



Technical Support to Implement the National Leprosy Survey in collaboration with the Ministry of Health (MoH), Malaysia

Request for Proposals (RFP)

Bid Reference

WPRO/2022-11/MYS/187993

Country/Unit Name

WHO Malaysia

Closing Date:

13 December 2022



The World Health Organization (WHO) is seeking offers for technical support to Implement the National Leprosy Survey in collaboration with MOH Malaysia and WHO Malaysia.

Your ☐ Company ☒ Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1. Requirements

WHO requires the successful bidder, to carry out implementation of the National Leprosy Survey. The successful bidder is expected to carry out the activity without representing WHO during the conduct of activities. .

See detailed Terms of Reference in Annex 1 for complete information.

The successful bidder shall be a ☒ for profit / ☒ not for profit institution operating in the field of Public Health with proven expertise in Leprosy/Communicable Disease.

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

Mandatory experience:

- Staff involved with Bachelor's degree or higher, in public health, medical science, social science humanities or a related area (background in TB/Leprosy research and studies is an added advantage)
- Staff involved with at least 5 years experience in public health research, program and project implementation related to communicable diseases AND with at least 3 years experience in engaging with hard-to-reach population

Desirable experience:

- Staff involved with Master's degree or higher in public health, medical science, social science, humanities or related area with background in project management
- Fluent of local dialects of hard-to-reach population

The bidder is expected to follow the instructions set forth below in the submission of their proposal to WHO.

2. Proposal

The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal shall be concisely presented and structured to include the following information:

- Confidentiality Undertaking (*please complete Annex 2*)
- Presentation of your Company / Institution (*please complete Annex 3*)
- Proposed solution
- Proposed Approach/Methodology
- Proposed time line
- Financial proposal

Information which the bidder considers confidential, if any, should be clearly marked as such.



3. Instructions to Bidders

The bidder must follow the instructions set forth in this RFP in the submission of their proposal to WHO.

A prospective bidder requiring clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than *7 December 2022*:

Email for submissions of all queries: wproungm@who.int

(use Bid reference in subject line)

A consolidated document of WHO's responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP.

From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

The bidder shall submit, in writing, the complete proposal to WHO, no later than **13 December 2022 at 17:00 hours Kuala Lumpur time** ("the closing date"), by email at the following email address:

wproungm@who.int.

(use Bid reference in subject line)

To be complete, a proposal shall include:

- A technical proposal, as described under part 2 above;
- A financial proposal, as described under part 2 above;
- Annexes 2 & 3, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: WPRO/2022-11/MYS/187993 .

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing before the above closing date and time.

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder's consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal's submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO at the email address indicated above, before the closing date for submission of proposals.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).



WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, *inter alia*, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

All bidders must adhere to the UN Supplier Code of Conduct, which is available on the WHO procurement website at <http://www.who.int/about/finances-accountability/procurement/en/>.

4. Evaluation

Before conducting the technical and financial evaluation of the proposals received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

The evaluation panel will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

Technical Weighting:	70 % of total evaluation
Financial Weighting:	30 % of total evaluation

The technical evaluation of the proposals will include:

Addressing of WHO's requirements and expectations	20
Quality of the overall proposal	20
Experience of the firm in carrying out related project	20
Qualifications and competence of the personnel proposed for the assignment	20
Proposed timeframe for the project	20
TOTAL	100

The number of points which can be obtained for each evaluation criterion is specified above and indicates the relative significance or weight of the item in the overall evaluation process.

A minimum of [70] points is required to pass the technical evaluation.

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO's general principles, including the principle of best value for money, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.



NOTE: Individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

5. Award

WHO reserves the right to:

- a) Award the contract to a bidder of its choice, even if its bid is not the lowest;
- b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
- c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
- d) Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
- e) Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

Within 30 days of receipt of the contract between WHO and the successful bidder (the "Contract"), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth in Annex 3.

Any and all of the contractor's (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor's offer, or printed or referred to on the Contractor's letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
WHO Malaysia



**Annexes**

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



Annex 1: Detailed Terms of Reference

1. Purpose

The World Health Organization (WHO) is looking for an institutional contractual partner to implement the National Leprosy Survey aimed to identify factors associated with possible delay in detection, treatment adherence and stigma and discrimination among leprosy patients in work and living environments in collaboration with Ministry of Health (MoH), Malaysia

2. Background

Malaysia has successfully eliminated leprosy since 1994. The control and preventive measures are still actively practiced at clinical and administrative level in relevant districts with a focus on identifying pockets of endemicity. In addition, efforts are being strengthened to reduce new leprosy cases particularly amongst children in Malaysia. These efforts are incorporated into Malaysia's National Strategic Plan (NSP) for Leprosy 2021-2030 which targets for zero leprosy cases by 2030. The NSP was developed in accordance with the Global Leprosy Strategy (GLS) 2021–2030 which has been contributing to the Sustainable Development Goals (SDG), especially SDG 3 (healthy lives and wellbeing), SDG 10 (reduced inequalities) and SDG 17 (partnerships). It focuses on the commitments of the SDGs and every engagement that are pivotal in order to reach the unreached as persons affected by leprosy are consistently among the most left behind due to the combination of visible disability and stigma.

With the current global economy constrain due to Covid-19 pandemic, the speed to decelerate disease transmission by early case detection is significantly delayed. The total number of leprosy cases from 2018-2022 is approximately 750 and there are still stagnated number of newly diagnosed cases notified amongst children as well as cases with Grade 2 Deformity (G2D) amongst all new cases, of which both indicate late detection. These two indicators are very likely to hamper the target to reduce leprosy transmission among the high-risk group. Among the high-risk group in Malaysia are the indigenous natives of the Peninsular namely Orang Asli and the Penan tribe of Sarawak. Control activities prove to be challenging as their areas are only accessible by logging road if not by river and most healthcare workers are deterred by the exhausting and hazardous journey. Often those detected, are lost to follow up and remains being infectious among close family and community.

Another challenge dealing with the indigenous population is the set of belief and low literacy level that diminishes the current control and prevention effort. Leprosy is seen as a curse and/or hereditary disease to some prominent tribes. The strong adherence to the belief is the root cause of stigma; be it perceived or enacted stigma of those affected by the disease or those who live with them. Furthermore, those affected with leprosy often suffers from internalised shame and they tend to shy away and avoid public. Delaying or defaulting treatment is the common behaviour of patients who has perceived stigma. Ministry of Health has calculated that the rate of defaulter is between 2% – 5% and time taken between onset of illness to diagnosis is between 3 to 5 years. The target set for new cases with G2D has not been achieved as yearly it is between 0.02 – 0.05 cases for every 100,000 population, and the completed treatment rate hardly reach 60% yearly.

It is believed that stigma and discrimination may be influencing patient's treatment-seeking behaviour and treatment compliance directly impacting the success of the Leprosy Control Programme. As there is no national baseline survey done in Malaysia to monitor the stigma and discrimination faced by patients living with leprosy, a structured and programmatic monitoring of stigma needs to be conducted to add evidence in improving the nation's control and prevention programme.



3. Planned timelines (subject to confirmation)

Start date: 01/01/2023

End date: 31/10/2023

4. Requirements - Work to be performed

Method(s) to carry out the activity

Through collaboration (as co-investigator) with National Institutes of Health, Leprosy Sector Ministry of Health and under the supervision of WHO Country Office Malaysia -

Output/s

Output 1: Approved inception report (within 4 weeks of start date)

Deliverable 1.1: Submit inception report – a study proposal on detailed plan of action on how to conduct the project. The report should include the following, but not limited to, objectives, significance of the project, implementing framework, methodology, target participants, data collection tools, processes for data collection, analysis, validation, consultation, and presentation of findings. The inception report should also include a project management plan.

Deliverable 1.2: Submit Gantt Chart with expected outputs and deliverables

Deliverable 1.3: An outline of requirements for the application of ethical clearance submitted to the Medical Research Ethics Board

Deliverable 1.4: Approved ethical clearance/document from the ethics board/committee (NIH)

Deliverable 1.5: Identify details on operational cost including logistical resources and capacity building

Output 2: Study implementation

Deliverable 2.1: Construct relevant questionnaire for people living with leprosy relating to time of detection and treatment seeking, confirmation of diagnosis, treatment adherence and factors affecting compliance and stigma and discrimination, conduct questionnaire validation, language translation and pre-test and submit report

Deliverable 2.2: Develop survey system and coordinate the implementation of sampling and data collection based on number of patients from 2018-2022, including development of appropriate collection tools and training of data collectors

Deliverable 2.3: Perform multilevel analysis of data collected and impact of study, identify key variables to be incorporated and developed into online national leprosy registry (MyKusta)

Output 3: Technical reports and financial statements

Deliverable 3.1: Store all project materials (raw data, recordings, minutes of meetings, photos, references, etc.) in a secure manner. All raw data and source documents shall be submitted to WHO Malaysia and Ministry of Health Malaysia

Deliverable 3.2: Process monthly payments and conduct monthly audit of project's expenditure (travel and transportation, relationship and utilities, rentals, fuels, research materials and supply, minor modifications and repairs and special services

Deliverable 3.3: Submission of final technical report that includes project implementation and financial report

- Output 4:** Dissemination of information
- Deliverable 4.1: Report printing and distribution
- Deliverable 4.2: Presentation at relevant public health conferences
- Deliverable 4.3: Manuscript write-up and publication in peer-reviewed journal

5. Requirements - Planning

The indicative deliverables and payment will be made according to the schedule deliverables as below:

No	Item/Description	Indicative timelines	Percentage (%)
1	Upon countersigned contract	As soon as the contract has been issued	20
2	Upon submission of inception report as per deliverable 1.1.	Within four weeks of start date	20
3	Upon submission of progress report per deliverable 2.1.	Before end of April 2023	20
4	Upon submission of final technical report per deliverable 3.3	Before end of October 2023	20
5	Upon submission of manuscript per deliverable 4.3	Before end of October 2023	20
TOTAL			100

6. Activity Coordination & Reporting

Technical Officer:	TBA	Email:	
For the purpose of:	Technical supervision and instructions - Reporting		
Administrative Officer:	OIC	Email:	wpmyswr@who.int
For the purpose of:	Contractual and financial management of the contract		

7. Characteristics of the Provider

The institutional contractual partner must fulfil the following:

- Qualifications required:

Education of staff involved:

Essential: Bachelor's degree or higher in public health, medical science, social science, humanities or a related area (background in TB/leprosy research and studies is an added advantage)

Desirable: Master's degree or higher in public health, medical science, social science, humanities or a related area with background in project management

- Experience required:

Experience required for key staff involved:

At least 5 years experience in public health research, program and project implementation related to communicable diseases

At least 3 years experience in engagement with hard-to-reach populations



- Skills / Technical skills and knowledge:

Project management

Excellent technical writing skills

Excellent communication skills

Adequate technical knowledge on communicable diseases

- Language requirements:

Fluent in verbal and written communication skills in English, Bahasa Melayu, local orang asli/pribumis dialects languages

8. Place of assignment

Malaysia, with travels to orang asli and pribumi villages.



Annex 2: Confidentiality Undertaking

1. The World Health Organization (WHO), acting through its Department of Administration - Malaysia, has access to certain information relating to the request which it considers to be proprietary to itself or to entities collaborating with it (hereinafter referred to as "the Information").
2. WHO is willing to provide the Information to the Undersigned for the purpose of allowing the Undersigned to prepare a response to the Request for Proposal (RFP) for "Technical Assistance to conduct a Hybrid Trainers' Course on Advancing Care of Small Babies: Quality Improvement Initiative for Select Referral Hospitals" ("the Purpose"), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, to use the Information only for the aforesaid Purpose and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.
3. The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO, and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in paragraph 2 above, except that the Undersigned shall not be bound by any such obligations if the Undersigned is clearly able to demonstrate that the Information:
 - a) was known to the Undersigned prior to any disclosure by WHO to the Undersigned (as evidenced by written records or other competent proof);
 - b) was in the public domain at the time of disclosure by or for WHO to the Undersigned;
 - c) becomes part of the public domain through no fault of the Undersigned; or
 - d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality (as evidenced by written records or other competent proof).
4. The Undersigned further undertakes not to use the Information for any benefit, gain or advantage, including but not limited to trading or having others trading in securities on the Undersigned's behalf, giving trading advice or providing Information to third parties for trade in securities.
5. At WHO's request, the Undersigned shall promptly return any and all copies of the Information to WHO.
6. The obligations of the Undersigned shall be of indefinite duration and shall not cease on termination of the above mentioned RFP process.
7. Any dispute arising from or relating to this Undertaking, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event of the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Undersigned and WHO or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, with the rules of arbitration of the International Chamber of Commerce. The Undersigned and WHO shall accept the arbitral award as final.
8. Nothing in this Undertaking, and no disclosure of Information to the Undersigned pursuant to its terms, shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, or as submitting WHO to any national court jurisdiction.

Acknowledged and Agreed:

Entity Name:
Mailing Address:
Name and Title of duly authorized representative:
Signature:
Date:

**Annex 3: Vendor Information Form**

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

* <http://www.who.int/about/finances-accountability/procurement/en/>

Annex 4: Contractual Provisions

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth below (with the successful bidder referred to below as the “Contractor”):

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below).

In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other persons engaged by the Contractor to perform any services under the Contract.

Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.

For purposes of the Contract, the term “WHO Policies” means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iii) the WHO policy on Preventing and Addressing Abusive Conduct; (iv) the WHO Code of Conduct for responsible Research; (v) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (vi) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: <http://www.who.int/about/finances-accountability/procurement/en/> for the UN Supplier Code of Conduct and at <http://www.who.int/about/ethics/en/> for the other WHO Policies.

2. **Zero tolerance for sexual exploitation and abuse.** WHO has zero tolerance towards sexual exploitation and abuse. In this regard, and without limiting any other provisions contained herein:

(i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response by any of its employees and any other persons engaged by it to perform any services under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the contractor becomes aware; and

(ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; and (ii) promptly report to WHO, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

4. **Anti-Terrorism and UN Sanctions; Fraud and Corruption.** The Contractor warrants for the entire duration of the Contract that:

- i. it is not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;
- ii. it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and
- iii. the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

5. **Breach of essential terms.** The Contractor acknowledges and agrees that each of the provisions of paragraphs 1, 2, 3 and 4 above constitutes an essential term of the Contract, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

- i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or
- ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO's governing bodies, other UN agencies, and/or donors.

6. **Use of WHO Name and Emblem.** Without WHO's prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor's relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

7. **Assurances regarding procurement.** If the option for payment of a maximum amount applies, to the extent the Contractor is required to purchase any goods and/or services in connection with its performance of the Contract, the Contractor shall ensure that such goods and/or services shall be procured in accordance with the principle of best value for money. "Best value for money" means the responsive offer that is the best combination of technical specifications, quality and price.

8. **Audit.** WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract.

The Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

- i. the Contractor's books, records and systems (including all relevant financial and operational information) relating to the Contract; and
- ii. reasonable access to the Contractor's premises and personnel.

The Contractor shall provide satisfactory explanations to all queries arising in connection with the aforementioned audit and access rights.

WHO may request the Contractor to provide complementary information about the work performed under the Contract that is reasonably available, including the findings and results of an audit (internal or external) conducted by the Contractor and related to the work performed under the Contract.

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor's name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO's Information Disclosure Policy and shall be consistent with the terms of the Contract.