

## Request for Proposals – Co-creation in Wellcome’s Infectious Disease Campaign

### 1. RFP Background and Objectives

Context:

[Wellcome](#) supports science to solve the urgent health issues facing everyone. We fund curiosity-driven research, and we’re taking on three of the biggest health challenges facing humanity – climate change, infectious disease and mental health.

We are in the process of developing a long-term campaign on [Infectious Disease](#), which will be used to target audiences in the UK and US. We would like the campaign to be informed by the experiences and perspectives of the communities disproportionately affected by infectious disease in India, South Africa, Kenya and Thailand.

#### *The challenge*

The world waits for infectious diseases (ID) to escalate before it acts. This increases their risk and impact, disproportionately affecting marginalized communities and those in low resource settings.

Wellcome is working towards the ultimate goal that fewer people suffer the consequences of infectious diseases. That means we need to increase understanding of the causes and risks of escalating infectious disease, and then work to reduce their risk and impact.

To reduce risk, the world needs to act earlier, before diseases escalate. To reduce impact, any action to predict, detect and mitigate infectious diseases must be effective and equitable. To reduce both risk and impact, we need a more effective and equitable global research and development (R&D) system.

#### *The brief*

Wellcome is looking to build a campaign that is co-created with communities disproportionately affected by infectious disease, centering their perspectives in the development of the campaign approach. The campaign will likely be focusing on 2-3 different disease areas that will be determined in due course.

The campaign will initially be live in the US and UK and target policymaker and industry audiences. These countries were selected as they have significant capacity for R&D, and are key decision makers with high influence on the global R&D system. However, we recognise that the effects of ID are felt globally, and that important knowledge and ideas for solutions are held, by communities all around the world. We selected India, South Africa, Kenya and Thailand as our stakeholder countries, as these countries experience a high burden of disease; are supporters for change in R&D; and have the potential to influence ID decision-making. It is important to Wellcome that our campaign involves stakeholder voices and perspectives from the beginning.

This brief involves setting ourselves up for co-creation – including building Wellcome’s understanding of co-creation in the context of campaigning, identifying stakeholders and beginning outreach and engagement. We want to take time to listen and understand the issues from the perspectives of communities disproportionately affected.

We anticipate this initial piece of work to set out how best Wellcome should co-create its campaigning activity. From early 2024, we will initiate campaign co-creation, firstly by holding workshops with the communities disproportionately affected by infectious disease to co-create our campaign approach.

We are looking to appoint a supplier for co-creation, who will support us in:

- 1) Understanding what co-creation means for Wellcome, including the guiding principles and how we can meaningfully co-create in a way that allows us to campaign to those holding power but sensitively reflect views of disproportionately affected. We would like to work with the supplier of this brief to understand examples of when this type of campaigning has been done successfully and any lessons to be learnt, so that we can integrate this into our campaign development. We want to ensure that we are not campaigning on behalf of communities disproportionately affected without including them in the conversation and truly understanding the issues from their perspectives.
- 2) Identifying and mapping communities disproportionately affected by infectious disease, and CSOs who represent these groups in our stakeholder countries (India, South Africa, Kenya and Thailand).
- 3) Conducting stakeholder outreach and engagement with these communities, building a network for co-creation in these countries.
- 4) Listening and understanding the issues surrounding infectious disease from the perspectives of communities disproportionately affected.
- 5) Co-creating our campaign objectives with these communities through (a series of) workshops.

The steps outlined above will form Phase 1 of the co-creation of our campaign. We anticipate further co-creation with communities as our campaign develops. This will likely form a second part of this brief, which we hope to be carried out by the same supplier through an extension of the contract.

## **2. RFP Specification**

### **Summary**

We would like to contract a supplier that can support us in developing our understanding of co-creation in the context of campaigns; in identifying communities disproportionately affected by infectious disease; conducting stakeholder outreach and engagement in our stakeholder countries; listening and understanding the issues surrounding infectious disease; and co-creating our campaign objectives with these communities.

We believe that co-creating our campaign objectives is essential as we will be aiming to amplify the voices, perspectives and experiences of communities disproportionately affected in order to advocate for changes that are needed to the global health system to reduce the risk and impact of infectious disease.

The supplier of this RFP would need to have:

- an understanding of the methods, tools, principles and processes of co-creation
- experience co-creating projects or campaigns with lower resource communities disproportionately affected by infectious disease, or with other marginalised communities in low- and middle- income countries (LMICs)

- the ability to leverage networks in the countries required, either with an existing base there or through partnerships.

Concurrently to this co-creation process, Wellcome will be conducting an in-depth audience insight project focusing specifically on the US and UK, to better understand those we want to influence. The audience insight project will be tendered separately to this brief. While the audience insight work will help us understand *how* we can influence our audiences, the co-creation work will help us to shape *what* we are trying to influence through the campaign. We will be combining insights from the audience insight project with feedback from the co-creation work.

The outputs from both projects would then form the basis of a creative brief for an official campaign that will launch later in 2024. The agency delivering on the creative brief will be tendered separately.

**RFP Objective**

To ensure that Wellcome’s Infectious Disease campaign is informed by best practice in campaign co-creation, and that our campaign approach is co-created with communities disproportionately affected by infectious disease.

**Scope of requirements**

This should help us to:

1. Ensure our campaign objectives are grounded in the needs and desires of communities disproportionately affected
2. Ensure our campaign is rooted in equity, diversity and inclusion, and sensitively reflects stakeholder perspectives and experiences

**Co-creation stakeholders**

We will offer remuneration for the work that stakeholders are involved in, and we will offer further opportunities to remain engaged in future campaign delivery. Involvement in Wellcome’s ID campaign will present stakeholders with the opportunity to have their perspectives front and centre on a global campaign, and the potential for future collaboration with Wellcome on the direction and delivery of this long-term campaign.

The stakeholders we want to engage are communities disproportionately affected by escalating infectious diseases. The supplier of this RFP will need to work with Wellcome to identify these stakeholders and conduct detailed mapping of these stakeholders. Wellcome can provide an initial list of stakeholders and types of organisations based on internal mapping we have conducted, but we would expect the list of stakeholders to be further developed for each country.

We have identified the following categories of stakeholders\* who we’d like to ensure that our campaign is built with:

<b>Communities disproportionately affected</b>
Patient groups e.g. the International Alliance of Patient Organisations
Marginalised communities e.g. Global Action on Disability Network
Lived experience advocates/advocacy groups e.g. TB Proof, Health Gap

Community/grassroot campaigns e.g Eh Woza!
Faith leaders E.g national religious leaders/religious groups who advocate on health

*\*These are some examples but the chosen supplier would come up with more detailed stakeholder lists through stakeholder mapping undertaken for each country.*

### Scope of brief

There are six areas that we would like this brief to respond to during this phase of the campaign. We have broken these down into Phase 1 and Phase 2:

#### Phase 1:

Area	Description	Potential deliverables
1. Co-creation in principle and in practice	<p>Understanding what co-creation means for Wellcome, synthesising potentially different perspectives from different locations.</p> <p>Sharing guiding principles that outline how we can meaningfully co-create in a way that allows us to campaign to those holding power but sensitively reflect views of communities disproportionately affected.</p> <p>We would like to work with the supplier of this brief to understand examples of when this type of campaigning has been done successfully and any lessons to be learnt, so that we can integrate this into our campaign development. We want to ensure that we are not campaigning on behalf of communities disproportionately affected without including them in the conversation and truly understanding the issues from their perspectives.</p>	<ul style="list-style-type: none"> <li>• A report outlining the guiding principles for co-creation at Wellcome in the context of campaigning (generally)</li> <li>• A presentation (that we can share internally) detailing how Wellcome can ensure that our campaigns meaningfully integrate the voices and perspectives of communities disproportionately affected by infectious disease in the global south, when we are advocating to audiences in the global north.</li> </ul>
2. Stakeholder identification and mapping	<p>Our current understanding of 'communities disproportionately affected' is quite broad. Working closely with Wellcome, the supplier should help us define this further per country, based on local context and relationship to escalating infectious disease (in India, South Africa, Kenya and Thailand).</p>	<ul style="list-style-type: none"> <li>• A session with Wellcome to define who the communities disproportionately affected by infectious disease are in each country - informed by</li> </ul>

	<p>Based on this, the supplier should ideally develop a detailed list of campaign stakeholders for each country based on the specific cultural/political/social context within each country.</p>	<p>the 2-3 disease areas once finalised.</p> <ul style="list-style-type: none"> <li>• 4 x stakeholder maps (1 per country) detailing what/who we mean by communities disproportionately affected in each country and the CSOs who represent these groups.</li> <li>• A session with Wellcome to agree on campaign stakeholders that we want to build relationships with for campaign co-creation, based on the mapping conducted.</li> </ul>
<p>3. Stakeholder outreach, engagement and relationship building</p>	<p>Stakeholder outreach, relationship and network building with communities disproportionately affected, as identified in the previous step.</p> <p>We are open to different ways of engaging with stakeholder groups and ensuring that we are drawing upon appropriate methods for co-creation with the respective stakeholders and local contexts.</p>	<ul style="list-style-type: none"> <li>• Establishing a strong network in each country for campaign co-creation.</li> <li>• Identifying ways we should work with these networks and setting up for co-creation in each country</li> <li>• We are open to suggestions on how this outreach, engagement and relationship building is carried out in each country based on your expertise and networks.</li> <li>• Ongoing engagement and feedback loop including space for questions; updates on</li> </ul>

		campaign progress; and further opportunities for stakeholders in each country.
4. Listening to stakeholders and understanding the issues from their perspectives	<p>We are keen to develop an understanding of what stakeholders think and feel about escalating infectious disease, and how we should incorporate that into any campaign. We'd like this to be conducted in a way that is additive, not extractive and ensures a two-way dialogue with stakeholders.</p> <p>We would like to assess whether the information we have gathered through surveys and workshops with researcher groups is aligned with our stakeholders' priorities and agendas in relation to escalating infectious diseases.</p> <p>Further to this, it is important to us that we respect and value stakeholder time and expertise. The supplier should work with Wellcome to reimburse stakeholders for their time, and continue to engage with stakeholders around the campaign so that they can see how their input was actioned and are offered further opportunities for involvement in campaign delivery.</p>	<ul style="list-style-type: none"> <li>• We are open to suggestions on the format that this listening could take in each country.</li> <li>• A presentation delivered to the Wellcome team to report back on the listening.</li> <li>• A report outlining the insights gathered through the listening process and to what extent these align with Wellcome's existing information/assumptions.</li> </ul>

**Phase 2:**

<b>Area</b>	<b>Description</b>	<b>Potential Deliverable</b>
5. Co-creation of campaign objectives	We would like our campaign objectives to be co-created with communities disproportionately affected. This should be achieved collaboratively, incorporating a diverse range of individuals and perspectives from the communities disproportionately affected by infectious disease.	<ul style="list-style-type: none"> <li>• The objectives could be co-created through individual in-country workshops OR larger scale workshops/other means of bringing together stakeholders across our campaign countries in order to co-create our campaign objectives.</li> </ul>

		<ul style="list-style-type: none"> <li>• A set of co-created campaign objectives that Wellcome can take forwards to inform the campaign strategy and creative brief.</li> </ul>
6. Continuous improvement and learning	<p>We have a lot to learn about this process and would like to ensure we are continually improving and placing stakeholder needs front and centre in this campaign and in future Wellcome-led campaigns.</p> <p>This continuous improvement and learning should build on the activities carried out under step 5.</p>	<ul style="list-style-type: none"> <li>• A shareable (internal) lessons learnt summary/presentation/video on the different ways of co-creating a campaign with stakeholders</li> <li>• Evaluate how stakeholders found the campaign engagement process and ways they would like to be continually engaged on the long-term campaign</li> <li>• A detailed proposal of how Wellcome should continue co-creation into 2024 to support the development and delivery of the long-term campaign.</li> </ul>

**Out of scope for this brief**

- Wellcome’s wider Infectious Disease strategy and Policy asks: The organisation’s wider Infectious Disease strategy is being developed in a thorough process with input from many stakeholders. This brief is focused on the campaign element only. We are open to feedback on our work through the co-creation process, but strategy changes would be subject to wider Wellcome approval, and we cannot guarantee that every suggestion will be taken forward.
- Policymaker and industry audiences in the US and UK: These are covered by the separate audience insight piece of work.

**Methodology**

Wellcome would like this brief to be met using a co-creation methodology.

You should consider the following when outlining your approach to delivering this brief:

- Safeguarding and working ethically with contributors: Co-creation must be conducted in a safe, respectful, and ethical environment. The supplier must demonstrate how they will ensure that this environment is created and maintained throughout the project, including how they would approach fair compensation, consent, participatory methods, building trusted relationships and feedback back to communities. Further to this, Wellcome has a Working Ethically with

Contributors Framework and co-creation guidelines that we would expect the Supplier to adhere to.

- **Equity, diversity and inclusion:** Wellcome's mission is to "support science to solve the urgent health challenges facing everyone". That makes equity, diversity and inclusion fundamental to our work and our campaigns prioritise anti-ableism and anti-racism. We are committed to cultivating a fair and healthy environment for the people who work with and for us. We want to partner with organisations who share our commitment. With this in mind, we would like to know the equity, diversity and inclusion considerations that will be part of your methodology. This could include, but is not limited to, how your team will manage the different expectations and experiences and how you will guide the participants through the co-creation process.
- **Cultural and political context:** It is important to us that the supplier has a deep knowledge of, presence and/or network in the countries we are working in. Suppliers should have an existing location in at least one of the four countries OR an understanding of how to leverage their networks or partners in the countries required. The supplier should include details on how they work within specific cultural contexts and how they would adapt their processes accordingly.
- **Supplier profile:** Wellcome would like to receive proposals from any type of supplier that is able to meet the brief, including freelancers, consortiums, agencies or companies. If a supplier specialises in providing one or some of the services we are looking for, they could partner with other agencies or freelancers as part of a consortium to provide the full list of services Wellcome are looking for.

#### **Timeline and budget:**

Wellcome would like this to start in Autumn 2023, subject to contracting, and be completed by April 2024, with regular updates throughout the project lifecycle.

The Suppliers proposal should include a detailed budget breakdown and a justification of the total cost. We do not want to limit innovation or your ambition, but as a charity, value is very important to us. Agencies who share our values and provide demonstrable value for money will be at an advantage.

#### **Coordination:**

Wellcome will be working with a number of teams on different elements of the campaign, which will require coordination and some joint working. The Wellcome Campaigns Team will be responsible for co-ordinating information sharing between the different teams involved in the campaign and managing these relationships. Over the course of the timeline and as needed, we will be connecting the supplier of this RFP with:

- **An audience insight supplier** to develop insights on what policymaker and industry audiences in the US and UK think about escalating Infectious Diseases and the R&D ecosystem.
- **A Campaign Advisory Group** with global campaigners to advise the Wellcome team as we develop our campaign.
- **Wellcome's Policy team** who will be leading a consultative process to produce Wellcome's policy positions on Infectious Disease R&D.
- **Wellcome's Research Programmes team** who would need to be updated on progress and key takeaways from the co-creation process.



- **Wellcome’s Community Engagement & Campaigns team** who will be creating a global community of civil society organisation representatives that can speak to infectious disease in our target countries.

The ways of working together are yet to be decided, but may include:

- Regular status update meetings throughout the project.
- Sharing insights across the teams to inform different elements of the campaign and build on each other’s work.
- Working closely and collaboratively with Wellcome’s Campaigns team who expect to play an active role in shaping definitions and activities
- Sharing drafted documents for wider review and feedback, as and when needed.
- Working together on the co-creation of our campaign objectives.

**Glossary of key terms:**

- **Research and development (R&D) ecosystem:** the entire pipeline and chain of events that take early research on infectious diseases all the way to products that are ready to be used appropriately by patients. It spans the ‘traditional’ R&D pipeline from investment to discovery research, clinical trials to registration and approval. It also spans steps after approval that support products being made available and accessible to countries, including manufacturing, regulatory approval, commercialisation and procurement.
- **A more effective and equitable R&D ecosystem:** will produce accessible, available, appropriate and affordable tools and products (vaccines, diagnostics, therapeutics, etc) to reduce the risk and impact of infectious disease, before they escalate.
- **Escalating infectious disease:** persistence of infectious diseases that cannot currently be controlled. This includes outbreaks of previously unknown infectious diseases in human populations, *or* known infectious diseases that are rapidly increasing in incidence, prevalence, or other measures of health burden, across geographies or populations.
- **Co-creation:** Meaningful participation and ownership from affected and excluded communities.
- **Diversity:** The outcome of participation and representation of various identities and differences
- **Inclusion:** An environment where individuals’ perspectives, ideas and thoughts are respected and valued. Inclusion is about creating the culture, systems, behaviours and actions that remove all barriers to opportunity for minoritised and marginalised groups.
- **Equity:** Fair and just treatment access and opportunity, acknowledging and addressing systemic inequalities — both historic and current — that advantage some and disadvantage others.

**3. RFP Timetable**

#	Activity	Responsibility	Date
1	RFP issue to Suppliers	WT	<b>3 July 2023</b>
2	Submission of expression of interest to RFP and Supplier Q&A to Wellcome lead Contact	Supplier	<b>19 July 2023</b>

3	Suppliers are notified if they are being invited to submit a full Proposal	WT	<b>28 July 2023</b>
4	Return of Supplier Q&A to Suppliers	WT	<b>4 August 2023</b>
5	Submission of RFP Response	Supplier	<b>18 August 2023</b>
6	RFP Evaluation Period (All suppliers notified, and successful suppliers will be invited to presentations)	WT	<b>21 August – 8 September 2023</b>
7	Supplier Presentations	Supplier & WT	<b>11 – 22 September</b>
8	Notification of Contract Award	WT	<b>October 2023</b>
9	Contract Negotiation	WT & Supplier	<b>Late October 2023</b>
10	Contract Start Date	WT & Supplier	<b>Early November 2023</b>
11	Defining co-creation in the context of Wellcome’s campaigning – report and presentation	Supplier	<b>14 December 2023</b>
12	Stakeholder identification and mapping, engagement and relationship building. Campaign stakeholders agreed	Supplier & WT	<b>November 2023 – February 2024</b>
13	Stakeholder listening – presentation and report	Supplier & WT	<b>February 2024</b>
14	Co-creation of campaign objectives	Supplier & WT	<b>March 2024</b>
15	Campaign objectives finalised	Supplier & WT	<b>End of March 2024</b>
1	Final outputs delivered	Supplier	<b>April 2024</b>

#### 4. Response Format

The following headers support the timetable by providing further detail of the key steps.

##### *Expression of Interest*

Suppliers are asked to submit a short expression of interest by e-mail to [Wellcome Contact](#) in accordance with the RFP timetable. Based on the expression of interest, we will be shortlisting suppliers and then notifying suppliers whether or not they are being invited to submit a full proposal. We will be shortlisting suppliers based on their prior co-creation experience.

Therefore, your expression of interest should contain the following information:

- Up to 5 PowerPoint slides or 2 pages of Word Document detailing your experience of similar projects (with margins no smaller than 2cm and font no smaller than 12pt)
- Confirming whether you are a company or individual. If company please provide full company name, address, and company registration number.
- A non-binding cost estimate as a single figure in GBP inclusive of VAT.

#### *Supplier Q&A*

Prior to the submission of your full proposal, Suppliers are provided the opportunity to submit any questions they have about the exercise and the activity. All questions will be collated, anonymised, answered and returned to all Suppliers who have submitted an expression of interest in the RFP process. Please make sure you ask all questions at this stage. If you have any additional questions after this deadline these will not be answered to ensure that this is a fair and equitable process.

#### *RFP Proposal*

Suppliers are required to submit proposals which respond to the following sections;

#	Question
1	Outline your approach and provide details of the methodology and stakeholder engagement approach through which you will conduct the work. This outline should be inclusive of your co-creation approach and reflect how you will work with Wellcome to produce deliverables to a high standard.
2	Outline any amendments or additions to the work proposed in the RFP, including any (reasonable) proposed adjustments to timelines. A final timeline will be agreed prior to finalising the contract. There can be some flexibility, but this will be limited as we are working to a fixed timeline.
3	Include key milestones and deliverables aligning with the proposed timeline presented above.
4	Outline why you are best placed to deliver the work laid out in the RFP, which may include technical knowledge, relevant networks, previous experience, and other relevant information for the delivery of this proposed piece of work.
5	Outline what the anticipated deliverables, including interim deliverables, will be and in what format you'll present these findings.
6	Provide a cost proposal with a detailed breakdown of costs inclusive of VAT which details and justifies the proposed costs to meet our requirements. Seemingly costly aspects of your proposal will require further explanation.
7	Highlight any risks you may foresee with meeting our requirements and explain your approach to mitigating them.
8	Summarize any GDPR risks and how you will mitigate against them.
9	Outline your approach to equity, diversity and inclusion in your proposed methodology and within your organisation.

Proposals will be assessed against the following criteria:

<p><b>Approach to the brief</b></p> <p>30 %</p>	<ul style="list-style-type: none"> <li>• <b>Deliverables:</b> How do the suggested deliverables align with the aims of this brief?</li> <li>• <b>Strategic Thinking:</b> How does the suggested co-creation approach align with our needs?</li> <li>• <b>Equity, diversity and inclusion:</b> Will the proposed approach deliver on our commitment to fair and equitable practices?</li> <li>• <b>Utility:</b> Will the proposed approach deliver the desired, credible, and useful outcomes?</li> </ul>
<p><b>Experience and reach</b></p> <p>30 %</p>	<ul style="list-style-type: none"> <li>• <b>Skills and Experience:</b> Does the supplier have the relevant skills and experience in co-creation, and the contextual understanding needed to deliver this work?</li> <li>• <b>Coverage and networks:</b> Does the supplier have an existing location in at least one of the four countries and an understanding of how to leverage their networks or partners in the other countries required?</li> </ul>
<p><b>Delivery &amp; Outputs</b></p> <p>25 %</p>	<ul style="list-style-type: none"> <li>• <b>Communication:</b> Is there a good plan for communicating with the Wellcome team, other partners working on the campaign and the co-creation stakeholders?</li> <li>• <b>Delivery plan:</b> Is the proposed delivery plan appropriate and achievable?</li> <li>• <b>Feasibility:</b> How feasible is the delivery plan? Are there significant risks associated with the proposed timelines, and how well are they mitigated?</li> </ul>
<p><b>Budget</b></p> <p>15 %</p>	<ul style="list-style-type: none"> <li>• <b>Value for Money:</b> Is the proposed work within budget and good value for money?</li> </ul>

Contract Feedback

This section allows Suppliers to provide specific feedback to the contractual agreement which will be used should their proposal be successful. Contract feedback is to be incorporated into your proposal as an annex and in the following format;

Clause #	Issue	Proposed Solution/Comment

Suppliers submitting proposals as a registered company should review Wellcome’s Standard Terms and Conditions [document](#).

Individuals submitting proposals as a sole trader (not registered) should review this [document](#).

Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 7 below).

### Information Governance

Under [GDPR/Data Protection law](#), Wellcome must keep a record of all personal information it is processing (i.e., collecting, using, and sharing). This record will be made available to the Information Commissioner's Office upon request.

This is Wellcome's record of data processing activities which meets GDPR article 30 requirements.

Suppliers invited to Presentation stage will be asked to complete the [TPSRA2](#) assessment beforehand for Wellcome to assess how you handle data.

### Supplier Presentations

Following a submission of the proposal, successful proposals will be invited to a virtual meeting which will last up to 50 minutes in total. This will include a short presentation followed by questions and answers session.

## **5. About Wellcome**

Wellcome improves health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships. Collaborative research that involves a diverse range of people from different fields of interest is key to progress in health science – and to achieving our aim of fostering a healthier, happier, world. We're taking on the biggest health challenges facing humanity – climate and health, infectious disease, and mental health – to find urgent solutions and accelerate preventions. Find out more about Wellcome and our work at: [wellcome.org](http://wellcome.org).

## **6. Non-Disclosure and Confidentiality**

Prospective Suppliers should be aware that inappropriate publicity could have a serious effect upon Wellcome's business. The information contained within this document or subsequently made available to prospective suppliers is deemed confidential and must not be disclosed without the prior written consent of Wellcome unless required by law.

## **7. Prospective Suppliers Personnel - IR35 and Off Payroll Working Rules**

Before the RFP response deadline, Prospective Suppliers must make the Wellcome Contact aware if they are intending to submit a proposal where the services will be provided by any individuals who are engaged by the Prospective Supplier via an intermediary i.e.

- Where the Prospective Supplier is an individual contracting through their own personal services company; or
- The Prospective Supplier is providing individuals engaged through intermediaries, for the purposes of the IR35 off-payroll working rules.

## **8. Independent Proposal**

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the

purpose of restricting competition, as to any matter relating to such prices, with any other potential supplier or with any competitor.

#### **9. Funding**

For the avoidance of doubt, the output of this RFP exercise will be funded as a Contract and not as a Grant.

#### **10. Costs Incurred by Prospective Suppliers**

It should be noted that this document relates to a Request for Proposal only and not a firm commitment from Wellcome to enter into a contractual agreement. In addition, Wellcome will not be held responsible for any costs associated with the production of a response to this Request for Proposal.

#### **11. Sustainability**

Wellcome is committed to procuring sustainable, ethical and responsibly sourced materials, goods and services. This means Wellcome seeks to purchase goods and services that minimise negative and enhance positive impacts on the environment and society locally, regionally and globally. To ensure Wellcome's business is conducted ethically and sustainably, we expect our suppliers, and their supply chains, to adhere to these principles in a responsible manner.

#### **12. Disability Confident**

The Wellcome Trust is proud to be a Disability Confident Employer (DC Level 2) and we encourage all our partners and suppliers to do the same. More information about this can be found on the government website [Disability Confident employer scheme and guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/disability-confident-employer-scheme). Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.

#### **13. Accessibility**

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic health condition, we can offer adjustments to the response format e.g. submitting your response in an alternate format. For support during the RFP exercise, contact the Wellcome Contact.

If, within the proposed outputs of this RFP exercise, specific adjustments are required by you or your team which incur additional cost then outline them clearly within your commercial response. Wellcome is committed to evaluating all proposals fairly and will ensure any proposed adjustment costs sit outside the commercial evaluation.

#### **14. Diversity & Inclusion**

Embracing [diversity and inclusion](#) is fundamental to delivering our mission to improve health, and we are committed to cultivating a fair and healthy environment for the people who work here and those we work with. As we learn more about barriers that disadvantage certain groups from progressing in our workplace, we will remove them.

Wellcome takes diversity and inclusion seriously, and we want to partner with suppliers who share our commitment. We may ask you questions related to diversity and inclusion as part of our RFP processes.

### 15. Wellcome Contact Details

The single point of contact within this RFP exercise for all communications is as indicated below:

Name: Madeleine Weaver  
Role: Campaign Officer  
Email: [m.weaver@wellcome.org](mailto:m.weaver@wellcome.org)