

# **CALL FOR PROPOSALS**

**Institutional or Individual Contractual Partner for  
Event Management of the Virtual Cervical Cancer  
Webinar Series**



**World Health  
Organization**

Representative Office  
for the Philippines

## **1. Summary**

The World Health Organization (WHO) Philippines is looking for an institutional or individual contractual partner for Event Management of the Virtual Cervical Cancer Webinar Series under an Agreement for Performance of Work (APW) contract.

Proposals are due by **05 May 2022**.

## **2. Background**

In 2020, more than 600 000 women were diagnosed with cervical cancer worldwide and about 342 000 women died from the disease. Deaths can be avoided by vaccination, screening, and other primary and secondary prevention strategies, and cervical cancer is detected and treated early.

Cervical cancer is caused by HPV, a very common group of viruses, which have no symptoms that are easy to detect, affecting the skin in the mouth, throat, or genital area. Two high-risk HPV strains (16 and 18) cause more than 70% of cervical cancers and can be treated if detected early. Concurrent with nationwide vaccination of girls against HPV, WHO recommends that countries ensure regular DNA-based testing for HPV to identify women who have or are at risk of cervical pre-cancer.

### **A Shift in Care**

The guidelines include some important shifts in WHO's recommended approaches to cervical screening. It recommends an HPV DNA-based test as the preferred method, rather than a visual inspection with acetic acid (VIA) or cytology (commonly known as a 'Pap smear'), currently the most used method globally to detect pre-cancer lesions.

HPV-DNA testing detects high-risk strains of HPV which cause almost all cervical cancers. Unlike tests that rely on visual inspection, HPV-DNA testing is an objective diagnostic, leaving no space for interpretation of results. Although the process for a healthcare provider obtaining a cervical sample like both cytology or HPV DNA testing, HPV DNA testing is simpler, prevents more pre-cancers and cancer, and saves more lives than VIA or cytology. In addition, it is more cost-effective.

More access to commodities and self-sampling is another route to consider for reaching the global strategy target of 70% testing by 2030.

### **WHO recommendations for different population groups**

The new WHO cervical cancer prevention guideline renews the previous one published in 2013. It features a total of seven good practice statements and 23 recommendations, some of which are different for the general population of women and women living with human immunodeficiency virus.

In summary, there are two major changes stated in the guidelines:

- For the general population of women, HPV-DNA detection is recommended as the primary screening method – starting at the age of 30 years, with regular testing every five to ten years.
- For women living with HIV, WHO recommends HPV-DNA detection starting at the age of 25 years, with regular screening every three to five years.

### **Eliminating life-threatening cancer**

In 2020, WHO launched the Global Strategy to Accelerate the Elimination of Cervical Cancer. The goals of the strategy are, by 2030:

1. Vaccinate 90% of eligible girls against HPV.
2. Screen 70% of eligible women at least twice in their lifetimes.
3. Effectively treat 90% of those with a positive screening test or a cervical lesion, including with palliative care when needed.

In countries with effective cytology-based cervical cancer screening and treatment programs, the mortality from cervical cancer has been reduced fivefold over the past 50 years. Yet, this approach has not been as successful in low- and middle-income countries (LMICs). A mathematical model that illustrates the following interim benefits of achieving the 90-70-90 targets by 2030 in low- and lower-middle-income countries indicates that:

- median cervical cancer incidence rate will fall by 42% by 2045, and by 97% by 2120, averting more than 74 million new cases of cervical cancer.
- median cumulative number of cervical cancer deaths averted will be 300 000 by 2030, over 14 million by 2070, and over 62 million by 2120.

Currently, cervical cancer screening in the Philippines has a low turnout related to a multitude of factors involving access to services. Recognizing this, no one should be left behind in access to health care. This calls for advocacy to prepare the health system and close the care and quality gaps in cervical cancer elimination with a particular focus on screening and early diagnosis.

In the Philippines, the National Integrated Cancer Control Act (NICCA) mandates the Department of Health (DOH) to strengthen its advocacy for cancer control, and WHO supports DOH in conducting a cervical cancer webinar series in line with the celebration of Cervical Cancer Awareness Month this coming May. This awareness campaign is necessary to achieve the behavioural outcomes set by NICCA for the public to be informed of available services and participate in screening activities.

### **3. Timeline**

The implementation timeline for the project is from **13 May 2022 to 13 June 2022**.

### **4. Place of Assignment**

Metro Manila, Philippines

### **5. Scope of Work**

Under the supervision of the NCD Technical Team of the WHO Country Office to the Philippines, the contractual partner shall accomplish the following outputs and deliverables listed below in close collaboration with DOH Disease Prevention and Control Bureau (DPCB) - Cancer Control Division (CCD), Health Promotions Bureau (HPB), and related DOH offices.

**Cervical Cancer Webinar Theme:**

*"A Paradigm Shift in Cervical Cancer Care en route to Elimination"*

**Objective:** Conduct a webinar to help shape the landscape of cervical cancer control strategies in the Philippines. Specifically, the webinar aims to:

1. Engage the target audience by creating awareness on cervical cancer control and how to achieve the 90-70-90 Cervical Cancer Elimination Targets by 2030.
2. Explain the value of HPV DNA-based testing to advocate for the use of HPV DNA-based testing as primary screening for cervical cancer.

**Target audience:** Public health practitioners, clinical practitioners, academics, researchers, allied health practitioners, decision-makers, and policymakers in the Philippines

**Webinar 1:** Achieving Cervical Cancer Elimination through the 90-70-90 Targets

Date and Time: 30 May 2022 (330pm – 600pm)

**Webinar 2:** Transitioning to HPV DNA Test as a Primary Screening Test for Cervical Cancer: The Philippine Experience

Date and Time: 31 May 2022 (330pm – 600pm)

**Expected Output****Output 1: Approved Inception Report**

Deliverable 1.1: A detailed plan of action on how to conduct the project, from pre to post-event, including event management and control plan.

Deliverable 1.2: GANTT Chart, adhering to expected outputs and deliverables.

**Output 2: Webinar logistical needs prepared. Needs are as follows but not limited to the following:**

Deliverable 2.1: Support the implementation of an engaging program of activities for the two-part cervical cancer webinar series.

Deliverable 2.2: Develop, coordinate, and disseminate campaign and event materials such as brief, announcement cards, social media cards, Facebook/social media profile frame, official zoom background, frequently asked question (FAQ) sheet, program flow layout, speaker certificates, event slide screeners, event attendance and evaluation forms.

Deliverable 2.3: Craft script for the emcee.

Deliverable 2.4: Overall management of invitation and guests' (speakers and participants) needs, such as but not limited to the production, distribution, follow-ups of invitation to guests, partners, and participants.

Deliverable 2.5: Collate and coordinate the event presentations from speakers and ensure seamless presentation of pleasant, powerful materials, by designing and recommending formats for the speakers (e.g., use fewer words and more visuals per slide, use ground-up stories and illustrations, use of evidence).

Deliverable 2.6: Develop and coordinate the press release, media advisory, social media campaign/posting plan with the DOH Communication Management Unit to ensure utilization of DOH social media platform.

**Output 3: Cervical cancer webinar series conducted**

Deliverable 3.1: Execute the event plan and set up a virtual conference platform that can accommodate 250 to 500 participants, with pre-registration, live social media streaming (Facebook and YouTube); and a social media event page (Facebook and LinkedIn).

Deliverable 3.2: Management of secretariat venue with an excellent internet connection, adhering to minimum public health standards and can accommodate around eight members of the organizing committee from DOH and WHO), and meet the related needs for the conduct of the webinar to ensure no interruption of the program.

Deliverable 3.3: Develop a secretariat management plan setting out the flow of the event, monitoring the needs of speakers/facilitators and attendees, dissemination of evaluation forms, and event documenters.

Deliverable 3.4: Conduct the Cervical Cancer Webinar series, with a technical run (practice). Encourage the use of pre-recorded presentations, and provision of tools like “Slido” or “Mentimeter” during the event to stimulate active engagement of participants.

#### **Output 4: Technical narrative report and financial statement submitted**

Deliverable 4.1: Overall project management needs from preparation, implementation, and documentation, including communication and follow-up with target participants, setting up meetings, logistical requirements, administrative needs, photo, and video documentation.

Deliverable 4.2: Store all project materials (raw data, recordings, minutes of meetings, photos, references, etc.) in a cloud folder. All raw data and source documents shall be submitted to WHO.

Deliverable 4.3: Conduct project meetings, submission meeting notes, and progress report(s).

Deliverable 4.4: Submission of the final project implementation report, including post-activity and financial report.

The contractual partner is expected to:

- Coordinate with WHO accordingly throughout the duration of the project and ensure that any change in the inception report or plan shall be approved by WHO and DOH.
- Effectively manage and control the project, ensuring that the project will meet the given timeline.
- Ensure that the conduct of activities is in line with national, regional, and local policy/ordinance requirements, adhering to government laws and ethical practices.
- Establish and maintain effective working relationships with the project team and stakeholders, including from other organizations and agencies.
- Perform other related duties and responsibilities that may be assigned.

## **6. Qualifications**

### **EDUCATION**

Essential: University degree in public health, or health sciences, social sciences, or health communication.

Desirable: Training in communications, community development, management, or marketing.

### **EXPERIENCE**

Essential: At least two years of working experience in event management particularly in the health field, drafting speeches related to health, and managing engagements with stakeholders.

Desirable: Experience working with WHO or any UN agency, Department of Health or any government agency, and cancer control-related advocacies and stakeholders.

### **TECHNICAL SKILLS AND KNOWLEDGE**

- Sound knowledge in public health and communications (print and digital).
- Sound knowledge of the Philippine culture.
- With excellent facilitation and coordination skills.

- Consensus building capacity and ability to work harmoniously as a member of a team; adapt to diverse educational and cultural backgrounds and maintain a high standard of personal conduct; adapt to project demands and submit deliverables within timelines.

## **LANGUAGE**

With excellent verbal and written communication skills in English and Filipino.

## **COMPETENCY**

Consensus building capacity and ability to work harmoniously as a member of a team; adapt to diverse educational and cultural backgrounds and maintain a high standard of personal conduct.

## **7. Other Requirements**

Must not have a direct or indirect interest in tobacco, alcohol, breastmilk substitute, or arms dealing.

## **8. Contract Time**

The work to be done under this Agreement for Performance of Work (APW) shall be completed as set out in the Terms of Reference, supported by the approved Inception Report. The contract will be completed in not more than **one (1) month** from the commencement of the Work, or otherwise as agreed in writing among the Owner and the Contractor. The work shall be done in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and all Instructions. Failure to do so shall be at the Contractor's risk and account. Submission of Bid by the Contractor shall constitute acknowledgement by the Contractor that it is aware of and concurs with all the requirements or conditions incorporated in the Call for Proposal and the other documents.

As time is an essential element of this Contract, for failure to complete all work within the stipulated as set out in the Inception Report, the Owner shall charge the Contractor liquidated damages. This shall be in the amount of 0.5% of the total contract amount per day (Saturdays, Sundays, and holidays are included) but not to exceed 10% (ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and for the inconvenience caused to the users of the Work. It is understood that this is not a penalty but a fixed sum representing the liquidated damages for each calendar day of the delay. Delay shall be counted from the agreed completion date, considering further time extensions approved by the Owner, to the date of completion of work.

## **9. Management of Conflict of Interest**

Any interest by an entity (organization/company), expert, or member of the project team that may affect or reasonably be perceived to (1) affect the expert's objectivity and independence in providing advice to WHO related to the conduct of a project, and/or (2) create an unfair competitive advantage for the expert or persons or institutions with whom the expert has financial or interests (such as adult children or siblings, close professional colleagues, administrative unit, or department).

WHO's conflict of interest Rules are designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and of its normative work. If not identified and appropriately managed such situations could undermine or discount the value of the expert's contribution, and consequently, the work in which the expert is involved. Robust management of conflicts of interest not only protects the integrity of WHO and its technical/normative standard-setting processes but also protects the concerned expert and the public interest in general.

## Confidentiality Statement

All input from participants and all related documents about the project are confidential and must **NOT** be handed over to third parties. The contractual partner should advise the participants on how to opt-out or withdraw their statement(s) if needed. The DOH and WHO have exclusive ownership of all documents, and only DOH and WHO has the right to disseminate any information outside the agreed project's scope.

### 10. Submission Requirements

Interested institutions/individuals should submit electronic copies of the following:

- Cover letter
- Technical proposal with financial details and proposed timeline
- Company profile and qualifications of team members (if institution) or curriculum vitae (if individual), including a summary of similar assignments undertaken previously

Address cover letter and proposals to:

**Dr Rajendra-Prasad Hubraj Yadav**

Acting WHO Representative to the Philippines

Ground Floor, Building 3, Department of Health San Lazaro Compound

Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the proposals with the title “**Institutional or Individual Contractual Partner for Event Management of the Virtual Cervical Cancer Webinar Series**” to Mrs. Ying Chen ([cheny@who.int](mailto:cheny@who.int)) and [wpphlwr@who.int](mailto:wpphlwr@who.int) Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **05 May 2022**.