Expression of Interest

Seeking manufacturers of highly decentralized Ebola tests designed for primary healthcare and community settings to participate in independent performance evaluations

EXECUTIVE SUMMARY

Background	The ongoing outbreak of Ebola disease caused by Bundibugyo virus (BDBV) in the Democratic Republic of the Congo (DRC) remains a major public health emergency. As of 17 November 2026, a total of 11,613 confirmed cases, including 5,678 deaths (crude case fatality ratio: 48.9%), have been reported across 68 health zones in eight provinces, with active transmission ongoing in 48 health zones. Continued geographic spread and a recently confirmed imported case in Kenya and Nigeria underscore the need for rapid case identification and timely access to testing across affected and at-risk areas. The response has highlighted the importance of bringing reliable diagnostic testing closer to affected communities. Through the Africa CDC and WHO led BRIDGE-Access consortium, Africa CDC, WHO, CHAI, FIND, PATH, and Unitaid, have worked together to strengthen access to fit-for-purpose diagnostics across the testing ecosystem. Independent evaluation is essential to establish the performance of available and emerging diagnostic solutions, to ensure that they can effectively support outbreak response efforts and to inform adoption. In June 2026, an Expression of Interest (EOI) for diagnostic test manufacturers was launched by BRIDGE-Access to support the independent evaluation of BDBV laboratory-based molecular kits, and of antigen rapid diagnostic tests (Ag-RDTs) and automated molecular tests that enable some level of decentralization. Building on the first EOI, this second EOI specifically targets diagnostic tests that can further decentralize BDBV testing in primary healthcare and community settings, enabling faster diagnostic decision-making closer to patients and affected communities.

Purpose of partner engagement	BRIDGE-Access is launching an EOI for manufacturers interested in participating in an **independent performance evaluation of diagnostic tests for BDBV detection, focusing on tests that can be implemented in primary healthcare and community settings where no laboratories are available.**
Type of partners & technologies	Eligible applicants are legal in vitro diagnostic (IVD) manufacturers. Their proposed Ebola tests must be portable, designed for use in uncontrolled environments, and suitable for operation by users without laboratory training, enabling rapid and safe detection of BDBV in primary care and community settings. Proposed solutions may be nucleic acid-based (so called molecular) or antigen-based. Antigen- based tests must demonstrate improved performance for BDBV detection or other added value, such as operational advantages. The diagnostic assay and associated device must be ready for external evaluation and sufficiently mature in development to support a potential commercial roll-out within approximately six months. The applicants must have the ability to ship to evaluation sites in Europe, North Americas, the DRC, Uganda, and other relevant African countries. Selected manufacturers are expected to deliver the requested quantities of tests to the designated evaluation sites as early as January 2027. Given the limited access to BDBV-positive samples and evaluation sites, the BRIDGE-Access review committee will prioritize technical and commercial readiness and product maturity over the availability of BDBV-specific performance data. Applicants must nevertheless provide strong rational or evidence of performance, such as in silico data for BDBV coverage complemented with analytical/clinical data on other Ebola strains or on relevant species and sample types. Particular attention will be given to the availability of a suitable viral inactivation mechanism to enable safe decentralized and community-based testing. Before any product enters evaluation, manufacturers must sign an Access Commitments letter (template available here). Further details are provided in the “Eligibility criteria” section.
Benefits for the applicants	The selected candidates will benefit from the following: • BRIDGE-Access will fund the independent performance evaluation, including the purchase and shipping of test products for evaluation. In some cases, manufacturers may be asked to donate tests and/or devices to support the evaluation. • Independent analytical and usability data will be generated. • Independent clinical data (retrospective and/or prospective) will be generated in field settings at partner sites. • Based on the quality of the newly generated evidence, tests may be further assessed for potential recommendation by Africa CDC. • Manufacturers will have access to a detailed confidential performance report on their test. • Data generated may also be used by manufacturers to support submissions to the WHO Emergency Use Listing (EUL) process and other registration or regulatory bodies.

Estimated project timeline	• **18 December 2026:** Shortlisting of a first cohort of selected tests for evaluation and notification of the selected candidates • **January 2027 onwards:** Start of evaluation studies Note: • The evaluation framework will encompass analytical studies and/or retrospective/prospective clinical evaluations, as appropriate. The selection and timing of these evaluation activities will be tailored to the intended use of each tool, their readiness and the requirements of the public health context • Depending on the number of tests and site capacity, inclusion of tests in the evaluations may be conducted in multiple rounds
Application deadline	The deadline for receipt of submissions is **6 December 2026 at 23h59 CEST.**
Contact	Please email questions to bridge-access@who.int and rfp.bi@finddx.org with the subject line: "EOI-2 EBOLA EVALUATION NOV2026"

SECTION 1: THE PROJECT

BACKGROUND

The ongoing outbreak of Ebola disease caused by Bundibugyo virus (BDBV) in the Democratic Republic of the Congo (DRC) remains a major public health emergency. As of 17 November 2026, a total of 11,613 confirmed cases, including 5,678 deaths, had been reported across 68 health zones in eight provinces, making this the largest Ebola outbreak recorded in the DRC. Transmission remains geographically active in 48 health zones, and recently confirmed imported cases in Kenya and Nigeria following travels further underscores the risk of regional spread.[1]

The outbreak is occurring in a challenging context of humanitarian needs, insecurity, population mobility and difficult access to affected areas. Rapid case identification and laboratory confirmation are essential to interrupt transmission, yet early symptoms are non-specific and cannot reliably distinguish Bundibugyo virus disease (BVD) from other endemic febrile illnesses. WHO also reports that a large proportion of deaths continue to occur in communities, pointing to delays in identifying illness and reaching appropriate care.

Significant progress has been made in expanding diagnostic capacity. According to the International Pandemic Preparedness Secretariat (IPPS), testing capacity increased from approximately 30 to 3,000 tests per day within eight weeks, the number of laboratories testing for BDBV expanded from two to 19, and automated molecular testing was mobilized for use at district-hospital level. Although, there are now 29 testing sites for BDBV in DRC, a critical gap remains: the absence of solutions that can operate independently from hospital or laboratory infrastructure. Difficult terrain, infrastructure constraints and insecurity can impede specimen referral, potentially delaying detection and response in affected communities.[2]

Through the Africa CDC and WHO led BRIDGE-Access consortium, Africa CDC, WHO, CHAI, FIND, PATH, and Unitaid have worked together to accelerate access to fit-for-purpose BDBV diagnostics. A first Expression of Interest (EOI) sought laboratory-based molecular assays, and antigen-based rapid diagnostic tests (Ag-RDTs) and automated molecular tests that enable some level of decentralization of testing for BDBV.

Building on this effort, this second EOI specifically targets diagnostic tests (either nucleic acid-based or antigen-based) that could further decentralize BDBV testing, reduce reliance on specimen referral and laboratory infrastructure, and enable faster diagnostic decision-making closer to patients and affected communities. Identifying solutions designed for primary healthcare and community settings where no laboratories are available would address an important gap in the current response while strengthening diagnostic preparedness for future outbreaks.

[1] https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON625
[2] https://ippsecretariat.org/news/a-hundred-days-into-an-ebola-outbreak-the-world-moved-fast-but-the-gaps-that-remain-should-worry-us-all/

PRODUCT TARGET OF THIS EOI

Ebola BDVD tests targeted for inclusion in the evaluations should meet the following key product requirements[3]:

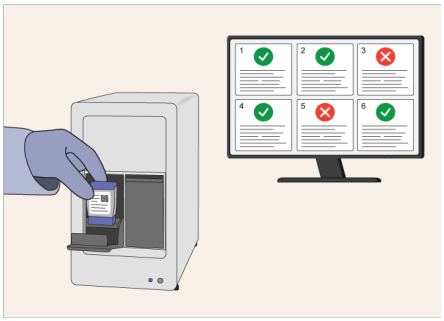
Category	**Ebola tests designed for primary healthcare settings where no laboratories are available**
Target technology	Diagnostic assay/devices enabling testing at the lowest level of healthcare settings. Key features include: - Handheld or portable (below 5 kg) - Power-free, battery-operated or compatible portable charger - Require no special skills, independent of laboratory infrastructure / equipment Note: The device should be portable by design without any additional transportation accessory. Devices that cannot be easily transported for testing in the community are NOT eligible
*Target user**	- Minimal: non-laboratory trained healthcare workers - Optimal: lay community workers
Target use settings	- Minimal: Primary healthcare settings (Level 1) and above (outside laboratory settings). - Optimal: Community (Level 0). Note: Uncontrolled environment, with high humidity, dust and temperature expected.
Species target	- Minimal: Bundibugyo virus (BDBV) only or pan-Orthoebolavirus single-target assay covering BDBV - Optimal: multiplex Ebola tests with species differentiation Note: Additional coverage of Marburg virus and other hemorrhagic fever viruses is a plus
Time to results	≤ 45 min
Sample type	- Minimal: venous blood - Optimal: fingerstick capillary blood or oral swab (see note 2) Note 1: If plasma/serum is required, these samples must be obtained through an easy-to-use sample prep operation, compatible with primary healthcare settings. Note 2: Oral swab can be accepted if the applicant provides a strong rational for performance. For example, through evidence of high analytical sensitivity (i.e. low limit of detection) and compatibility with the matrix.
Sample inactivation and biohazards	The lysis buffer or other sample prep reagents must properly inactivate the viruses present in the sample. Several built-in safety features should facilitate mitigation of potential residual biological hazards. For example, the design of the cartridge, device and/or ancillary items used in the assay workflow should eliminate the chance of sample spillage or contamination of the instrument and the user.
Sample preparation	Sample is either directly added into an enclosed cartridge, or into a sample inactivation/lysis solution, followed by a transfer step. Minimal reagent reconstitution without precise pipetting is acceptable. Note: solutions that require centrifugation or precise pipetting/measurement are NOT eligible.
Test Kit components	- All consumables for sample collection, preparation, and test operation - Instructions for use (IFU) including information on the viral region(s) being targeted
Operating conditions and shelf-life	- Shelf-life: ≥12 months at 30ºC, 70% RH (tolerates brief periods > 40°C); - Operating range: 5ºC - 40ºC, 90% RH (able to withstand dusty conditions)
Result display & interpretation	Results (e.g. visual or digital readout) should be easily interpreted as a positive or negative test without any requirement for raw data analysis. Note: For digital read-out, results must be displayed either on the device screen or on a companion mobile/tablet app. No computer should be required to operate the device or display the result
Size & Weight (when a device / reader is needed)	Refer to "Target technology" definition
Maintenance	None, swap out or replace ancillary devices when needed

* All HCW, lab technicians, and community workers mentioned here are assumed to be trained for Ebola patients/samples management

[3] For more details, please review the TPP "The Case for Improved Diagnostic Tools to Control Ebola Virus Disease in West Africa and How to Get There" from https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003734, the 2014 WHO TPP https://www.who.int/publications/m/item/target-product-profile-for-za-re-ebolavirus-rapid--simple-test-to-be-used-in-the-control-of-the-ebola-outbreak-in-west-africa and the Systematic review and meta-analysis of antigen rapid diagnostic tests to detect Zaire ebolavirus - ScienceDirect

Further guidance on in-scope vs. out-of-scope molecular tests for this EOI:

This second EOI targets portable Ebola tests designed for uncontrolled environments and users without laboratory training, enabling rapid, safe BDBV detection in primary care and community settings. Instrument formats and workflows vary, and their combined characteristics determine where each product can be used. The three examples below illustrate these differences[4] and provide guidance on the scope of this EOI; two fall within the scope of this EOI:

	IN SCOPE	IN SCOPE	OUT-OF-SCOPE
Illustration[5]			
Portability	Yes Handheld, < 1 kg	Yes Small, < 5 kg	No Intermediate, 5-15 kg
Power requirements	Battery operated or battery compatible	Battery operated or battery compatible	Mains power, requires stable electricity
Environment	Tolerate dust, high Temperature / humidity environments	Tolerate dust, high Temperature / humidity environments	Requires environment controls (e.g. it is important to adequately protect optics from dust)
Result display & interpretation	On device (e.g. built-in indicator lights) or through a mobile app	On device (e.g. built-in indicator lights) or through a mobile app	Might require a computer with a dedicated software
Sample type	Fingerstick capillary blood	Fingerstick capillary blood	Venous blood (>200 ul)
Sample prep	Direct sample addition or simple transfer step (no precision required)	Direct sample addition or simple transfer step (no precision required)	Few pipetting steps that may require precision
Time to results	<30 min	<30 min	60-90 min
TARGET USERS	Self-testing or community healthcare workers without lab training	Healthcare workers without lab training	Basic laboratory skills
TARGET SETTINGS	Primary care and community settings Requires zero lab infrastructure, additional lab equipment, or cold-chain logistics.	Primary care and community settings Requires zero lab infrastructure, additional lab equipment, or cold-chain logistics.	Centralized, district, or peripheral laboratories. Constrained by their reliance on basic laboratory equipment, dedicated laboratory space to store and operate the instrument, footprints and maintenance

[4] https://www.path.org/our-impact/articles/dx5molecular/

OBJECTIVE AND SCOPE

The BRIDGE-Access consortium is collaborating to support the BVD diagnostic response by ensuring the evaluation and availability of Ebola diagnostic tests.

This EOI focuses on assessing the performance of Ebola tests that could further decentralize BDBV testing in primary healthcare and community settings. We are targeting solutions that offer increased portability, biosafety and simple workflow for the detection of BDBV, see section “Eligibility criteria”.

The diagnostic assay and associated device must be ready for external evaluation and sufficiently mature to support a potential commercial roll-out within approximately six months.

BRIDGE-Access aims to fund and conduct:

1. Analytical laboratory studies
2. Clinical lab and field studies in DRC and possibly in other African countries, such as Uganda. Product usability and acceptability will also be assessed.

Importantly, depending on the number of selected tests, their maturity, and evaluation site capacity, inclusion of tests in the performance evaluations may be conducted in multiple rounds. The more mature or relevant products will be fast-tracked.

Only a subset of tests will undergo analytical and/or prospective clinical field evaluation, with selection based on technical and operational performance, intended use, clinical site capacity, and logistical considerations.

For this performance evaluation project, BRIDGE-Access will collaborate with its evaluation partners including Institut National de Recherche Biomedicale (INRB) in DRC, as well as other partners laboratories across Europe and North America.

High level results of the findings will be available in public reports, through partner websites, respecting confidentiality agreements. This is not a cross-comparison study across applicant manufacturer products (kits from different providers will not be compared to each other). No data will be shared between manufacturers, and only the submitting party will have access to the respective detailed report.

Evidence generated throughout this study may inform potential recommendations by national/regional public health authorities (e.g., Africa CDC) and can be used by manufacturers to support their submissions for regulatory authorization (e.g., WHO-EUL), which should be done independently.

Notes:

- Participation in the independent evaluation does not constitute, and shall not be presented as, any endorsement, certification, recommendation, approval, validation or guarantee by any BRIDGE-Access member or any designated evaluation partner of the Applicant, the product, its performance, regulatory status, procurement suitability, or any WHO PQ, WHO EUL or other regulatory, policy or procurement outcome.

- This EOI is for information and selection purposes only and participation does not guarantee selection or conduct of any evaluation. BRIDGE-Access may modify, suspend, or cancel the EOI process at any time.

OPPORTUNITIES AND BENEFITS FOR THE APPLICANTS

Through their participation in the independent evaluation, the test manufacturers will:

- **Benefit from evidence generation** that will be relevant to global health stakeholders, particularly Africa CDC and WHO. Data may be used to inform potential recommendation by Africa CDC. Manufacturers may also use the reports to support submission to the WHO Emergency Use Listing (EUL) process.
- **Contribute to Global Health:** By participating in this project, applicants contribute to advancing international diagnostic capabilities for Ebola, especially in LMICs.
- **Networking and Collaboration Opportunities:** The project provides a platform for applicants to connect and collaborate with **BRIDGE-Access** and potential partners in the global health community. This can foster valuable relationships, knowledge exchange, and future opportunities for research and development.

TIMELINE

An overview of key project dates is provided below (tentative dates):

- **18 December 2026:** Shortlisting of a first cohort of tests and notification to the selected candidates
- **January 2027 onwards:** Start of evaluation studies

IMPORTANT: Performance evaluations are expected to be conducted in phases and multiple rounds, and not all Ebola tests are expected to undergo a complete set of evaluation studies.

SUPPORT PROVIDED BY BRIDGE-ACCESS

INDEPENDENT EVALUATION ACTIVITIES

For technologies ready and eligible for independent evaluations, the applicants can expect the following support from BRIDGE-Access and its partners (the list provides examples and is not exhaustive):

- The consortium will fund the independent performance evaluation, including the purchase and shipping of test products for evaluation. In some cases, manufacturers may be asked to donate tests and/or devices to support the evaluation.
- Assistance with import permit to ship the kits to the evaluation sites.
- Selection of the study sites.
- Study protocol development and submission for IRB approval.
- Study management.
- Data collection and data analysis.
- Study report preparation.
- Dissemination of results to relevant stakeholders.

COMMERCIAL PARTNER COMITTMENT

The following typical commitment will be needed from the selected partners:

- Manufacture and ship a minimum of 2000 assays and 5 devices/readers (if applicable) to evaluation sites based in Europe, United States and Africa within a 30-day timeframe or less.
- Provide instructions for use and any required training to the evaluation team.
- Provide technical support during the studies, if necessary.

Please note that this evaluation will be conducted independently. Suppliers and manufacturers will not be involved in designing and executing the studies or in analyzing or reporting the results and conclusions. All data generated from the studies will be owned by BRIDGE-Access.

Irrespective of the type of partner engagement activities, and before any product enters evaluation, manufacturers must sign an Access Commitments letter (template available here) — a framework, defined by Unitaid together with Africa CDC and WHO, that ties participation to concrete, good-faith obligations, including:

1. Preferential access for affected countries, including the countries and populations from which the evaluation specimens originate
2. Fair and transparent pricing, preferably at a reasonable margin over the cost of goods for affected and at-risk countries endemic regions
3. Manufacturing under an ISO 13485-certified quality system (or equivalent)
4. Full scientific independence — manufacturers have no influence over the evaluation's protocol, data analysis, or results
5. Continued efforts to support sustained supply and technical support beyond the immediate outbreak response

SECTION 2: INSTRUCTIONS AND PROPOSAL REQUIREMENTS

ELIGIBILITY CRITERIA

Our intention is to prioritize technologies 1) that offer increased portability, biosafety and simple workflow for BDBV testing in primary healthcare and community settings (no laboratory infrastructure required), 2) that are ready for external evaluation and 3) sufficiently mature to support a potential commercial roll-out within approximately six months.

Therefore, entities responding to this EOI must meet the following criteria for their submissions to be considered:

- **Type of entity**: legal developers/manufacturers of the Ebola test (not a distributor). We can consider a manufacturer that has the right to market another manufacturer's product under their own brand (through a private-label or white-label arrangement) where they can demonstrate authority and responsibility on the product commercialization, registration and regulatory status.
- **Type of test technology**: automated and enclosed nucleic acid-based (so-called molecular) tests or antigen-based tests. Antigen-based tests must demonstrate improved performance for BDBV detection (e.g. via novel binding reagents with high avidity for BDBV) or other added value, such as operational advantages.
- **Point-of-care suitability**: designed for use at the minimum in primary healthcare settings and optimally at the patient's side and community settings. Used by non-laboratory personnel, with a simple, self-contained workflow requiring minimal hands-on steps. The system should be portable, robust, and suitable for primary healthcare and community settings, without reliance on laboratory infrastructure or controlled environment. Note: The device should be portable by design without any additional transportation accessory. Devices that cannot be easily transported for testing in the community are NOT eligible.
- **Whole-blood compatibility**: ability to process whole blood, without a complex sample-preparation workflow. Optimally fingerstick capillary blood <50 µL but minimally with <500 µL input from venous blood. Oral swabs can be considered if the applicant provides a strong rational for performance. For example, through evidence of high analytical sensitivity (i.e. low limit of detection) and compatibility with the matrix. Note: solutions that require centrifugation or precise pipetting/measurement are NOT eligible.
- **Community-use biosafety**: a design suitable for safe use close to patients, for example, through a fully enclosed system and/or an appropriate sample inactivation buffer.
- **BDBV assay readiness**: primers and probes (or antibodies in case of antigen-based solutions) for Bundibugyo ebolavirus (BDBV) are already designed and technically ready for implementation/evaluation. Differentiation between BDBV and other Filoviruses is a plus.
- **Ready for independent evaluation**: the diagnostic assay and associated device must be ready for independent external evaluation. Furthermore, the manufacturer must be able to ship approximately 5 devices/readers, when applicable, and 2000 tests for participation in independent performance evaluations within the timeframe of the project (see section « TIMELINE »).
- **Near-term commercial maturity**: sufficient product and manufacturing maturity to support commercial deployment within approximately six months if the evaluation is successful.

Given the limited access to BDBV-positive samples and evaluation sites, the review committee will prioritize technical and commercial readiness and product maturity over the availability of BDBV-specific performance data. Applicants must nevertheless provide strong rational or evidence of performance, such as in silico data for BDBV coverage complemented with analytical/clinical data on other Ebola strains or on relevant species and sample types. Particular attention will be given to the availability of a suitable viral inactivation mechanism to enable decentralized and community-based testing, although we recognize that inactivation buffers might not be fully validated yet.

We invite developers/manufacturers from around the globe and also strongly encourage applications from local manufacturers in LMICs.

OUT OF SCOPE

The following categories of entities and products are not in the scope of this EOI:

- ✗ Distributors
- ✗ Academic teams which lack a development partner or without a clear plan towards commercialization
- ✗ Antibody-based tests (serology test) and lab-based immunoassays
- ✗ Laboratory molecular kits
- ✗ Prototype tests (e.g. tests still in early development with longer runway needed to launch on the market)
- ✗ Tests currently not available for supply for independent evaluation

APPLICATION DEADLINE

The deadline for receipt of submissions is **6 December 2026 at 23h59 CEST.**

APPLICATION REQUIREMENTS

To be complete, applications must include the following:

- **Compulsory - Online questionnaire:** Applicants shall fill out and submit the online questionnaire, available here: https://forms.cloud.microsoft/Pages/ResponsePage.aspx?id=3rl3go3spEabY0sw4rbJoZ4jqGFVazlBj1YENoykB1xUMlAxSUNIS0szSTBRSkFTMlUySExDRkpJSC4u

- **Compulsory - Applicant presentation:** Applicants shall provide a **2-slide deck** summarizing their test attributes and presenting a visual workflow. They must use the provided PowerPoint template, available here: https://www.finddx.org/wp-content/uploads/2026/11/20261020_EOI_Ebola-Dx-tPOC-Evaluation_2-slide-Template.pptx

- **Compulsory - Additional documents:** Aside from the documents listed above, applicants **must provide** 1) the instructions for use/product insert for the relevant products, 2) Specifications of the device (if applicable), 3) the analytical and/or clinical reports supporting the performance claims (when available)

- **Optional - Supporting documents**: The applicant can provide a company presentation, covering topics relevant for this EOI.

  Name your documents as follows: NAME OF THE COMPANY_NAME OF TEST_DOCUMENT SHORT TITLE

HOW TO APPLY

Submit applications by:

1) completing the online questionnaire
2) emailing the compulsory documents and supporting materials to bridge-access@who.int and rfp.bi@finddx.org

An incomplete dossier will not be considered for review.

SELECTION PROCESS

Candidates will be evaluated by a review panel comprised of staff representing the different partners of BRIDGE-Access. The review panel will use information submitted in the application (see Application Requirements), as well as publicly available information. The review panels may request additional information or clarifications, if needed, in writing. The assessment may include external expertise. Shortlisting and selection are at the discretion of the review panels; selection does not by itself constitute a contract, endorsement, purchase order or promise of exclusivity.

SUMMARY OF SELECTION TIMELINE

EOI Issued	20 November 2026
Deadline for questions	1 December 2026
Application deadline	6 December 2026
Notification of finalist(s)	18 December 2026
Start of evaluations (tentative timeline)	January 2027

Dates are indicative and may change. BRIDGE-Access will communicate material changes to respondents.

QUESTIONS & FURTHER INFORMATION

Please email questions to bridge-access@who.int and rfp.bi@finddx.org with the subject line: "EOI-2 EBOLA EVALUATION NOV2026". Questions will be accepted until 1 December 2026. Submitted questions (and corresponding answers) will be publicly available on the Calls for Partners page.

CONFIDENTIALITY

BRIDGE-Access acknowledges that the information received from Applicants under the EOI may be of a confidential nature. "Confidential Information" means non-public information submitted by an Applicant, whether in written, oral, electronic or other form, that is clearly marked or identified as confidential at the time of submission, or that by its nature and the circumstances of disclosure would reasonably be understood to be confidential. Confidential Information does not include information that: (i) is or becomes publicly available; (ii) was already lawfully known to the BRIDGE-Access consortium or a Representative or an Authorized Recipient before disclosure; (iii) is lawfully received from a third party without confidentiality restrictions; (iv) is independently developed without use of the Applicant's Confidential Information; or (v) is required to be disclosed by law, regulation, court order or applicable institutional requirement. Applicants are responsible for clearly identifying any information they consider confidential. Information not so identified may be treated as non-confidential, unless it is clearly confidential by nature.

BRIDGE-Access shall use the same degree of care with Applicant's confidential information as it uses to protect its own confidential information.

BRIDGE-Access members under which this EOI is conducted (including, but not limited to, Africa CDC, WHO, CHAI, PATH, UNITAID) may communicate the Confidential Information to its employees, independent contractors, institutional donors and other financial sponsors, legal, financial, scientific or technical advisors (together "Representatives") and designated evaluation partners (including, but not limited to, HUG, Charite and INRB) (together the "Authorized Recipients") who:
(a) need to know such confidential information for reviewing the EOI submissions, the purposes of evaluation (including but not limited to selecting products for evaluation, planning, conducting or supporting the evaluation activities, analyzing evaluation results), and for other related purposes connected with this EOI, and
(b) bound by terms and conditions substantially similar to those contained in this EOI, including but not limited to confidentiality and non-use restrictions.

Review of proposals will be carried out by the BRIDGE-Access consortium, evaluation partners and/or a team of external experts as agreed upon by BRIDGE-Access leadership (including Africa CDC, WHO, CHAI, FIND, PATH, and Unitaid). All such reviewers shall be subject to confidentiality obligations and shall be required to disclose any actual, potential or perceived conflict of interest and to recuse themselves where needed.

Confidential information may be shared across jurisdictions as required for the evaluation activities described in this EOI, subject to the safeguards set out above.

The submission of information under this EOI does not restrict the consortium's ability to publish or share evaluation results in accordance with the terms of this EOI.

Any specific questions concerning confidentiality should be addressed to the BRIDGE-Access team.

COMPLAINTS

Applicants who disagree with any actions or decisions taken in the course of the RFP evaluation may file a complaint in writing to BRIDGE-access (bridge-access@who.int) detailing the grounds for the complaint and making reference to the applicable provisions in the RFP or other regulations.

Appendix 1: Grounds for exclusion

Country of origin is not an exclusion criterion for this EOI, **except** where an international embargo or sanction by the United Nations, the European Union, Switzerland or other applicable sanctions regime applies.

Applicants shall not be selected for this EOI if, on the date of the application submission, selection, or any time during the EOI process, they:

- are bankrupt, being wound up or ceasing their activities, are having their activities administered by courts, have entered into receivership, or are in any analogous situation;
- have been:
  - convicted by a final judgment or a final administrative decision or subject to financial sanctions by the United Nations, the European Union and/or Switzerland for involvement in a criminal organization, money laundering, terrorist-related offences, child labour or trafficking in human beings; this criterion of exclusion is also applicable to legal persons, whose majority of shares are held or factually controlled by natural or legal persons who themselves are subject to such convictions or sanctions;
  - convicted by a final court decision or a final administrative decision by a court, the European Union or national authorities in any relevant jurisdiction for fraud, corruption, sanctionable practices, professional misconduct or other serious irregularity relevant to participation in this EOI or the evaluation process
- have been subject, within the last five years, to termination of a contract for significant or persistent failure to comply with their contractual obligations during contract performance, unless this termination is under challenged and dispute resolution is still pending or has not confirmed a fault against them;
- have not fulfilled applicable fiscal obligations regarding payments of taxes either in the country where they are constituted or operate or in Switzerland (governing law will be Switzerland);
- are subject to an exclusion, debarment or sanctions decision of the World Bank, or any other multilateral development bank, international organization, public authority or donor, unless the Applicant can demonstrate, with supporting information that such decision is not relevant to this EOI or the evaluation;
- have given a misrepresentation in supplying the information requested by BRIDGE-Access as a condition to participate in this EOI;
- fail to provide requested clarifications, supporting documents or self-declarations within the requested timeline;
- present a conflict of interest that cannot be appropriately mitigated