;40 Suppl 1:A58-A66. [↑](#footnote-ref-19)
19. WHO. [GSHS questionnaire](https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey/questionnaire). Accessed 9 January 2024. [↑](#footnote-ref-20)
20. WHO. [WHO Vaccination Coverage Cluster Surveys: Reference Manual](https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/survey-methods). June 2018. Accessed 9 January 2024. [↑](#footnote-ref-21)
21. World Health Organization. HPV Vaccine Coverage Monitoring Manual. Nov 2020. <https://www.who.int/publications/i/item/hpv-vaccine-coverage-monitoring-manual> Accessed Feb. 26, 2024. [↑](#footnote-ref-22)
22. WHO. [Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake](https://iris.who.int/handle/10665/354459). (2022) [↑](#footnote-ref-23)
23. Larson HJ, Schulz WS, Tucker JD, Smith DM. Measuring vaccine confidence: introducing a global vaccine confidence index. PLoS Curr. 2015 Feb 25;7:ecurrents.outbreaks.ce0f6177bc97332602a8e3fe7d7f7cc4. doi: 10.1371/currents.outbreaks.ce0f6177bc97332602a8e3fe7d7f7cc4. [↑](#footnote-ref-24)
24. Kinshasa School of Public Health. Comparative Pilot Study of Methods for Assessing Routine Vaccine Coverage in Health Districts of the DRC and CAR. Jan. 2024. <https://espkinshasa.net/download/11660/?tmstv=1709320493> [↑](#footnote-ref-25)
25. See ‘5.5 Location of the Work’ section for more details on prioritized countries for this award. [↑](#footnote-ref-26)
26. UN Women. How to Manage Gender-Responsive Evaluation. (2015) <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/UN-Women-Evaluation-Handbook-en.pdf> [↑](#footnote-ref-27)
27. El Arifeen S et al. Evaluating global health initiatives to improve health equity. Bull World Health Organ. 2024 Feb 1;102(2):137-139. doi: 10.2471/BLT.23.290531. Epub 2023 Oct 31. [↑](#footnote-ref-28)
28. Lansdown et al. Conceptual Framework for Measuring Outcomes of Adolescent Participation. (2018) <https://www.youthpower.org/sites/default/files/YouthPower/files/resources/Conceptual%20Framework%20for%20Measuring%20Outcomes%20of%20Adolescent%20Participation.pdf> [↑](#footnote-ref-29)
29. Organizations interested in participating in a consortium can indicate during the ‘intent to participate’ phase that they wish to be included on an ‘open to partnering’ list that will be shared with all partners receiving Gavi responses to submitted questions. [↑](#footnote-ref-30)
30. Gavi. Gavi’s approach to engaging with middle-income countries. (Updated Mar. 2023) <https://www.gavi.org/types-support/sustainability/gavi-mics-approach> [↑](#footnote-ref-31)