Strengthening Maternal and Perinatal Database for Improving Quality of Care During Childbirth in Nigeria

Request for Proposals (RFP)

Bid Reference
2018/RHR/MPA/001

Unit Name
RHR/MPA

Purpose of the RFP:

Development of a centralised electronic maternal and perinatal database for improving quality of care during childbirth across 60 Nigerian public and private hospitals

Closing Date:

[30 November, 2018 ]
The World Health Organization (WHO) is seeking offers for the development of a centralised electronic maternal and perinatal database for improving quality of care during childbirth across 60 Nigerian public and private hospitals. 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** the development of a tablet-based data entry platform (software) for the electronic database.

*See attached detailed Terms of Reference for complete information.*

The successful bidder shall be a ☒ for profit / ☐ not for profit institution operating in the field of software development with proven expertise in customizing open source electronic medical record software for maternal and perinatal quality of care improvement activities in hospital settings in low- and/or middle-income countries.

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.

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

- Presentation of your Company / Institution *(please complete Annex 2)*
- Proposed data-entry software/application
- Proposed approach/methodology for its development
- Proposed time line
- Financial proposal – in $US

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 requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than five working days prior to the closing date for the submission of offers:

**Email for submissions of all queries: adanikina@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 30 November, 2018 at 17:00 hours Geneva time ("the closing date"), by email at the following email address:

adanikina@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;
- Annex 2, 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: 2018/RHR/MPA/001.

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:

<table>
<thead>
<tr>
<th>Weighting</th>
<th>Percentage of Total Evaluation</th>
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<tbody>
<tr>
<td>Technical Weighting</td>
<td>75%</td>
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<tr>
<td>Financial Weighting</td>
<td>25%</td>
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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,
Dr Abiodun Idowu ADANIKIN

Annexes

1. Detailed Terms of Reference
2. Vendor Information Form
3. Contractual provisions
Annex 1: Detailed Terms of Reference

Development of a centralised electronic maternal and perinatal database for improving quality of care during childbirth across 60 Nigerian public and private hospitals

MPA unit, Department of Reproductive Health and Research (RHR), WHO HQ, Avenue Appia 20. CH-1211 Geneva 27, Switzerland

Rationale

Nigeria is one of the leading contributors to the global burden of maternal and perinatal deaths. As the country transitions from the millennium development to sustainable development goals era, the lack of reliable maternal and perinatal health data remains a challenge for programme managers, health advocates and policy makers, in meeting the national targets for mothers and new-borns.

In 2016, the World Health Organization (WHO) launched the Quality, Equity and Dignity (“QED”) project in nine countries, including Nigeria, with the aim of halving hospital-based maternal and new-born deaths in five years. Among the quality of care standards expected to be available during childbirth to achieve this objective, is that every mother and new-born has a complete, accurate, and standardized medical record during labour, childbirth and the early postnatal period. For the WHO QED vision to be realised, it is expected that every health facility in the nine ‘first wave’ countries has a mechanism for routine data collection, analysis and feedback as part of its activities for monitoring and improving clinical performance around the perinatal period. Successful implementation of the WHO QED project in Nigeria will depend on continuous gathering of high-quality routine maternal and perinatal data for future assessment of quality improvement strategies.

The outcome of the project would provide useful information to the Nigerian health practitioners and policy-makers on the strengths and weaknesses of the infrastructures and personnel available for obstetric and new-born care in a large network of hospital in Nigeria. The quality of care indicators will identify areas of substandard care which can then be improved upon at facility, state, zonal and national levels. The project will demonstrate the common causes of maternal and perinatal mortality and the avoidable factors that contributed to the deaths which can be used to develop appropriate strategies to improve care and outcomes by policy makers.

It is also anticipated that the lessons learnt from the establishment of this system can be applied to set up similar structures at lower levels of health care delivery in Nigeria, as well as inform the implementation of the WHO Quality, Equity and Dignity [QED] initiative in other low-income and lower middle-income countries.

Objective

The project aims to establish a harmonized electronic database system in a nationwide network of 60 public and private referral level health facilities as a platform for improving quality of maternal and perinatal care, based on routinely collected data during labour, childbirth, and early postnatal period in Nigeria.
General outline of project methods

- This will be a nationwide multicentre project to be implemented across the six geopolitical zones of Nigeria.
- Over a period of one year, women admitted for delivery or within 42 days of delivery or termination of pregnancy at the participating facilities will constitute the target population of the project.
- Medical Records Officers (MRO) dedicated to the obstetric and neonatal units will be trained to capture routine obstetric and perinatal data from the medical records of the women and their babies from the time of admission to hospital discharge using tablet devices.
- In the event of a maternal or perinatal death (stillbirth or early neonatal death), additional information based on the findings of local audit team will be extracted to establish the underlying cause of the maternal or perinatal death and identify associated avoidable factors.
- Individual woman’s data extraction will be closed at the time of hospital discharge or death (whichever happens first) while new-born data extraction will be closed at the time of hospital discharge, death, or 7 days of birth (whichever happens first).
- Data will be exported to a secured central database immediately after closure of routine data extraction for a mother-baby pair.
- The national coordinating unit, Centre for Advanced Medical Research and Training (CAMRAT) at the College of Health Sciences, Bayero University, Kano, Nigeria will analyse the database by facility, state, regional, and national levels and provide regular feedback to participating health facilities and ministries of health to improve the quality of maternal and perinatal care.

Specific tasks

WHO requires the successful bidder, the Contractor, to:

1. To develop a customized **open source** tablet-based data entry platform (software) with the following features:
   a. Easy to use i.e. user-friendly interface
   b. Can be used by medical record staff with minimal training
   c. Allow instantaneous data transfer once data is closed (if online)
   d. In locations with poor internet connectivity, allows data capture offline and efficient syncing whenever online
   e. Effectively aggregates data to a central database
   f. Allows data capture on any type of device, including desktops, laptops, tablets, and smartphones
   g. Permits easy generation, aggregation and visualization of maternal and perinatal statistics as charts (with trendlines, baselines and target lines), tables, and reports which can be downloaded as images or pdf
   h. Allow data transfer to Excel data sheet and other common analytical software
   i. Allow the inclusion of validity rules to minimise data entry errors
   j. Flexible for future reduction or addition of information and with capacity for software updates (e.g. expansion to antenatal and postnatal period and community level data collection in the future)

*National coordinating unit will procure the data entry tablets.*
*Kindly indicate in your proposal the specification of the tablet suitable for the data entry platform. Tablets that are readily available for local procurement in Nigeria are preferred.*
2. To provide training on the use of the data entry platform to hospital coordinators and medical record officer (MRO). This will include:

   a. 1-2 day training of national coordinating unit and the regional coordinators in Abuja, Nigeria (approximately 12 participants)

   b. 1-2 day data entry training of hospital coordinators and MROs in each of the six geopolitical zones of Nigeria (approximately 25 participants per training workshop)

   *National coordinating unit will be responsible for the venue arrangements and transportations of designated local attendees.

3. To provide technical (IT) support locally for optimal maintenance of the database throughout the project period.

The network of hospitals

North central region: University of Ilorin Teaching Hospital; University of Abuja Teaching Hospital; Jos university Teaching Hospital; National Hospital Abuja; Dalhatu Araf Specialist Hospital Lafia; Federal Medical Centre Keffi; Federal Medical Centre Lokoja; Federal Medical Centre Makurdi; Federal Medical Centre Bida; Nisa Premier Hospital Abuja; Livingstream Hospital Gwagwalada.

Northwest region: Federal Medical Centre Kastina; Federal Medical Centre Birnin Kebbi; Federal Medical Centre Birnin Kudu; Federal Medical Centre Gusau; Utman Danfodio University Teaching Hospital; Aminu Kano Teaching Hospital Sokoto; Ahmadu Bello University Teaching Hospital Zaria; Kaduna State University Teaching Hospital; Murtala Mohammed Specialist Hospital Kano; Standard Specialist Hospital Kano; Garkuwa Hospital Kaduna

Northeast region: Abubakar Tafawa Balewa University Teaching Hospital Bauchi; Federal Medical Centre Jalingo; Federal Medical Centre Yola; Federal Medical Centre Gombe; University off Maiduguri Teaching Hospital; Federal Medical Centre Nguru; Borno Medical Clinics Maiduguri; Jewel Hospital Bauchi; Al Amin Hospital Bauchi

Southwest region: Obafemi Awolowo University Teaching Hospital Ile-Ife; Lagos State University Teaching Hospital Ikeja; Lagos University Teaching Hospital Idu Araba; Ladoke Akintola University Teaching Hospital; Federal Medical Centre Abeokuta; Federal Medical Centre Owo; University College Hospital Ibadan; Federal Teaching Hospital Ido Ekiti; Olabisi Onabapo University Teaching Hospital Sagamu; Babcock University Ilishan Remo; R Jolad Hospital Ikeja; Mother and Child Hospital Ondo; Diamond Cross Medical Centre Abeokuta

South-south region: University of Benin Teaching Hospital; University of Uyo Teaching Hospital; University of Calabar Teaching Hospital; Delta State University Teaching Hospital; Federal Teaching Hospital Irrua; University of Portharcourt Teaching Hospital; St Catherine Hospital Portharcourt, St Philomena Catholic Hospital Benin; Faith Mediplex Hospital Benin

Southeast region: Federal Teaching Hospital Abakaliki; Federal Medical Centre Owerri; Nnamdi Azikiwe Teaching Hospital Nnewi; Enugu State University Teaching Hospital; University of Nigeria Teaching Hospital Enugu; St Patricks Hospital Enugu; Bishop Shanahan Hospital Nsukka
Characteristics of the Contractor

**Essential**

The contractor shall be an institution or a company operating in the field of electronic medical record development and health care data management for clinical research and quality improvement strategies, with proven expertise in development and maintenance of multicentric databases in low-resource settings.

**Desirable**

Previous work with WHO, other international organizations and/or major institutions in the field of electronic medical record software development and health care data management would be an added advantage.

**Duration of contract**

15 December 2018 – 30 April 2020

*Six weeks – for software (data entry platform) development
*12-15 months: in-country technical supports *(as deemed necessary)*

**Deliverables**

- Early prototype of the data entry platform – 31 January 2019
- Finalized development of data entry platform – 15 February 2019
- Training of national coordinating unit – 22 February 2019
- Pre-testing of data entry platform – 1 March to 30 April 2019
- Database successfully launched at all hospital sites – 1 May 2019
- Remote and in-country 12 month technical support, if needed – 1 May 2019 to 30 April 2020

*Timelines are subject to negotiation with WHO*

**Contact During the Contract**

Dr Abiodun ADANIKIN (adanikina@who.int) and Dr Olufemi OLADAPO (oladapoo@who.int), Maternal and Perinatal Health and Preventing Unsafe Abortion, Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland.

**Payment Schedule**

- Upon signature 20%
- Upon receipt of early prototype of the data entry platform: 20%
- Upon receipt of final customized data entry platform: 30%
- Completion of training and pre-testing of data entry platform: 20%
- Technical IT support: up to 10% value of award
Annex 2: Vendor Information Form

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

* [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.