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Terms of Reference | Regional consultant for market intelligence activities - Francophone West Africa

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1. Context.

1.1. General.

As part of its Multiannual Indicative Programme (MIP) 2021–2027, the European Union (EU) and its Member States are supporting investments in health sectors to promote local manufacturing and access to essential health technologies.

On May 21, 2021, the President of the European Commission announced the Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (MAV+). This initiative aims to strengthen African pharmaceutical systems and manufacturing capacity to ensure access to essential vaccines, medicines, and health technologies that are safe, effective, high-quality, and affordable for all.

Backed by a €1 billion commitment from the EU (plus additional support from European development finance institutions and Member States), the MAV+ initiative takes a comprehensive approach across key areas: developing the pharmaceutical market, improving public-private coordination, strengthening regulatory systems, fostering technology transfer and R&D, building human resource capacity, and enhancing supply chains and industrial development.

Partnership with the African Union (AU) and its institutions – notably Africa CDC and the Platform for Harmonized African Health Manufacturing (PHAHM) – is a cornerstone of MAV+, ensuring alignment with continental strategies.

1.2. Africa's pharmaceutical market landscape.

Africa's pharmaceutical market presents both significant growth potential and systemic challenges. The continent's pharma market is valued at approximately USD 65 billion, yet Africa (with ~17% of the world's population) accounts for only about 3% of global medicine production. Consequently, an estimated 70–80% of African pharmaceutical needs are met through imports, primarily from the EU, India, and China. This heavy import dependency leaves African countries vulnerable to global supply chain disruptions and price volatility.

The market is also highly fragmented, with disparate national procurement systems and a lack of economies of scale leading to inconsistent pricing and affordability gaps across countries. Many countries have inadequate infrastructure, weak regulatory oversight, and limited financial resources, resulting in frequent stockouts and uneven access to essential

medicines. Donor-funded programs by global health initiatives have improved access in the short term but often via vertical, fragmented approaches that do not build sustainable, integrated supply chains.

Intra-African pharmaceutical trade remains limited – over 50% of Africa's few pharmaceutical exports go to other African countries – reflecting the need for better regional integration. However, new opportunities such as the African Continental Free Trade Area (AfCFTA) offer a path forward through trade harmonization, pooled procurement, tariff reductions, and financing tools to support local production.

In this context, Africa CDC is spearheading the establishment of the African Pooled Procurement Mechanism (APPM), a flagship initiative under the Platform for Harmonized African Health Manufacturing (PHAHM). Still in its setup phase, the APPM aims to consolidate demand across Member States for medical products, reduce fragmentation, increase price transparency, and improve negotiating power with suppliers. By leveraging pooled procurement at continental or regional level, the APPM is expected to enhance access to affordable, quality-assured health products and create a more predictable market for local manufacturers. This initiative aligns closely with the goals of MAV+ and contributes to building a coherent, locally driven African pharmaceutical ecosystem that reduces import dependence and strengthens health system resilience.

1.3. Rationale for the action.

Given the fragmentation and vulnerabilities in Africa's medicine market, there is a clear need for coordinated market intelligence and data-driven planning to inform interventions. Strengthening local production and regional supply requires robust data on demand, supply, and trade flows to guide policy and investments.

Under the MAV+ initiative, the Team Europe Support Structure (TESS) – in collaboration with Africa CDC – is spearheading a coordinated intelligence framework to address these needs. A key component of this strategy is the development of a Demand/Supply/Trade (DST) Toolkit, which will be used to systematically collect and analyze country-level data. The DST Toolkit provides a standardized methodology, endorsed at the continental level, to ensure coherence and comparability across countries.

By capturing indicators on health product demand, local production vs. imports, procurement mechanisms, and supply chain characteristics, the toolkit generates evidence to identify gaps and opportunities. This data will inform strategic decision-making by Africa CDC, national authorities, and partners, and support policy development

aligned with African Union objectives—such as promoting local manufacturing, increasing procurement efficiency, and improving intra-African trade.

Crucially, the DST Toolkit will also serve as a foundational resource in support of the African Pooled Procurement Mechanism (APPM), which is currently being established under Africa CDC's Platform for Harmonized African Health Manufacturing (PHAHM). The APPM aims to aggregate demand across Member States, enhance visibility on procurement needs, and leverage collective purchasing power to secure affordable, quality-assured medical products. Reliable and standardized market intelligence is essential for the effective functioning of the APPM, which will rely on accurate data to design procurement strategies, inform supplier negotiations, and build a transparent, evidence-based system.

In sum, this action is rooted in the rationale that better market intelligence will enable better decision-making and more effective coordination of efforts—both at national and regional levels—to strengthen Africa's pharmaceutical market and support key mechanisms such as the APPM.

1.4. Assignment.

Within this context, the **assignment** is to deploy the DST Toolkit in Cluster 2: Francophone West Africa (Senegal and Ivory Coast) as part of 18 pilot African countries under the TESS MAV+ initiative. This Terms of Reference outlines the engagement of a **Regional Consultant for Market Intelligence** in Senegal and Ivory Coast who will collect and analyze pharmaceutical market data and provide actionable insights for both national and continental use

Through this assignment, Senegal and Ivory Coast will benefit from a detailed assessment of its pharmaceutical sector and will contribute to the wider Team Europe effort to reduce market fragmentation and import dependency in Africa. The mission is expected to produce a comprehensive analytical report on Senegal and Ivory Coast's pharmaceutical market and facilitate knowledge-sharing with stakeholders, thereby informing national strategy and aligning it with regional initiatives under MAV+. Specific objectives and expected results of the assignment are detailed below.

2. Mission.

2.1. Context of the mission.

Senegal and Ivory Coast have been selected as **pilot countries (front-runner)** for the deployment of the DST Toolkit, given its strategic potential in the African pharmaceutical landscape. Africa CDC, in collaboration with TESS, is leading the rollout of the DST Toolkit in front-runner countries like *Senegal and Ivory Coast* to gather standardized data and validate this approach before a broader continental implementation.

The mission in *Senegal and Ivory Coast* will be carried out in close coordination with national stakeholders – including the Ministry of Health, national regulatory authority, public procurement agencies, local pharmaceutical manufacturers/distributors (if present), and major importers or donor programs. This ensures that data collection leverages existing information and engages those who manage *Senegal and Ivory Coast*'s medicine supply chains.

The mission aligns with Africa CDC's vision under PHAHM to harmonize African health markets, and with the objectives of AfCFTA to improve intra-African trade in health products. By participating in this pilot, *Senegal and Ivory Coast* will not only receive a tailored analysis of its market but also contribute to a **continental dataset** that highlights common enablers and bottlenecks across Africa.

Ultimately, the mission's context is one of partnership between *Senegal and Ivory Coast*, Africa CDC, and Team Europe – working together to build a strong, data-driven foundation for strengthening local pharmaceutical production and access to medicines in Africa.

2.2. Objectives and expected results.

2.2.1. Mission objectives.

The **overall objective** of the mission is to generate high-quality market intelligence for *Senegal and Ivory Coast*'s pharmaceutical sector using the DST Toolkit, thereby informing strategies to enhance local production, supply chain resilience, and access to essential medicines. The mission's specific objectives include:

- **Data collection:** Gather comprehensive data on pharmaceutical demand, supply, and trade in *Senegal and Ivory Coast* using the standardized DST methodology.

This encompasses key indicators such as disease burden and medicine consumption, the share of locally produced vs. imported products, procurement and distribution channels, pricing and affordability, and relevant trade or regulatory policies.

- **Market analysis:** Analyze the collected data to characterize *Senegal and Ivory Coast*'s pharmaceutical market structure and performance. This analysis will identify gaps (e.g. high import dependency areas, supply chain inefficiencies) and opportunities (e.g. local production capacity, potential for pooled procurement or regional trade).
- **Capacity and strategy support:** Provide evidence-based insights and recommendations that will support national decision-makers and continental stakeholders (Africa CDC/TESS) in planning interventions. This includes informing *Senegal and Ivory Coast*'s own strategies (e.g. industrial policies, investment plans, regulatory reforms) as well as contributing to Africa CDC's and the AU's broader policy recommendations for market integration.
- **Stakeholder engagement:** Engage and coordinate with key stakeholders through the process, ensuring knowledge transfer and buy-in. By involving local authorities and partners in data validation and discussion of findings, the mission aims to build local capacity in market intelligence and create momentum for implementing the recommendations.

2.2.2. Expected results.

By the end of the assignment, the following **results** are expected to be achieved:

- A **validated methodology note** specific to each country (*Senegal and Ivory Coast)* is produced, detailing the data sources, indicators, and approach for the market intelligence study. This ensures clarity and consensus on how data is collected and analyzed in line with the continental DST framework.
- A **comprehensive analytical report** (minimum 20 pages) is delivered, providing a detailed mapping of *Senegal and Ivory Coast*'s pharmaceutical market. The report will include quantitative findings (with appropriate statistics, tables, and graphs) and qualitative insights, covering demand trends, supply chain mapping, import/export analysis, and *Senegal and Ivory Coast*'s segment classification. It will highlight critical issues (e.g. procurement inefficiencies, regulatory gaps) and propose actionable recommendations for improvement.

- A **national stakeholder workshop** is conducted (and facilitated by the consultant) to present and validate the findings. Through this workshop, key national stakeholders (government, industry, donors, etc.) will review the results, provide feedback, and discuss priority actions. The workshop is expected to increase stakeholder awareness and consensus on the way forward, as well as ensure the consultant's findings are grounded in reality and enriched by local expertise.
- Enhanced **capacity and data availability**: As a result of the mission, *Senegal and Ivory Coast* will have an organized dataset and a set of indicators on its pharmaceutical sector that can be maintained or updated in the future. Additionally, the involved national personnel and institutions will have improved understanding of market intelligence tools (like the DST Toolkit), contributing to sustainability of this effort.
- **Contribution to continental outcomes:** The data and insights from *Senegal and Ivory Coast* will feed into the TESS/Africa CDC **continental market intelligence database** and the overall pilot synthesis report. Along with the other pilot countries, *Senegal and Ivory Coast*'s results will help identify common enablers and barriers to intra-African trade in health products. This will ultimately guide Africa CDC, the AU and partners in formulating policies and investment strategies to strengthen Africa's pharmaceutical market integration.

2.3. Scope of work.

2.3.1. Perimeter of action

The scope of this assignment is regional – covering the entire ***Senegal and Ivory Coast* pharmaceutical market** across public and private sectors. The consultant will examine the supply and demand for essential medicines, vaccines, and other health commodities in *Senegal and Ivory Coast*. This includes data from the public health system (e.g. central medical stores, public hospital procurement), private sector distributors and pharmacies, local pharmaceutical manufacturers (if any in *Senegal and Ivory Coast*), and international procurement or donor programs active in the country.

The **product scope** is align with continental priorities, focusing on key health products related to the 10 top priority disease burdens in Africa[1].

Geographically, the consultant's work will focus primarily at the federal level, drawing on nationally consolidated data and insights from key institutions such as the Ministry of

[1] TESS Technical Compass Study

Health, Ministry of Finance, and Customs Authority. This approach will streamline the analysis while still ensuring national representativeness, as these sources typically aggregate information from across all regions and facility types. The assignment is primarily a **desk study and key informant consultation** – meaning the consultant will leverage existing data sources and expert interviews. Relevant data sources might include government reports, health information system data, import/export records, international databases, previous surveys or assessments, and stakeholder insights.

All data collection will be done in adherence to ethical standards and data privacy regulations, given the sensitive nature of health market information.

2.3.2. Responsibilities.

Under the supervision of TESS and in coordination with Africa CDC, the **Regional Consultant** will be responsible for the following tasks and activities:

- **Inception & planning:** Quickly familiarize with the DST Toolkit and related guidelines (to be provided by TESS/Africa CDC). Conduct an initial desk review of available information on *Senegal and Ivory Coast*'s pharmaceutical sector (e.g. recent market assessments, policy documents, import/export stats, regulatory frameworks). Based on this, develop a concise **Methodology Note** outlining the data collection approach for each country (*Senegal and Ivory Coast)*, including data sources to be used, key stakeholders to consult, and a timeline of activities. The methodology note will be submitted to TESS/Africa CDC for review and approval (with a potential review panel or steering committee providing feedback).
- **Data collection:** Implement the agreed methodology by gathering data for all relevant **DST indicators** in *Senegal and Ivory Coast*. This will involve reaching out to and collaborating with various national stakeholders:
    - Interview or meet with officials from the Ministry of Health (pharmacy department, planning units), the national drug regulatory authority, and the central medical stores or procurement agency, customs authority / Ministry of Finance to obtain data on public sector demand, consumption, and procurement practices.
    - Liaise with major public health programs (e.g. HIV, TB, malaria programs) and international partners (e.g. WHO, Global Fund, UNICEF, etc.) present in *Senegal and Ivory Coast* to gather data on donor-funded supply (commodity volumes, funding, etc.).
    - Collect information from the private sector: major pharmaceutical importers, local manufacturers (if applicable), pharmacy chains, and distributors on sales volumes, locally manufactured products vs. imports, and supply chain arrangements.

- Retrieve available statistics on *Senegal and Ivory Coast*'s pharmaceutical trade (imports and exports of medicines/health products), ideally disaggregated by product category or therapeutic area, from sources such as customs data or trade databases.
- Ensure that all data is recorded following the DST Toolkit structure (e.g. populating the Excel-based toolkit with *Senegal and Ivory Coast*'s data). Pay attention to the definitions and formulas for each indicator to maintain accuracy and comparability.

- **Data analysis:** Analyze the collected data to derive meaningful insights about *Senegal and Ivory Coast*'s market. This includes computing relevant indicators (per the DST formulas) and interpreting them. Key analysis questions will include, for example: What proportion of *Senegal and Ivory Coast*'s pharmaceutical consumption is met by local production versus imports? What are the main sources countries or regions for imports? How efficient are the procurement and distribution systems (e.g. any evidence of frequent stockouts or large price disparities)? What is the relationship between disease burdens and medicine consumption (are treatment coverage rates adequate)?
- **Reporting:** Compile the findings into a draft **Analytical Report** (minimum 20 pages, excluding annexes). The report should include an executive summary, methodology section, analysis/results with appropriate visuals, and conclusions & recommendations. It should clearly highlight any critical issues discovered (e.g. specific supply chain bottlenecks or policy gaps) and propose recommendations – for instance, areas where government policy could improve (such as adopting pooled procurement or providing incentives for local manufacturing), or opportunities for regional collaboration under initiatives like AfCFTA. The consultant will submit the draft report to TESS and Africa CDC for feedback. Expect iterative revisions: incorporate comments from the project's technical reviewers to refine the analysis and ensure the report meets quality standards and aligns with the overall objectives.
- **Workshop facilitation:** Plan and facilitate a **national validation workshop** (or meeting) with key stakeholders in *Senegal and Ivory Coast*. This may be an in-person workshop in the respective capital cities of *Senegal and Ivory Coast*, or an online webinar depending on circumstances. The consultant will prepare a presentation summarizing the draft findings and will help organize the agenda in coordination with TESS, Africa CDC and Ministry of Health. During the workshop, the consultant will present the data and analysis, engage participants in discussion, and record their feedback and additional insights. The consultant is responsible for moderating the session, with support from TESS/Africa CDC representative, and ensuring that all major points of feedback are captured.
- **Finalization:** Following the workshop, the consultant will finalize the analytical report by integrating relevant feedback from national stakeholders and any additional data that emerged. The final deliverables (revised report, final data sets,

and any presentation materials) will then be submitted to TESS and Africa CDC. The consultant may be asked to provide a brief summary of experiences or lessons learned from *Senegal and Ivory Coast*'s pilot to inform refinement of the DST Toolkit and methodology for future roll-out. Throughout the assignment, the consultant should maintain regular communication with TESS's technical team and Africa CDC focal points, report progress, and escalate any issues or needs for support in a timely manner.

2.3.3. Methodology.

The assignment will be carried out in **three main phases**, combining remote work and in-country engagement, in line with the overall DST Toolkit implementation approach:

- **Phase 1: Inception & methodology development (remote, ~5 days).** In this initial phase, the consultant will work off-site to perform preliminary research and develop the methodology and work plan. This includes reviewing background documents, identifying data sources, and outlining the approach as described. The output of Phase 1 is the **Methodology Note** (Deliverable 1) which will be validated by the project team in an inception meeting or call. During this meeting, the consultant will present the proposed approach and timeline, and a Review Panel (comprising TESS and Africa CDC representatives, and possibly a national counterpart) will provide feedback and approve the plan. The endorsed continental DST methodology will be used as the guiding framework to ensure consistency with other countries. Any country-specific adjustments to the methodology (due to data availability or context) will be made in agreement with TESS/Africa CDC.
- **Phase 2: Data collection & analysis (mix of in-country and remote, ~25 days).** This is the core phase of the assignment. The consultant will spend a portion of this phase **in-country** to engage directly with stakeholders, access physical records if needed, and better understand on-the-ground processes. Meetings and interviews will be arranged with relevant ministries, agencies, and private sector entities as outlined in the responsibilities. The remaining portion of this phase will be done remotely to consolidate and analyze the data. The consultant will maintain close communication with the TESS technical team, which will be providing technical backstopping and ensuring that data collected is in the proper format for the DST toolkit. There may also be cross-country coordination calls (for example, TESS bringing together all national consultants periodically) to share experiences and troubleshoot common challenges, ensuring a harmonized approach across pilot countries. During analysis, the consultant should leverage basic statistical tools (Excel, etc.) to compute indicators and, if needed, seek guidance for any complex calculations (the toolkit provides formulas for each metric). By the end of

Phase 2, a **Draft Analytical Report** should be prepared and submitted (Deliverable 2). This phase may be iterative; data gaps identified during analysis might require follow-up with stakeholders to fill in missing information or clarify discrepancies. TESS and Africa CDC will review the draft report, along with the data sets collected, and possibly convene a technical call to discuss improvements before moving to the final phase.

- **Phase 3: Validation & dissemination (remote, ~5 days).** In the final phase, the focus is on validating and disseminating the findings. The consultant will organize the national validation workshop (as described in responsibilities) – this might involve a couple of days of preparation (sending invites, developing presentation slides, coordinating with a local host institution). The workshop itself will likely be a 1-day event (or a series of shorter virtual sessions) during which the consultant presents key findings and moderates discussions. Feedback from this workshop will be documented. After the workshop, the consultant will spend a few days finalizing the report and any supplementary materials (e.g. a policy brief or executive summary for wider circulation, if required). The **final analytical report** along with the **data sets collected**, and a brief **workshop report/presentation** will constitute Deliverable 3. At the conclusion of Phase 3, the consultant may also be asked to contribute to a short debrief with the TESS and Africa CDC team on lessons learned and to hand over all data files, ensuring that the information can be integrated into the continental database.

Throughout these phases, the methodology emphasizes a **data-driven and collaborative approach**. The study is essentially a **desk review augmented by stakeholder consultations** – the consultant should maximize use of existing data and reports to avoid duplication of effort. All methodology and interim outputs will be developed in consultation with the project team (TESS/Africa CDC) to ensure technical rigor and alignment with the broader project goals. The DST Toolkit itself serves as a methodological guide, ensuring that *Senegal and Ivory Coast*'s data collection is comprehensive and structured in line with agreed indicators. Additionally, because this is a pilot deployment, the consultant's feedback on the toolkit's practicality is valued; any challenges or suggestions for improvement noted during the execution in *Senegal and Ivory Coast* will be communicated to help refine the toolkit for future use.

2.3.4. Deliverables and timeline

The assignment will produce three key deliverables, as outlined below. The total duration of the mission is 35 working days, expected to be completed over approximately 2

calendar months. The timeline for each deliverable is tentative and will be finalized in the consultant's work plan.

- **Deliverable 1: Methodology Note.** A document (~5 pages) detailing the proposed methodology, data sources, stakeholder engagement plan, and schedule for the study in *Senegal and Ivory Coast*. This note should also include any contextual background information specific to [Country] that informs the approach (e.g. known data limitations or key institutions to involve). **Timeline:** due by the end of the Inception Phase (approximately week 2 of the assignment). The methodology will be reviewed and validated by TESS/Africa CDC (and the national counterpart, if designated) before proceeding.

- **Deliverable 2: Analytical Report (draft and final).** A comprehensive report (minimum 20 pages) presenting the findings of the market intelligence analysis for each country (*Senegal and Ivory Coast)*. The report will cover the areas described under objectives: demand and epidemiological context, supply chain mapping, market volume and value, local production vs. import analysis, procurement and pricing overview, regulatory/trade environment, and recommendations. It should include an executive summary and relevant annexes (e.g. the raw data collected, list of stakeholders consulted, and any analytical tools used). **Timeline:** a draft report is expected around week 4–5 of the assignment (after data collection and initial analysis), to allow time for review. The final report (revised after feedback and workshop validation) is expected by around week 6–8 (end of assignment), depending on scheduling of the workshop. TESS and Africa CDC will formally **validate** the final report as meeting the required standards.

- **Deliverable 3: National workshop facilitation & presentation.** Successful facilitation of a **national validation workshop** (or equivalent stakeholder meeting) in *Senegal and Ivory Coast*, including preparation of presentation materials (slides deck, handouts) and a summary of proceedings. This deliverable is somewhat two-fold: (a) the act of conducting the workshop and gathering stakeholder input, and (b) the submission of the workshop outputs (such as the slide presentation used, list of participants, and a brief report or minutes capturing key feedback and action points). **Timeline:** to be completed near the end of the assignment (approximately week 6–8). The workshops timing will be coordinated with national authorities to ensure good participation (for example, avoiding local holidays or major events). The consultant's presentation will also serve as a dissemination tool that can be shared with those unable to attend.

Note on timeline: The above timelines assume a contiguous engagement. In practice, the 35 working days might be spread over a slightly longer period to accommodate stakeholder availability and data gathering (for instance, the consultant might not work continuously every day, but rather in blocks aligned with meetings and analysis needs). All data collection and analysis activities must be completed no later than **31 December 2025**, to allow sufficient time for a comprehensive review. A detailed schedule will be agreed upon at the project kick-off. The consultant is expected to deliver all outputs within the contractual period unless an extension is mutually agreed due to unforeseen delays.

2.4. Organization of work.

2.4.1. Project governance and oversight.

A clear governance and oversight structure will be in place to support the consultant and ensure quality delivery. The consultant's work will be closely monitored by **Team Europe Support Structure (TESS)** and **Africa CDC/PHAHM team**. Oversight from these parties will ensure that the methodology and analysis remain scientifically robust, aligned with pharmaceutical industry best practices, and responsive to both national and continental priorities.

To facilitate this, a **Project Steering Committee (PSC)** or Review Panel will be established for all pilot countries, comprising representatives from TESS, Africa CDC, and other relevant institutions. The PSC will provide structured guidance and validation throughout the assignment.

Key responsibilities of the PSC include reviewing and approving the methodology note, providing technical advice during data collection (e.g. validating data sources or suggesting contacts), and reviewing the draft analytical report to ensure it meets quality standards. They will also ensure the consultant's work remains aligned with the broader MAV+ initiative objectives and that any strategic insights can be channeled into policy recommendations. The PSC (or designated supervisors) will hold **regular check-ins** with the consultant – at minimum, a weekly progress update (which can be via teleconference) to monitor progress, address challenges, and keep the work on track. If needed, **ad-hoc meetings** can be called, especially at critical junctures such as after initial data gathering or before the workshop. These progress reviews enable the consultant to present interim findings or raise issues early, ensuring timely support or course corrections if required.

Overall, the governance framework is designed to be supportive: while the consultant operates independently on a day-to-day basis, they will have access to the TESS

technical team and Africa CDC experts for guidance. All major deliverables will go through a quality assurance process by this team. The final outputs (methodology, report, etc.) will be officially approved by the PSC and ultimately by the Africa CDC and TESS project leads.

2.4.2. Coordination mechanisms.

Effective coordination mechanisms will be vital given the multi-stakeholder nature of this mission. Firstly, the consultant will coordinate closely with a **dedicated point of contact** at TESS (the Expert Market Shaping, Demand & Trade Facilitation) who will serve as the day-to-day liaison for any questions, clarifications, or support needed. Similarly, Africa CDC's PHAHM unit will designate a focal person to coordinate on their behalf. Communication channels will include regular email updates and scheduled calls (e.g. weekly check-in calls) to report progress.

At the country level, the consultant is expected to coordinate with a nominated **national counterpart or coordinator** (possibly assigned by the Ministry of Health or another relevant body). This national counterpart can help facilitate introductions to local stakeholders, convene meetings, and provide country-specific insights. The consultant should also keep this counterpart informed of progress and preliminary findings, to ensure transparency and local ownership of the process.

As the DST Toolkit deployment spans 18 countries, TESS will encourage cross-country learning. The consultant may participate in occasional **group coordination calls or workshops** with other national consultants and regional partners. These forums will allow sharing of experiences, challenges, and best practices (for example, if one country found an innovative way to gather private sector data, this can be shared with others). They also ensure that all consultants are interpreting the toolkit indicators in a consistent manner. TESS and Africa CDC will compile any clarifications or updates to methodology and disseminate them to all consultants to maintain harmonization.

All data and reports generated by the consultant will be shared with TESS/Africa CDC. A collaborative platform (such as a secure cloud folder or data portal) will be used for storing datasets and draft documents, accessible to the core project team. This will facilitate real-time support (e.g. TESS analysts might help double-check certain figures or run comparative analysis across countries). The consultant must adhere to any data governance protocols set by the project, including confidentiality agreements if sensitive data (like pricing agreements or proprietary sales data) is obtained.

In summary, while the consultant is the main executor of the work in *Senegal and Ivory Coast*, they are not working in isolation – a network of coordination at international and

national levels is in place to guide and integrate their efforts. Through these mechanisms, the missions in *Senegal and Ivory Coast* will remain aligned with and contribute effectively to the **broader continental effort**.

2.4.3. Logistics.

The assignment is expected to be completed in **35 working days** over roughly a 2-month calendar period. The work plan is envisioned as a mix of remote and on-site activities, structured as follows:

- Approximately **5 working days** allocated for remote preparatory work (literature review, methodology drafting, coordination meetings).
- Approximately **25 working days** for data collection and analysis, of which a portion may be spent on-site in *Senegal and Ivory Coast* (meeting stakeholders, collecting data) and the remainder working remotely on data analysis and report writing.
- Approximately **5 working days** for workshop preparation, facilitation, and finalization of deliverables (this phase will mostly be remote, though if an in-person workshop is held, at least 1–2 days of the consultant's time will be on-site for that event).

The consultant is **responsible for managing their own logistics** related to this assignment. This includes arranging any necessary travel within *Senegal and Ivory Coast* for meetings (travel costs would be covered as per the contract terms or reimbursed, subject to prior agreement). If the consultant is not based in a country capital, they must ensure availability to travel to the different capital cities for key activities (especially the workshop and any important meetings). TESS (via the EU delegation or other local partners) and Africa CDC may assist with introductions and possibly workspace for meetings if needed, but the consultant should largely operate independently.

The consultant will be required to submit a **detailed work plan** at the outset, breaking down the 35 days by activity and timing. This work plan should indicate which days will be on-site vs. remote, and include a schedule of key milestones (deliverable submission dates, workshop date, etc.). The work plan will be reviewed and agreed during the initial inception meeting to ensure it is realistic and aligned with project expectations.

Throughout the project, the consultant should maintain flexibility – for example, if a key stakeholder is only available later than planned, the work plan might be adjusted. Any significant changes to the timeline or work distribution should be communicated to and approved by TESS and Africa CDC.

Standard office support (like communications costs, internet access, etc.) are expected to be covered by the consultant's fees or reimbursables; the consultant should have access to the necessary tools (computer, reliable internet, office software including Excel for the DST Toolkit, etc.) to perform the tasks. TESS will provide the consultant with all relevant project materials (DST Toolkit template, briefing notes, contacts list, etc.) at the start of the assignment.

2.4.4. Payment schedule

The payment for this consultancy will be discussed during contractualisation.

Each payment will contingent on the deliverable being reviewed and validated by the contracting authority (TESS, in coloration with Africa CDC) and deemed satisfactory and in line with the TOR requirements. "Approval" means that any comments or required revisions have been addressed. The consultant should factor in time for review when scheduling deliverables to avoid payment delays.

All invoices should be submitted in accordance with the procedures set out in the consultant's contract, referencing the deliverable and including any necessary supporting documents (e.g. the approval email of the deliverable). The final payment will be made only after all deliverables are received to the satisfaction of the client and any final reporting requirements are fulfilled.

3. Profile.

The position of Regional Consultant for Market Intelligence in *Senegal and Ivory Coast* requires a professional with a blend of expertise in the health/pharmaceutical sector and strong analytical skills. The ideal expert will have a background that covers health systems or pharmaceutical markets and experience with data-driven projects. The required profile is detailed below.

3.1. Qualifications.

- **Education:** An advanced university degree in a relevant field is required. This may include Public Health, Pharmacy/Pharmaceutical Sciences, Health Economics, Epidemiology, Supply Chain Management, or related disciplines. A Master's degree is a minimum requirement, while a PhD or medical degree (MD/PharmD) combined with a master's (e.g. MPH, MBA) in a related field will be considered an asset.

- **Professional certification:** Any additional certifications or training in pharmaceuticals, health research, data analysis, or project management (for example, a certification in health supply chain management or biostatistics) will strengthen the candidate's profile.

3.2. Experience.

- **Sector experience:** At least **[5+ years] of professional experience** in the health and/or pharmaceutical sector. This should include exposure to pharmaceutical markets or health commodity supply chains in either the public or private sector. For example, experience could be in pharmaceutical policy analysis, healthcare management, drug procurement and supply management, public health program management, or related areas.
- **Market analysis:** Proven experience in conducting **market assessments, research, or data analysis** in the health domain. The consultant should be able to point to previous work where they collected and analyzed health or market data – such as studies on medicine availability, pricing surveys, health economics research, or involvement in strategy development for pharmaceutical manufacturing or access to medicines.
- **Country/regional experience:** Experience working in *Senegal and Ivory Coast* or the broader region on health projects is highly desirable. Understanding the local context (e.g. institutional landscape, challenges in the health system) will be important. Prior collaboration with national health authorities or regional bodies (e.g. Africa CDC, WHO AFRO, regional economic communities) is a plus.
- **Projects and donor experience:** It is beneficial if the expert has experience working with international development partners or donor-funded initiatives in health. For instance, experience with EU-funded projects, Global Fund grants, UN agencies, or similar multi-stakeholder initiatives demonstrates the ability to navigate complex stakeholder environments.

3.3. Required skills and knowledge.

- **Analytical skills:** Excellent analytical and problem-solving skills are required. The consultant must be comfortable working with data (quantitative and qualitative), performing calculations (e.g. epidemiological indicators, market size estimations), and interpreting statistical results. Proficiency in Microsoft Excel is essential (the DST

Toolkit is Excel-based); knowledge of basic statistical software or data visualization tools would be an advantage.

- **Pharmaceutical market knowledge:** Solid understanding of how pharmaceutical markets function. This includes knowledge of supply chain and logistics for medicines, procurement processes (tendering, purchasing mechanisms), and the roles of different players (manufacturers, wholesalers, pharmacies, regulators). The consultant should be familiar with concepts like essential medicines lists, generic vs. brand medicines, pricing and affordability issues, and regulatory aspects like drug registration and quality control.
- **Epidemiology and health systems:** A good grasp of epidemiological concepts and health service delivery. For example, understanding disease prevalence/incidence and how they drive medicine demand, awareness of *Senegal and Ivory Coast*'s major health programs (HIV, TB, malaria, etc.), and how treatment guidelines impact pharmaceutical needs. Being able to connect health data (like morbidity rates) with pharmaceutical supply implications will be important for analysis.
- **Trade and policy insight:** Familiarity with international trade as it pertains to pharmaceuticals – for instance, knowledge about import/export regulations, tariffs on medicines, and regional trade agreements (such as AfCFTA). Additionally, understanding national policies (industrial policies, healthcare financing, etc.) that affect the pharmaceutical sector. The consultant should be able to quickly get up to speed on *Senegal and Ivory Coast*'s relevant policies and how they compare regionally.
- **Communication and reporting:** Strong communication skills, both written and verbal. The consultant must be able to write clear, structured, and insightful reports. Prior experience in writing reports or policy briefs for high-level audiences is required. Additionally, the ability to present data in an accessible way (using charts, infographics) and to articulate findings in meetings/workshops is crucial.

3.4. Specific competences or knowledge considered as additional asset.

- **Regional initiatives knowledge:** Knowledge of African and international initiatives to strengthen pharmaceutical manufacturing and access (e.g. AU's Pharma Strategy, AMA – African Medicines Agency, WHO local production program) will be considered an asset, as it provides context to the assignment. Familiarity with the Team Europe

Initiative MAV+ and its objectives, or prior involvement in any Africa CDC activities, would be a bonus.

- **Data systems and digital tools:** Experience with health information systems or databases (for example, DHIS2 for health data, or pharmaceutical information systems) can be useful. Any exposure to digital tools for data collection (mobile data collection apps, online survey tools) or data dashboards is an asset, especially if the project moves towards a digital platform for the market intelligence.
- **Statistical and econometric skills:** While not strictly required, additional skills in statistical analysis or health economics (such as cost-benefit analysis, forecasting models) would be advantageous, as they enable deeper analysis of the data.
- **Networking and facilitation:** Demonstrated ability to engage with a broad range of stakeholders – from high-level officials to technical staff and private sector representatives. Skills in facilitation (as evidenced by leading workshops, trainings, or multi-stakeholder meetings in the past) will help ensure the consultant can effectively conduct the planned workshop and interviews.
- **Adaptability:** Given the pilot nature of this assignment, the consultant should be innovative and adaptable. The ability to troubleshoot challenges (like data gaps or unresponsive counterparts) creatively and to propose solutions (alternative data proxies, etc.) is an asset. A proactive attitude and independence in carrying out duties are expected.

3.5. Languages.

- **English:** Fluency in English is required. The consultant must be able to produce high-quality reports in English and communicate effectively with the TESS technical team and Africa CDC (for whom English is the working language).
- **Local language:** Proficiency in the official national language of *Senegal and Ivory Coast* is required for effective local engagement (French).
- **Other languages:** Working knowledge of other regional languages is an asset, especially in facilitating communication with stakeholders from regional bodies or in neighboring countries. In a multi-country context, bilingual abilities can be advantageous for cross-learning among Francophone and Anglophone countries.

Note: Language requirements can be adjusted based on the country – the key is that the consultant can communicate with national stakeholders in the local context and also interact with the international project team in English.

ANNEXE – Job description _ example for advertisement.

Regional pharmaceutical market intelligence consultant

Position title: Pharmaceutical Market Intelligence Consultant (Regional)

Duty station: Senegal and Ivory Coast (with some remote work)

Contract duration: 2 months (approximately 35 working days)

Start date: 01/11/2025

End date: 31/12/2025

Organizational context:

The position is part of the Team Europe Support Structure (TESS) supporting the MAV+ initiative. The consultant will work under the guidance of TESS and in collaboration with Africa CDC's PHAHM.

- **Supervisor (N+1):** Expert in Market Shaping, Demand & Trade Facilitation – TESS MAV+ (Team Europe Initiative on MAV+).
- **Direct hierarchical responsibility:** N/A (consultant is an independent expert; no subordinates).
- **Intervention framework:** The consultant's work falls under the "Development of the pharmaceutical market" pillar of the MAV+ initiative, specifically focusing on deploying the DST Toolkit in Senegal and Ivory Coast to enhance market intelligence and inform strategic interventions.

Main tasks and responsibilities:

- Conduct a thorough desk review and develop a methodology for collecting pharmaceutical market data in Senegal and Ivory Coast, in line with the DST Toolkit framework.
- Engage key national stakeholders (Ministry of Health, regulatory authority, procurement agencies, local industry, international partners) to gather quantitative and qualitative data on medicine demand, supply, and trade.
- Populate and utilize the DST Toolkit (Excel-based data tool) to capture indicators such as disease burden, medicine consumption, local production vs. import ratios, procurement prices, and supply chain characteristics.
- Analyze the collected data to identify trends, gaps, and opportunities in Senegal and Ivory Coast's pharmaceutical sector – for example, pinpointing major import dependencies, inefficiencies in procurement, or opportunities for local manufacturing scale-up.

- Prepare an analytical report detailing the findings and recommendations. This includes drafting the report, incorporating feedback from TESS/Africa CDC, and finalizing it to a publishable standard.
- Organize and facilitate a national validation workshop with relevant stakeholders to present findings, validate data, and gather feedback. Ensure effective communication of results through presentations and discussion.
- Collaborate closely with the continental project team (TESS and Africa CDC), participating in regular update meetings and aligning the country findings with the broader multi-country analysis.
- Provide feedback and lessons learned on the DST Toolkit and process, contributing to the refinement of the toolkit for future use.
- Ensure all data and insights collected are documented and handed over to the project in a structured manner (data files, contact lists, meeting notes, etc.) at the end of the assignment.

Expected results:

- A validated **Methodology Note** that outlines how Senegal and Ivory Coast's data was collected and analyzed, approved by the project supervisors.
- A comprehensive **Analytical Report** on Senegal and Ivory Coast's pharmaceutical market, including clear findings and actionable recommendations for improving market efficiency, increasing local production, and strengthening supply chain resilience.
- Successful **stakeholder engagement and capacity building**, evidenced by an interactive validation workshop, and positive feedback from national counterparts on the usefulness of the findings.
- Contribution to a **continental dataset**: Senegal and Ivory Coast's data is successfully integrated into the Africa-wide DST database.
- Improved **awareness and consensus** among Senegal and Ivory Coast's policymakers and partners regarding the pharmaceutical market challenges and next steps (e.g. agreement on pursuing certain policy recommendations or further analyses).

Environmental and working conditions:

- The consultant will primarily work remotely, with at least one in-country visit (or continuous presence) during the data collection and workshop period. The work may involve short travel within Senegal and Ivory Coast to meet stakeholders or visit facilities (e.g. warehouses, manufacturers).
- No major security or safety issues are anticipated in the duty station, but the consultant should adhere to any travel advisories and health guidelines in effect.
- The consultant is expected to manage their work environment, ensuring they have the necessary connectivity and tools to engage in virtual meetings and data analysis. TESS and Africa CDC will facilitate access to information and stakeholders but the consultant must be

proactive in problem-solving any logistical constraints (such as scheduling meetings or obtaining data).

Profile requirements:

- **Qualifications:** Advanced degree in public health, pharmacy, health economics, epidemiology, supply chain management or related field. (Master's required; PhD or equivalent advanced training preferred.)
- **Experience:** Minimum 5 years of experience in the health/pharmaceutical sector. Proven experience in market analysis or health data analysis is required. Experience in Senegal and Ivory Coast or similar contexts in Africa, working with government or international health projects, is highly desirable.
- **Skills and competencies:**
    - Strong analytical and quantitative skills; proficient in Excel and capable of interpreting health statistics.
    - In-depth understanding of pharmaceutical supply chains and healthcare delivery in developing country settings. Knowledge of how medicines are procured, distributed, and regulated in Senegal and Ivory Coast
    - Familiarity with health policy and trade issues, such as local manufacturing initiatives, import regulations, and regional trade agreements (e.g. AfCFTA).
    - Excellent report writing and communication skills; able to produce clear, concise, and well-structured documents in English.
    - Workshop facilitation and stakeholder engagement skills; comfortable presenting to groups and leading discussions to gather input.
- **Additional assets:**
    - Prior involvement in projects related to local pharmaceutical production, market assessments, or supply chain optimization.
    - Knowledge of initiatives by Africa CDC, AU, or international donors (EU, Global Fund, etc.) in the pharmaceutical sector.
    - Ability to use statistical or data visualization software for enhanced analysis (e.g. SPSS, R, Power BI) is a plus.
    - Cultural adaptability and understanding of Senegal and Ivory Coast's working culture.
- **Languages:**
    - Fluency in English is required (for project reporting and communication). Fluency in French is required for local engagement. Working knowledge of other regional languages is an advantage for broader communication within the African context.