Measuring and Monitoring Universal Health Coverage in the Context of Population Ageing

Request for Proposals (RFP)

Bid Reference:
2018/UHC/WKC0012

Unit Name:
HQ/HIS/WKC

Purpose of the RFP:
To carry out research on scientific approaches and country practices to measure and monitor universal health coverage in the context of population ageing

Closing Date:
6 January 2019
The World Health Organization (WHO) is seeking offers for conducting research and producing a technical paper that explains either a scientific approach or a country practice for measuring universal health coverage in a way that is responsive to the context of population ageing, with relevance to low and middle-income settings. Your 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 research that addresses the question of how universal health coverage could be measured and monitored in a way that is relevant to the health system response to population ageing and that addresses limitations in more conventional approaches, through literature reviews, secondary data analysis, comparative country case studies, or a combination of them, and to present the findings in the form of a publishable technical paper.

See attached detailed Terms of Reference for complete information.

The successful bidder shall be a not for profit institution operating in the field of academic research with proven expertise in health systems, metrics and measurement, demography and global health.

Bidders should 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. A recommended proposal template (MS Word file) is available from WKC.

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

- Information about your institution *(please complete Annex 2)*
- Technical proposal, including:
  - Proposed solution, including rationale and specific research questions to be addressed
  - Proposed approach/methodology, including personnel to be dedicated to the project
  - Proposed time line and milestones
- Financial proposal in US dollars, including itemized budget and justification *(please complete Annex 4)*
- Example of previous related work
- CVs of project personnel

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

3. Instructions to Bidders

Bidders must follow the instructions set forth in this RFP in the submission of their proposal to WHO. A prospective bidder intending to bid, or who require any clarification on technical, contractual or commercial matters shall notify WHO via email at the following address no later than 14 December 2018 at 23:00 hours Japan standard time:

Email for submissions of intention to bid and all queries: wkc@who.int

*(Please mention Bid Reference “2018/UHC/WKC0012” 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 **6 January 2019 at 23:00 hours Japan standard time** (“the closing date”), by email at the following email address:

wkc@who.int

*(Please mention Bid Reference “2018/UHC/WKC0012” 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;
- Annex 4, budget form;
- Example of previous related work (e.g. 1-2 previously published papers on a similar topic and/or using a similar method);
- CVs of project personnel;
- Annex 2, 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: 2018/UHC/WKC0012.

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 comprising WHO staff and external experts will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

<table>
<thead>
<tr>
<th>Weighting</th>
<th>Percentage of Total Evaluation</th>
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<tbody>
<tr>
<td>Technical Weighting:</td>
<td>60% of total evaluation</td>
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<tr>
<td>Financial Weighting:</td>
<td>40% of total evaluation</td>
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</tbody>
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The technical evaluation of the proposals will include:
- the extent to which WHO’s requirements and expectations have been satisfactorily addressed;
- the quality of the technical solution proposed;
- the level of consideration given to ensure relevance to low and middle income countries;
- the experience and capacity of the institution;
- the project management plan and the qualifications and competence of the personnel proposed for the assignment; and
- the proposed timeframe for the project.

The number of points which can be obtained for each evaluation criterion is specified below and indicates the relative significance or weight of the item in the overall evaluation process. The maximum possible value for the total Technical Score is 60.

<table>
<thead>
<tr>
<th>Evaluation criterion</th>
<th>Assigned points</th>
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<tbody>
<tr>
<td>Responsiveness/Relevance to WHO’s requirements and expectations</td>
<td>10</td>
</tr>
<tr>
<td>Quality of the technical solution proposed</td>
<td>10</td>
</tr>
<tr>
<td>Level of consideration given to ensure relevance of the research to diverse settings, particularly to low and middle-income countries</td>
<td>10</td>
</tr>
<tr>
<td>Relevant experience and capacity of the lead institution</td>
<td>10</td>
</tr>
<tr>
<td>Staffing of the project</td>
<td>10</td>
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<tr>
<td>Proposed timeframe for the project</td>
<td>10</td>
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</table>
Financial evaluation will be conducted by WHO staff only. The financial evaluation will be based on the following scoring system:

<table>
<thead>
<tr>
<th>Evaluation criterion</th>
<th>Assigned points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget justification is sufficient in detail.</td>
<td>10</td>
</tr>
<tr>
<td>Total budget is reasonable and commensurate with the proposed scope of work (neither too high nor too low).</td>
<td>10</td>
</tr>
<tr>
<td>Budget allocation across budget items (e.g. personnel, travel, supplies, etc.) is appropriate.</td>
<td>10</td>
</tr>
<tr>
<td>Taken together with the technical evaluation results, the financial proposal promises good value for money.</td>
<td>10</td>
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</table>

The maximum possible value for the total Financial Score is 40.

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,
Megumi Rosenberg
Technical Officer
WHO Centre for Health Development
Kobe, Japan

Annexes

1. Detailed Terms of Reference
2. Vendor Information Form
3. Contractual provisions
4. Budget form
## Annex 1: Detailed Terms of Reference

### 1. Introduction

#### 1.1. Objective of the RFP

The objective of this RFP is to commission research to understand the limitations of existing metrics and measurements for monitoring UHC established by WHO and World Bank (WB) when considering the health systems challenges posed by population ageing, and to identify alternative or complementary approaches that may be more relevant to assess the health systems response to population ageing. This may include (a) reviews of the current global research literature related to the measurement of service access and quality, financial protection and equity, from a health systems perspective, and (b) descriptive, comparative analyses of current country practices in measuring and monitoring UHC to ensure older persons’ right to health while also maintaining a system that is neither unfairly biased towards any specific age group, special interest or vulnerability, nor compromises the health of future generations. In the long term, it is expected that this research can lead to new policy guidance to support global and country-level monitoring of the progressive achievement of UHC in the context of population ageing with specific implications for low- and middle-income countries.

#### 1.2 About the WHO Centre for Health Development in Kobe, Japan (WHO Kobe Centre - WKC)

The WHO Centre for Health Development (WHO Kobe Center—WKC) was established in 1995 with the endorsement by the WHO Executive Board and the generous financial and material support of the Kobe Group. While physically located in Kobe, Japan, it is a department within the UHC and Health Systems Cluster of WHO global Headquarters (HQ) in Geneva. As such, WKC follows the institutional mandate of WHO’s General Program of Work with a global geographic scope of work. Its current research strategy for 2016 -26 is to conduct research and synthesize evidence about health systems and innovations, particularly in light of population ageing, to accelerate progress towards UHC. Under the current research plan, WKC focuses on several research themes related to UHC, encompassing service delivery, sustainable financing, metrics and measurement, innovations, and health emergencies. This RFP falls under the theme of metrics and measurement, although it relates to some of the other themes.

### 2. Background and aims

Achieving UHC is among the targets of the Sustainable Development Goals (SDGs) for 2030. UHC means that every person receives the quality health services they need while ensuring that the use of these services does not result in financial hardship. Currently, the global standard of reference for measuring and monitoring UHC is a framework developed by WHO and World Bank. While the global monitoring framework provides an important standard of reference, it is expected that the indicators for monitoring UHC will need to be adapted to local contexts to ensure their relevance in a rapidly changing environment. Specifically, as health development and population ageing progress in countries globally, increasingly more countries, including low- and middle-income countries, will need to adapt their measurement and monitoring of UHC so that they are more relevant to assess the health systems response to population ageing.

WKC, in cooperation with the Health Metrics and Measurement Cluster in Headquarters and other relevant units of WHO, is developing a programme of research which may inform recommendations for monitoring UHC as population ageing progresses in countries and globally. As a starting point, the research sought by this RFP will assess the current state of the art in both scientific research and country practices with two specific aims: (a) to understand the limitations of the existing WHO/WB measurements for UHC when considering the health systems challenges posed by population ageing; and (b) to identify alternative or complementary approaches to measuring and monitoring UHC that may be more relevant to assess the health system response to population ageing. The expected outcome of this research is seminal knowledge about scientifically valid approaches as well as pragmatic approaches to measuring and monitoring UHC as population ageing progresses. These outcomes may inform recommendations for making investments in country health information systems to ensure UHC and the right to health for people of all ages in the context of population ageing.

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1. The Kobe Group is composed of Hyogo Prefecture, Kobe City, Kobe Steel, Ltd., and the Kobe Chamber of Commerce and Industry.
3. Work to be Performed

3.1 Research questions to be addressed

WHO requires the successful bidder, the Contractor, to carry out research that addresses the following research questions.

1. What are the limitations of the existing measurements for monitoring UHC developed by WHO/WB when considering a context in which the population is rapidly ageing or is already at an advanced stage of population ageing?
2. What alternative or complementary approaches to measuring and monitoring UHC are possible that may be more relevant and appropriate to assess how health systems respond to population ageing?
3. What are the implications for UHC monitoring in low- and middle-income countries that are rapidly ageing and are building their health systems to respond to the corresponding change in population health needs?

Applicants are required to elaborate on their research questions in their proposal. Examples of specific research questions include:

a. Considering current WHO/WB measures for monitoring SDG 3.8.1-3,4, how can access to and quality of essential health service coverage be measured in a way that it captures the performance of health systems in delivering effective essential health services in an equitable, integrated, person-centred manner for countries facing rapid population ageing? How can equity in service coverage be measured for the whole population including older persons?
b. Considering current WHO/WB measures for monitoring SDG 3.8.2-5,6, how can financial protection be measured in a way that it captures the performance of health systems in ensuring that older persons, and families caring for older persons, do not suffer financial hardship from health-related spending and social costs (i.e. income loss due to caregiving)? What alternative rationales and methods exist for measuring financial protection for an ageing/aged population considering older persons’ income and expenditure patterns, the role of family/informal caregiving, and the various types of care that older persons rely on for multiple chronic disease management and maintenance of function? How can equity in financial protection be measured for the whole population including older persons?

In addressing the research questions, it is essential to consider the implications for low- and middle-income countries not yet facing rapid population ageing. Based on the research findings, the investigators should articulate the following:

1. The psychometric properties of identified metrics and the applicability (external validity) of those metrics in other settings.
2. The principles for prioritizing and adapting the metrics to be used for UHC monitoring as population ageing progresses in the country.
3. The health information system requirements and resource investments necessary to enable the kinds of measurement and monitoring suggested by the research.

Based on the research findings, the investigators should conclude with recommendations for UHC monitoring at global and national levels that is responsive to rapid population ageing, particularly in low and middle-income settings. They should also identify current gaps in knowledge.

3.2 Research methods to be used

WKC is interested in two different approaches to addressing the research questions outlined in the previous section in order to learn both from the latest scientific research as well as from country experiences.

One possible method is a review of the scientific literature (e.g. scoping or systematic review), a secondary analysis of existing data, or a combination of them. The methods should be designed to have a wide geographic and disciplinary scope for the literature review, and a systematic approach to analyse the findings. The analysis could include a comparison of, or identify a

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debate among, different conceptual or methodological approaches to measuring the key dimensions of UHC and assessing health systems responses to the needs of an ageing population. This should be focused on the broader health systems issues of service access, quality, financial protection and equity, rather than on disease-specific monitoring systems.

A second possible method is a descriptive, comparative case study of two or more countries which may involve reviews of white/grey literature, key informant interviews, and secondary analysis of existing data in order to understand and compare the challenges that countries encountered as population ageing progressed and the solutions they used to adapt their monitoring of health systems performance with respect to the key dimensions of UHC (i.e. effective service coverage, financial protection, equity). In addition to information that directly responds to the research questions, the research should also gather information about the relevant country context including demographic and epidemiologic profiles, policies and programs related to achieving UHC, and the structure of the health information/monitoring system and how it is resourced.

As Japan is simultaneously the most aged country in the world and one of the frontrunners in achieving UHC, WKC strongly encourages researchers from Japan to submit proposals that can offer insights into the experience of Japan and the lessons that can be learned for other countries.

The engagement of research collaborators from low- and middle-income countries is also encouraged to address the relevance and implications of the research to such countries.

Bidders are welcome to propose an original approach or methodology that is fit for the question(s) being addressed.

3.3 Technical requirements

3.3.1 Reporting/Deliverables
The Contractor will be expected to produce the following set of deliverables:
1. Interim project report
2. Drafts of technical paper
3. Final technical paper
4. Final project report

The project report is a brief statement on the progress or final execution of the project including some administrative aspects (e.g. budget implementation, personnel change), while the technical paper is the research output.

3.3.2 Consultation and review process
Prior to finalizing the contract, the successful bidder is expected to consult WKC to finalize and agree on the details of the research protocol, including the specific research questions. If the research protocol involves human research subjects, it must receive approval from both the local institutional review board and the WHO Research Ethics Review Committee (ERC) prior to contracting. Any anticipated changes to the approved protocol at any stage of the project must be discussed with the WKC responsible officer in advance, and if necessary, reported to the WHO ERC.

Each deliverable will be reviewed by the WKC responsible officer. The research protocol and technical paper may also be peer-reviewed by other WHO technical staff and external experts, as necessary and appropriate. The Contractor is expected to comply with the review process and requirements, and respond to comments provided by WHO on the deliverables. All deliverables must be deemed satisfactory by WHO in the end.

4. Budget and timeline
The expected total duration of any individual research project funded under this RFP is for a maximum of 10 months between January and November 2019. Under this RFP, a total amount of US$ 200,000 will be used to fund several successful proposals, not to exceed US$ 50,000 per proposal. The requested budget must be sufficiently justified and commensurate with the scope of work proposed. Value for money will be one of the criteria for the financial evaluation of the proposal.

5. Administrative requirements
Prior to contracting, the successful bidder may be required to submit additional information and documents regarding the signatory entity in order to be compliant with WHO’s Framework for Engagement with Non-State Actors (FENSA). These include a disclosure of involvement with tobacco and arms industries; proof of the legal status/registration; composition of the decision
making body (such as the Board, Council, Assembly); main sources of funding including current funding received by the PI (lists of donors and sponsors); and the constitution/statutes/by-laws and affiliation (subsidiaries or branches) for the signatory entity.

The Contractor will be expected to produce a financial report at the end of the contract period using a standardized form provided by WHO.
# Annex 2: Vendor Information Form

**Company Information** to be provided by the Vendor submitting the proposal

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>UNGM Vendor ID Number:</strong></td>
<td>If available – Refer to WHO website for registration process*</td>
</tr>
<tr>
<td><strong>Legal Company Name:</strong></td>
<td>(Not trade name or DBA name)</td>
</tr>
<tr>
<td><strong>Company Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
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<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
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<tr>
<td><strong>Country:</strong></td>
<td><strong>Zip:</strong></td>
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<tr>
<td><strong>Telephone Number:</strong></td>
<td><strong>Fax Number:</strong></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td><strong>Company Website:</strong></td>
</tr>
</tbody>
</table>

**Corporate Information:**

- **Company mission statement**
- **Service commitment** to customers and measurements used (if available)
- **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) – Please attach reference and contact details

**Staffing information**

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* [http://www.who.int/about/finances-accountability/procurement/en/](http://www.who.int/about/finances-accountability/procurement/en/)

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 Code of Conduct for responsible Research; (iv) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (v) 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.