

Request for Proposals
SHORT-TERM INSTITUTIONAL SERVICE CONTRACT

PART I	
Purpose of Assignment	Technical assistance for estimating costs of inaction to reach zero dose and under vaccinated children in Kosovo.
Location of Assignment	Home based with travel to Kosovo (tentatively 1 in-country workshop)
Duration of contract	3 months
Reporting to:	Health and Nutrition Officer, UNICEF Kosovo

Background

Middle-Income Countries (MICs)¹ account for 69% of zero-dose children² and 67% of vaccine-preventable deaths. By 2030, most of the world’s under-vaccinated children will live in disadvantaged communities in middle-income countries. The COVID-19 pandemic impacted vaccination coverage in the European and Central Asia region. Nearly 1 million children in ECARO missed all or some vaccines, which put them at risk of contracting infectious diseases.

In **Kosovo**, recent programme performance reflects similar challenges. While the country has successfully introduced **PCV, HPV and rotavirus vaccines** with strong uptake, routine antigen performance has declined:

- DTP3 coverage decreased to approximately 80% (2024)
- MCV1 declined to approximately 89%
- Over 60 measles cases were reported in 2025, indicating active transmission

In addition, dropout between DTP1 and DTP3 exceeds 16% nationally, with more than one-third of districts reporting dropout rates above 20%. Significant equity gaps persist, particularly among Roma, Ashkali and Egyptian communities, where full immunization coverage remains far below the national average (MICS 2020).

Kosovo also faces system sustainability challenges, including limited constrained financing for programme operations beyond vaccine procurement.

Rationale:

Kosovo is now at a **critical turning point**. Without corrective action, declining routine coverage, high dropout, delayed vaccination and measles transmission risk eroding recent gains and increasing avoidable health, economic, and social costs.

While significant investments are being made in vaccine procurement, there is currently no country-specific economic evidence demonstrating the cost of under-vaccination or the financial benefits of reaching zero-dose and under-vaccinated children. This limits the ability of the Ministry of Health to advocate for sustained and increased domestic financing and justify the expansion of the EPI by developing and adopt a fully costed National Immunization Strategy (NIS) 2027–2032

The COI will serve as a foundational policy tool to support strategic planning, financing, and equity-focused immunization reforms in line with Immunization Agenda 2030.

¹ For the 2021 fiscal year, the World Bank defines lower middle-income countries (LMICs) as economies with a gross national income (GNI) per capita, calculated using the World Bank Atlas method, of between US\$1,036 and US\$4,045 and upper middle-income countries (UMICs) as those with a GNI per capita of between US\$4,046 and US\$12,535

² Zero-dose children defined as number of surviving infants not receiving DTP1

A special focus will be on strengthening political commitment to routine immunization by developing and implementing targeted advocacy strategies. To support these efforts, UNICEF will examine immunization budgeting and analyze the financial implications of reaching un- and under-vaccinated children. Additionally, UNICEF will estimate the cost of inaction if all children are not reached with vaccination.

UNICEF seeks to engage an international institution to analyze data from relevant countries and generate estimates on the “cost of inaction” for not reaching zero-dose and under-vaccinated children in Kosovo. The institution will also predict the budgetary requirements for reaching all un- and under-vaccinated children. This work requires specialized skills and requires the expertise of a team, consisting at least of an experienced public health expert and a health economist with extensive experience in planning, budgeting, and financing of health and social services at the international and national levels, and with proven experience in developing technical documents and evidence analysis for knowledge generation.

This work will support the design of acceleration reforms related to Health Systems Strengthening to reach zero dose children in line with Immunization Agenda 2030, strengthen the delivery of routine immunization services, as well as promoting increased coverage and health system responsiveness and resilience through strengthened PHC.

Objectives, Purpose & Expected Results

The purpose of this assignment is to estimate the health, social, educational, and economic costs of inaction in reaching zero-dose and under-vaccinated children from Kosovo. These costs should then be compared with the budgetary requirements for improving immunization programme over the next five years. The analysis should also identify key budgeting challenges and provide recommendations for potential solutions to ensure the financial sustainability of the immunization program.

Objectives:

- Estimate the impact and costs of inaction, both in terms of health, educational, social outcomes and economic implications, resulting from not fully vaccinating children in the target countries.
- Highlight the positive financial implications of immunization by demonstrating the potential cost savings and economic benefits of fully vaccinating children and communities.
- Develop evidence-based recommendations for accelerating the reduction of zero-dose and under-vaccinated children, aligned with the Immunization Agenda 2030 and country-specific immunization strategies. The recommendations should address financial sustainability and propose solutions for overcoming budgetary and financial challenges.

The institution will identify, quantify and measure the negative effects from zero dose or not fully vaccinate children. These can be broad ranging and include health impacts, education impacts and social impacts, and consequences for labour-force depending on the perspective, and audience for the work. The cost of inaction calculates the costs of doing nothing in terms of lives lost or morbidity and economic loss. The difference between the net benefits of the program and the costs of doing nothing is what is called “the costs of inaction” (World Bank, 2013 Blog).

Additionally, the assignment will provide evidence to support advocacy efforts at country levels, urging national stakeholders and development partners to prioritize routine immunization and primary healthcare services for zero-dose and under-vaccinated children. The goal is to foster a unified commitment to achieve the Immunization Agenda 2030, reduce the number of zero-dose children, and ensure equitable access to life-saving vaccines for all children in the region, regardless of their social or economic status.

Expected results: country package, which will include cost of inaction data of not reaching unvaccinated children; financial savings from immunization to demonstrate the long-term value of investing in immunization programs;

advocacy briefs based on the assessment and budgetary needs to enhance immunization services in the next five years, including identified budget challenges and potential solutions to address them.

Geography scope: The work will be done in Kosovo.

Description of the Assignment

The purpose of the assignment has four components:

Step 1: Desk review: collect and compile data for situational analysis and identification of appropriate actions against which cost of inaction is to be evaluated. This includes immunization related public health expenditure with identification of the specific factors and challenges leading to the decline in immunization coverage among zero-dose and under-vaccinated children in each country. The scope of work will require development of a conceptual framework and development of appropriate methodology and tools for the analysis, considering the impact of the COVID-19 pandemic on immunization rates. The Institution will conduct a review of available global and regional guidelines and knowledge products, tools, national health, and development strategies relevant to Routine Immunization and Zero Dose Children.

Step 2: Impact and cost of inaction estimates

The impact of no action could be estimated taking into account following factors:

- **Increased disease burden:** Unvaccinated or under-vaccinated individuals are more susceptible to infectious diseases, leading to outbreaks and increased disease burden in communities. These outbreaks can result in illness, hospitalizations, and even deaths, leading to additional healthcare costs.
- **Healthcare costs:** Vaccine-preventable diseases can lead to increased healthcare costs, as treatment and care for these illnesses can be expensive. Treating preventable diseases places a strain on healthcare systems, leading to higher medical expenditures for both individuals and governments.
- **Loss of productivity:** When individuals fall ill due to vaccine-preventable diseases, they may be unable to work or attend school. This can result in lost productivity for individuals, families, and businesses. Additionally, parents may need to take time off work to care for sick children.
- **Strain on Healthcare Infrastructure:** Large-scale outbreaks can overwhelm healthcare facilities and resources, making it challenging to provide timely and adequate care to patients. This can result in delayed medical services and reduced quality of care for both vaccinated and unvaccinated individuals.
- **Education disruptions:** Outbreaks of vaccine-preventable diseases can lead to temporary school closures or disruptions. This affects students' learning, and the time spent away from school can have long-term consequences for their education.
- **Societal costs:** Infectious disease outbreaks can cause fear and anxiety among the population, leading to a decline in public trust in health authorities and the healthcare system. This can result in reduced adherence to other public health measures and vaccination programs in the future.
- **Public Health Costs:** When outbreaks occur, public health authorities must respond with costly measures such as contact tracing, quarantine, and isolation to control the spread of the disease. These interventions can strain public health resources and budgets.
- **Economic impact on households:** The financial burden of treating preventable diseases can push households into poverty, especially in lower-income countries where families might need to pay for treatment out-of-pocket. This can result in long-term economic hardship and reduced quality of life.
- **Analyse and present the financial savings from immunization:** In addition to estimating the costs of inaction, assess and document the financial savings achieved through immunization. This includes reduced healthcare costs from prevented diseases, economic benefits from a healthier population, and productivity gains. These savings will be included in the country packages to demonstrate the long-term value of investing in immunization programs.

The increase in disease cases and risk of outbreaks should be estimated using existing vaccine impact models. This could for instance be the LiST tool (<https://www.livessavedtool.org/>) or other models used by the Vaccine Impact Modelling Consortium (<https://www.vaccineimpact.org/aboutus/>). To keep it manageable, the analysis can be limited to only a selection of vaccines (e.g. DTP, MMR, PCV). Calculate the economic costs associated with the increase in disease cases, including healthcare expenditures and potential productivity losses. Each disease case should be attached treatment costs, both from the viewpoint of the Government and households. Cost estimates should be derived from best available data, including the published literature and household surveys. For this propose the contractor will work closely with country offices and relevant government focal points. The contractor will do Quality Assurance of the utilisation of impact models.

Step 3

Budget impact of increasing vaccination coverage – Strategies for increasing vaccination coverage should be developed in collaboration with country counterparts. A thorough review of the existing immunization budget. Additionally, an analysis of the budget impact of implementing the proposed strategies will be completed, providing a clear understanding of the financial implications and ensuring that recommendations are feasible and sustainable.

Step 4

Development of cost of inaction report and one county brief, including policy recommendations to accelerate reduction in zero dose and under-vaccinated children in line with the goals set under Immunization Agenda 2030, European Immunization Agenda 20203 and relevant country Strategies. Based on the data analysis and evidence insights, the deliverable will provide actionable policy recommendations. These recommendations will be context-specific, tailored to country's unique challenges and opportunities.

Step 5

Develop advocacy package for reaching Zero Dose Children through cost evidence identified in the costing exercise for advocacy. These packages should raise awareness among policymakers, donors, and stakeholders about the urgency of addressing immunization gaps and will emphasize the importance of long-term investment in routine immunization and primary healthcare services.

Step 6

In country workshop on presentation of the costing tools, methodology and results (no logistics included, only technical assistance with travel of one or two specialists from the supplier). The contractor and UNICEF CO will organize a country workshop for relevant government stakeholders to discuss costing tools, methodologies, and processes. The workshop will emphasize impact and cost assessment methodologies, as well as the interpretation of results and evidence-based decision-making. Participants will acquire valuable insights and practical skills that will enhance their ability to plan and analyze immunization programs effectively. This collaborative learning experience will foster knowledge exchange and strengthen the capacity of stakeholders to implement data-driven strategies in their immunization efforts. No costs for logistics should be included.

Step 7

The contractor will prepare a peer-reviewed scientific article based on the UNICEF ECAR Cost of Inaction assessment. This step will include drafting a full manuscript following international public health journal standards with submission to a reputable peer-reviewed public health journal.

Step 8 – Development of an Online Interactive COI Interface

The contractor will develop a web-based interactive interface (Shiny app or equivalent) featuring the Cost of Inaction model for other countries from ECAR.

This tool will allow users to simulate and display the health outcomes, cost of inactions or economic burden, economic losses averted and return on investment (ROI)

The app should be designed for Policymakers, Ministry of Health & Finance, and development partners
The tool should be user-friendly and web-hostable

Step 9 – Development of an offline tool (e.g. Excel-Based COI Calculator)

The contractor will develop a stand-alone Excel-based calculator to estimate disease impact; health system costs; household economic losses; productivity losses; overall cost of inaction and immunization ROI

The calculator will be fully transparent and adjustable, and will allow MoH and partners to update the inputs, and serve as a long-term national planning tool

By conducting this assignment, we aim to equip decision-makers with evidence-based insights and actionable recommendations to address immunization challenges and protect the health and future of children in the ECARO region. Through targeted efforts and investments, we aspire to close the immunization gap and work towards achieving the Immunization Agenda 2030, Sustainable Development Goals, and Health for All.

The contractor is expected to Facilitate knowledge exchange within Europe and Central Asia and beyond.

Deliverables

Deliverable #1: Inception report and methodological framework

The team will present the desk review report, which include the scope, conceptual framework, the methodology and tolls for costing exercise. It will provide a comprehensive plan for data collection, analysis, and engagement with country counterparts, ensuring a systematic and evidence-based assessment.

Deliverable #2: Cost of inaction reports and recommendations for accelerating reduction of zero dose and under vaccinated children in the respective countries.

This deliverable should present the findings of the cost of inaction assessment, quantifying the economic impact of not reaching zero-dose and under-vaccinated children in the selected ECARO countries. The report will include a thorough analysis of the negative effects on economic, health, education, and social well-being due to missed vaccinations, highlighting potential economic losses and health system burdens. Financial savings from immunization to demonstrate the long-term value of investing in immunization programs should be part of the report as well.

Deliverable #3: Advocacy packages for relevant countries. Based on costing of inaction and investment cases, the contractor will prepare brief advocacy packages for each country. Tailored advocacy packages will be developed for each selected country and one for region, presenting the evidence from the cost of inaction assessment in a compelling format. The packages will include clear recommendations and strategies to accelerate immunization efforts, address budget challenges, and enhance immunization services.

Deliverable #4: The contractor will organise a regional workshop for relevant country offices and relevant Government stakeholders on the costing tools and methodology and process. The workshop will focus on impact and cost assessment methodologies, interpretation of results, and evidence-based decision-making. Participants will gain valuable insights to inform their immunization program planning and analysis. No costs for logistics should be included.

Deliverable #5: Peer-Reviewed Scientific Article

A full scientific manuscript submitted to a recognized public health journal, presenting the Kosovo Cost of Inaction methodology and findings.

Deliverable #6: Online Interactive COI Interface

A web-based interactive platform allowing policymakers and partners to explore the immunization cost of inaction model and financing scenarios.

Deliverable #7: Offline COI Calculator

A fully functional offline tool for estimating disease impact and economic cost of inaction, including user guidance documentation.

Deliverables, timelines and payment schedule

Deliverables	Number of working days	Schedule of Payment
1. Detailed Inception Report (IR) in English	Estimated 10 working days	10%
2. Costing of inactions reports with recommendations	Estimated 20 working days	40%
3. Advocacy briefs	Estimated 5 working days	20%
4. In country workshop	Estimated 5 working days	10%
5. Peer-Reviewed Scientific Article	Estimated 10 working days	5%
6. Online Interactive COI Interface	Estimated 15 working days	10%
7. Offline COI Calculator	Estimated 10 working days	5%
Total	65 days	100%

The timeframes are negotiable. Subcontractor should reflect the proposed timeframe in the workplan as a part of the application. Once contract is signed deliverables schedule may be shifted upon mutual decision between UNICEF and Institutional service contractor prior to its occurrence but should stay within the overall duration of the project.

The institutional service contractor should propose a timeline to submit the deliverables in their implementation plan (in proposals). UNICEF will issue a contract in US Dollars (USD). The payment will be made upon the delivery of the requested outputs as specified in the Contract.

Challenges and risks:

1. Information on financial data might be limited or difficult to access.

Reporting Requirements

Institutional service contractor should submit the following reports:

- Inception Report
- Draft and Final cost of no action and investment case reports
- Country advocacy briefs
- Short workshop report (upon the completion of the workshops)

All documentation should be submitted electronically, in English, to Alexei Ceban, immunization specialist (aceban@unicef.org) and Fatima Cengic, regional immunization specialist (fcengic@unicef.org)

Qualification Requirements

UNICEF is seeking to hire the institutional service contractor, fulfilling the following requirements:

- Five (5) years of relevant experience in health economics, financing, modelling, costing, with experience of public health, or health system systems strengthening.

- Experience of working in health systems, immunization, maternal and child health or primary health care is an asset.
- Previous experience of working with UNICEF or other UN agencies is an advantage
- Potential institutional service contractors shall provide evidence of their capacity in terms of the above.
- The Institutional service contractor shall provide CVs of a minimum leadership team: Team Leader, Key Experts.
- The proposed team must correspond to the minimum criteria – team composition and minimum experience of the proposed staff.

Leadership Team:

- Master's or equivalent degree in Health Economics or other area related to costing, public health, health system strengthening, health management or related fields. (for Team Lead).
- At least 5 years of experience in project management (for Team Lead).
- Experience of working with the Ministry of Health, Finance and Planning at national and international levels is required (for Experts).
- Familiarity with Immunization Agenda 2030, Health Systems Strengthening, and Health Care Financing and Budgeting is preferred (for Experts).
- Proven experience in developing costing, investment cases, advocacy papers in the area of immunization (for Experts)
- Fluent English languages (for Team Lead).
- Previous work experience undertaking similar assignment is an asset (for all).

In case of deviation, the offers may be considered technically not compliant.

Evaluation process and methods

Technical Evaluation:

First, the Technical Proposals will be evaluated. The Technical Proposal was allocated a total possible score of 70 points (pt) using following criteria. Technical Proposals receiving 49 points or higher, will be considered technically responsive and the Price Proposal will be opened. Proposals which are considered not technically compliant and non-responsive, will not be given further consideration.

The following documents should be included in the technical proposals of the bidders:

- a) A complete copy of your latest audited financial statements with comparative figures for the last 2 years, preferably signed by your company's accounting firm/ certified external auditor.

The financial statements are to include, but not limited to, the following:

1. Balance sheet (mandatory)
 2. Income statement/ Profit and Loss Statement (mandatory)
 3. Statement of cash flows (if available)
 4. Statement of changes in shareholders' equity (if available)
 5. The report from the external auditor (if available)
 6. Notes to the financial statements (if available)
- b) A copy of your company's certificate of legal registration (mandatory)
 - c) A copy of your Official list of authorized signatures (mandatory)
 - d) Your company's UN Global Marketplace (UNGM) registration number (mandatory). You are kindly requested to register for, at the very latest, Basic and Level 1 stages. For registration and instructions on how to, kindly refer to the attachment or the UNGM site: www.ungm.org/RegistrationProcess

ITEM	TECHNICAL EVALUATION CRITERIA	MAX OBTAINABLE POINTS
1	Organization’s experience in relevant studies, surveys, assessments	20
1.1	<ul style="list-style-type: none"> • <i>The number of similar studies, surveys, assessments (4 or more -5 pt, 3 – 4 pt, 2 – 3 pt, 1 – 2 pt.)</i> • <i>Relevance of studies, surveys or assessments to the ToR</i> 	5
1.2		15
2	Appropriate methodology and plan of action according to the ToR:	30
2.1	<i>Brief technical approach and methodology, including quality assurance (3 pages)</i> <i>Detailed workplan</i>	20
2.2		10
3	Experience of staff that will work on the project	20
3.1	<i>Relevance of education</i> <i>Experience in the relevant studies, assessments as per TOR</i>	10
3.2		10
TOTAL TECHNICAL SCORE		70
TOTAL FINANCIAL SCORE		30
SUMMARY OF TECHNICAL & FINANCIAL SCORE		100

Minimum technical score: 49 points

FINANCIAL EVALUATION (30 points)

Only those financial proposals from bidders, who submitted technically acceptable technical offers according to the above criteria will be opened. The Financial proposal will be weighted based on the clarity and appropriateness.

The price should be broken down for each component of the proposed work. The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Score for price proposal } X = \frac{\text{Max. Score for price proposal (30 points)} * \text{Price of lowest priced proposal}}{\text{Price of proposal } X}$$

Evaluation weighting criteria:

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both technical and financial aspects. UNICEF first reviews the technical as aspects of the offer, followed by review of the financial offers of the technically compliant consultancy. The proposal obtaining the highest overall score after adding the scores for the technical and financial proposals together, that offer the best value for money will be recommended for award of the contract.

Cumulative Analysis will be used to evaluate and award proposals: technical (max. 70 points) and financial (Max. 30 points).

Application process:

Bidders are expected to submit to UNICEF before 22 January at 15:00 (GET) via email to: prishtina@unicef.org the following documents:

1. Technical proposal. The minimum content for the technical proposal is:

- Company's profile

The full name of organization	
Date of foundation	
Address	
Area of interest.	
The total number of staff	
The number of personnel involved (positions), including interviewers	
Description and composition of the field team	

- CVs of all proposed team members for this consultancy
- Technical proposal. The minimum content for the technical proposal is:
 - Main objectives
 - A list of three contacts for references from different projects for the last three years.
 - Proposed quality control mechanisms (risks and mitigating measures)
 - Workplan, explaining how much time will be required for each task with a clear division of labor with person/day calculations per team member
 - A list of three contacts for references from different projects for the last three years.
 - The list of company's implemented projects (surveys, studies) relevant to the topic. The list should include the name of clients; the names of projects; the duration of projects; links to reports if they are publicly available.
 - Brief technical approach and methodology according to RFP, (5 pages maximum) including risk mitigation measures. Methodological brief should outline technical possibility to answer on key monitoring questions: What and How much?; Who?; Why and What?

2. Financial proposal

Financial proposals should be submitted in separate emails from the remaining documents. After the technical evaluation, the financial proposals of qualified bidders will be evaluated.

Institutional arrangements / Copy Right

Reservations:

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is/are incomplete, not delivered or for failure to meet deadlines.

The study will remain the copyright of UNICEF. Any future use of the data should be acknowledged to the actual source. The company may not use the data for its own research purposes, nor license the data to be used by others, without the written consent of all parties listed above.

Confidentiality, intellectual property and other proprietary rights are governed by Article-5, Annex-A General Terms and Conditions for Services of the RFPS document. Please see below the excerpt for ease of reference:

QUOTE:

5. Intellectual Property and Other Proprietary Rights; Data Protection; Confidentiality

Intellectual Property and Other Proprietary Rights

5.1 Unless otherwise expressly provided for in the Contract:

- (a) Subject to paragraph (b) of this Article 5.1, UNICEF will be entitled to all intellectual property and other proprietary rights including but not limited to patents, copyrights and trademarks, with regard to products, processes, inventions, ideas, know-how, documents, data and other materials (“Contract Materials”) that (i) the Contractor develops for UNICEF under the Contract and which bear a direct relation to the Contract or (ii) are produced, prepared or collected in consequence of, or during the course of, the performance of the Contract. The term “Contract Materials” includes, but is not limited to, all maps, drawings, photographs, plans, reports, recommendations, estimates, documents developed or received by, and all other data compiled by or received by, the Contractor under the Contract. The Contractor acknowledges and agrees that Contract Materials constitute works made for hire for UNICEF. Contract Materials will be treated as UNICEF’s Confidential Information and will be delivered only to authorized UNICEF officials on expiry or termination of the Contract.
- (b) UNICEF will not be entitled to, and will not claim any ownership interest in, any intellectual property or other proprietary rights of the Contractor that pre-existed the performance by the Contractor of its obligations under the Contract, or that the Contractor may develop or acquire, or may have developed or acquired, independently of the performance of its obligations under the Contract. The Contractor grants to UNICEF a perpetual, non-exclusive, royalty-free license to use such intellectual property or other proprietary rights solely for the purposes of and in accordance with the requirements of the Contract.
- (c) At UNICEF’s request, the Contractor will take all necessary steps, execute all necessary documents and generally assist in securing such proprietary rights and transferring them (or, in the case, intellectual property referred to in paragraph (b) above, licensing) them to UNICEF in compliance with the requirements of the applicable law and of the Contract.

Confidentiality

5.2 Confidential Information that is considered proprietary by either Party or that is delivered or disclosed by one Party (“Discloser”) to the other Party (“Recipient”) during the course of performance of the Contract or in connection with the subject matter of the Contract will be held in confidence by the Recipient. The Recipient will use the same care and discretion to avoid disclosure of the Discloser’s Confidential Information as the Recipient uses for its own Confidential Information and will use the Discloser’s Confidential Information solely for the purpose for which it was disclosed to the Recipient. The Recipient will not disclose the Discloser’s Confidential Information to any other party:

- (a) except to those of its Affiliates, employees, officials, representatives, agents, and sub-contractors who have a need to know such Confidential Information for purposes of performing obligations under the Contract; or
- (b) unless the Confidential Information (i) is obtained by the Recipient from a third party without restriction; (ii) is disclosed by the Discloser to a third party without any obligation of confidentiality; (iii) is known by the Recipient prior to disclosure by the Discloser; or (iv) at any time is developed by the Recipient completely independently of any disclosures under the Contract.

5.3 If the Contractor receives a request for disclosure of UNICEF’s Confidential Information pursuant to any judicial or law enforcement process, before any such disclosure is made, the Contractor (a) will give UNICEF sufficient notice of such request in order to allow UNICEF to have a reasonable opportunity to secure the intervention of the relevant national government to establish protective measures or take such other action as may be appropriate and (b) will so advise the relevant authority that requested disclosure. UNICEF may disclose the Contractor’s Confidential Information to the extent required pursuant to

resolutions or regulations of its governing bodies.

5.4 The Contractor may not communicate at any time to any other person, Government or authority external to UNICEF, any information known to it by reason of its association with UNICEF that has not been made public, except with the prior written authorization of UNICEF; nor will the Contractor at any time use such information to private advantage.

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