Consulting Service to Support the Development of NPHI Investment Case

RFB Reference No : ET-AUC-545047-CS-INDV

REQUEST FOR BIDS (INDIVIDUAL CONSULTANT)

I. Background

National Public Health Institutes (NPHIs) are critical to ensuring national health security, particularly during public health emergencies. They provide essential coordination and are instrumental in fulfilling obligations under the International Health Regulations (IHR). In Africa, the lack of robust NPHIs in several countries undermines the continent's ability to manage public health threats effectively. The absence of these institutions limits preparedness and response capabilities, exacerbating the risks posed by both infectious diseases and emerging health challenges such as non-communicable diseases (NCDs) and mental health concerns.

Since 2017, the Africa Centres for Disease Control and Prevention (Africa CDC) has played a key role in supporting the establishment and strengthening of NPHIs across the continent. In 2018, only 25% of African Union (AU) member states had functioning NPHIs; by 2024, this number increased to 45%, with an additional 35% in the process of establishing them. Despite this progress, 20% of AU member states still lack NPHIs, with the greatest gaps observed in Central Africa, where only three NPHIs exist.

The Africa CDC Strategic Plan for 2023-2027, prioritizes strengthening public health institutions and systems to enhance the continent's ability to prevent, detect, and respond to public health threats. The plan recognizes the ongoing burden of infectious diseases and the rising impact of NCDs, injuries, and mental health issues, underscoring the importance of a robust, integrated public health system.

The African Union's Agenda 2063 further underscores health as a central pillar for achieving a prosperous and sustainable Africa, with specific goals to eradicate communicable diseases, reduce the burden of NCDs, and improve overall health outcomes. In this context, NPHIs are not only vital for immediate health security but also for achieving long-term health objectives, including those outlined in the Sustainable Development Goals (SDGs) and the IHR.

An investment case is essential to mobilize resources for strengthening NPHIs, particularly as the continent faces increasing demands for health funding from various stakeholders. This document will outline the rationale for investment in NPHIs, estimating the financing gaps and the economic burden of public health emergencies in Africa. It will also showcase the benefits of investing in NPHIs through case studies from across the continent, demonstrating the positive impact of NPHI development in enhancing public health emergency response and overall health system resilience.

The investment case for NPHIs is critical for improving Africa's preparedness and response to public health emergencies. By consolidating key public health functions, improving cross-sector collaboration, and leveraging science-based decision-making, NPHIs have the potential to significantly improve public health outcomes and ensure more effective use of resources. This methodology aims to provide a comprehensive analysis of the costs, benefits, and real-world impacts of NPHIs, ultimately supporting efforts to enhance public health systems across Africa.

The primary aim of this investment case is to inform policy and financing decisions on how best to strengthen and sustain core public health functions across African Union Member States. Rather than presupposing a single institutional model, the analysis will assess alternative approaches for delivering these functions, including networked institutional arrangements, and embedded systems within Ministries of Health or other government entities. For credibility with Ministries of Finance and development partners, the investment case will explicitly define: (i) the functional intervention package (i.e., the set of core public health functions being strengthened), (ii) the counterfactual scenarios (including maintaining current systems and incremental improvements), and (iii) the decision metrics (e.g., cost–benefit ratio, return on investment, net present value), including key assumptions and time horizons..

This consultancy is financed under the Africa CDC Support Program to Combat Current and Future Public Health Threats Project (P178633). The assignment contributes to strengthening institutional capacity, sustainable financing, and public health emergency preparedness across African Union Member States, in alignment with the project's objectives.

II. Objective

The main objective of this consultancy is to develop an investment case for strengthening core public health functions across AU Member States by assessing the costs, benefits, and financing needs of alternative institutional and system-level arrangements for delivering these functions. The analysis will quantify:

(i) the costs of delivering core public health functions across different institutional models and maturity levels;
(ii) the economic and fiscal losses associated with delayed detection and response to public health threats; and
(iii) the avoided losses and efficiency gains attributable to strengthened public health functions under different implementation scenarios..

The analysis will adopt a phased and incremental approach, recognizing that functionality is treated as a continuum rather than a binary state, with countries progressing across different levels of system maturity.

Specific Objectives:

- To assess current financing of core public health functions across AU Member States, regardless of institutional arrangements
- To estimate the economic and fiscal costs associated with delayed detection and response to public health threats
- To quantify the economic and fiscal benefits of strengthening core public health functions
- To develop phased and scenario-based approaches for strengthening public health functions across different levels of system maturity
- To calculate key economic indicators (e.g., NPV, IRR, cost-benefit ratios) under alternative scenarios
- To identify financing gaps and propose sustainable financing strategies aligned with domestic budget systems.

III. Scope of Work

The consultant will describe the prons and cons of structuring Public Health Functions in either a single semi-autonomous scientific institution, network of institutions, or as a Department within a Ministry of Health for efficient and effective coordination for public health emergencies. Moreover, the consultant will describe the investment required for the establishment and full operationalization of a NPHI.

The assignment will include the following components:

1. Inception and Analytical Framework

The Consultant will prepare an inception report defining the analytical framework of the investment case. This will include:

- Definition of the NPHI maturity level for core Public Health Functions (Surveillance, Emergency Preparedness and Response, Laboratory Networks, Public Health Research, Workforce Development, Health Promotion) in alignment with existing continental and international standards (NPHI Development Framework, NPHI maturity assessment tool, IANPHI Staged Development Tool, etc…);
- Specification of the economic methodology to be applied (e.g., cost–benefit analysis, return on investment, fiscal impact assessment);
- Identification of the diseases and public health emergencies to be included;
- Definition of key assumptions, time horizon, and discount rates.

This phase will ensure clarity, feasibility, and methodological rigor before proceeding to full analysis.

2. Definition and Costing of a Functional NPHI Package

The assignment will:

- Estimate the capital and recurrent costs required to deliver tiered functional packages distinguishing minimum core capacities and more advanced capabilities across different institutional arrangements and levels of system maturity, including strengthening existing systems and, where relevant, establishing new institutional structures.;
- Distinguish one-time investment costs from annual operational expenditures.
- Where feasible, propose scalable costing scenarios reflecting different institutional maturity levels (Basic, Developing, Advance, Leading).

3. Assessment of Current Financing and Financing Gaps

- Assess current domestic and external financing allocated to NPHIs or equivalent public health functions.
- Analyze the composition and sustainability of these financing streams.
- Estimate financing gaps relative to the cost of a functional NPHI package.
- The analysis will examine how financing for core public health functions is currently distributed across sectors (e.g., health, agriculture, environment, emergency response) and assess opportunities to improve alignment with national budget processes, including medium-term expenditure frameworks and ongoing health financing reforms.

4. Economic Burden of Public Health Emergencies

The assessment will include, where data allow:

- Direct health-care costs;
- Government emergency response expenditures;
- Productivity losses;
- Broader economic disruptions.

5. Scenario-Based Economic Analysis

The Consultant will conduct a comparative analysis between the four levels of NPHI maturities (Basic level, Developing, Advanced, and Leading)

This analysis will:

- Estimate potential economic and fiscal benefits associated with improved timeliness of detection and response.
- Quantify wastage/duplication of resources avoided/minimized as a result of the centralized coordination established through the NPHI where feasible.
- Present results using decision-relevant indicators such as benefit–cost ratios, return on investment, and indicative fiscal impact estimates.

- Include sensitivity analysis to test the robustness of assumptions.
- The economic analysis will explicitly address methodological challenges, including attribution of outcomes to specific public health functions, treatment of uncertainty, and the integration of epidemiological and economic modeling assumptions. Sensitivity analyses will be conducted to test the robustness of results under different assumptions.

6. Development of an Adaptable Investment Case Model

The Consultant will develop a transparent and user-friendly financial and economic model that:

- Separates cost and benefit components.
- Allows adaptation to country-level parameters.
- Includes clear documentation of assumptions and limitations.

The model shall include built-in validation checks, clear documentation of assumptions, and sensitivity analysis to ensure transparency and reproducibility.

The assignment will culminate in:

- A comprehensive investment case report.
- An executive summary tailored to policy and finance audiences.
- The accompanying economic model tool.

The consultant will ensure data quality through triangulation of multiple data sources, validation with stakeholders, and documentation of limitations and uncertainty ranges.

IV. Key deliverables and schedules:

SN	Deliverable
1.	Project proposal for the NPHI investment case study
2.	Report on the current financial investment made on NPHIs
3.	Report on the direct and indirect cost of public health emergencies
4.	Report on the financial resources required for the establishment and strengthening of Functional NPHI
5.	Report on the cost-benefit analysis of NPHI interventions
6.	A model for NPHI investment case

V. Profile of the consultant

Qualification

- Master’s degree or higher in a public health or Health economics from a recognized academic institution and a minimum of 10 years of relevant working experience
- Certification in statistical modeling

Experience

- Proven experience and track records in developing investment case
- Proven experience in statistical modeling and advance analysis
- Proven experience in developing cost benefit analysis for health interventions
- Experience in developing study proposals and research
- At least ten (10) years of experience in related fields

Required Skills

- Strong understanding of business principals, public health functions, and investment case studies
- Demonstrated effectiveness in oral, written, and interpersonal communication
- Demonstrated collaboration skills
- Demonstrated analytical, critical thinking, and problem-solving skills
- Conflict resolution and negotiation skills
- Proven writing skills + computer literacy;
- Fluency in English and/or French and any other African Union recognized language

VI. Duration of Consultancy

The assignment will be conducted over a period of 12 weeks from the date of the contract signature with a detailed timeline agreed upon in the inception phase.

VII. Reporting

The consultant will report to the Head of the Public Health Institute Division at Africa CDC and provide regular updates on progress, challenges, and recommendations. Each deliverable will be subject to review and approval by Africa CDC.

Reporting Requirements and Deliverables

1. Inception Report

Timeline: Within three (3) weeks of contract commencement.

The inception report will present the consultant's detailed understanding of the assignment and outline the proposed methodology and implementation approach for the development of the NPHI investment case.

The report shall include the following:

- A detailed description of the consultant's understanding of the objectives, scope of work, and expected outcomes of the consultancy.
- A comprehensive description of the proposed methodology for conducting the investment case analysis, including the analytical framework for assessing investments in NPHIs, the costing methodology, and the approach to conducting the cost-benefit analysis.
- A detailed implementation plan outlining key milestones, activities, and timelines for the consultancy.
- Identification of key stakeholders, including national governments, regional institutions, development partners, and private sector actors, as well as the strategy for consultations and engagement throughout the consultancy.
- An outline of the proposed data sources, data collection tools, and validation processes to be used for gathering financial, epidemiological, and economic data relevant to the investment case.
- Risk Assessment and Mitigation Strategy
- Monitoring and Evaluation Framework outlining indicators and mechanisms for monitoring the implementation and impact of NPHI investments.
- Resource Requirements Identifying of the human, financial, and technical resources required to conduct the analysis and develop the investment case.
- Proposed Structure of the Investment Case Report

2. **First Technical Draft Report**

Timeline: Within six (6) weeks after approval of the inception report.

The First Technical Draft Report will present the preliminary analytical findings and the initial draft of the NPHI investment case. The report shall include:

- Overview of the NPHI Landscape in Africa
- Assessment of Current Financial Investments in NPHIs
- Economic Burden of Public Health Emergencies
- Preliminary Financial Model for NPHI Establishment and Strengthening
- Preliminary Cost-Benefit Analysis of NPHI Investments
- Initial Findings and Policy Implications

3. **Stakeholder Workshop and Second Technical Draft Report**

Following submission of the first technical draft report, the consultant will facilitate a stakeholder validation workshop and incorporate stakeholder feedback into the revised report.

a. **Stakeholder Validation Workshop**

The consultant will organize and facilitate consultations with key stakeholders, including representatives from AU Member States, NPHI leadership, development partners, and technical experts. The purpose of the workshop will be to present the findings of the first draft investment case and identify gaps and collect stakeholder inputs to strengthen the analysis.

b. **Second Technical Draft Report**

Within three (3) weeks after the stakeholder workshop, the consultant will submit the second technical draft report incorporating feedback from stakeholders and Africa CDC.

4. Final Consolidated Report and Deliverables

Timeline: Within four (4) weeks after approval of the second draft report.

The consultant will submit the final consolidated report incorporating all comments and feedback from Africa CDC and stakeholders.

The final deliverables shall include:

- Final NPHI comprehensive Investment Case Report presenting the economic rationale, financial analysis, and strategic recommendations for strengthening NPHIs across Africa.
- A practical NPHI investment case model that estimates the financial resources required to establish and operationalize functional NPHIs and outlines potential financing mechanisms, funding gaps, and return on investment scenarios.
- A strategic roadmap outlining priority actions, financing mechanisms, and partnership opportunities required to operationalize the investment case
- Risk Management Framework identifying key risks to implementation and proposed mitigation strategies.
- Monitoring and Evaluation structured framework to guide tracking, evaluation, and reporting on NPHI investments.

VIII. Budget and Payment Terms

The individual consultant will be paid a fixed total amount of USD 24,000, inclusive of all professional fees, administrative costs, and applicable taxes. Travel and workshop-related costs are excluded from the contract amount and will be covered directly by Africa CDC in accordance with its applicable rules and procedures. No reimbursable expenses shall be paid under this contract. Payments will be made upon satisfactory completion and approval of deliverables by Africa CDC, in accordance with the schedule below.

This is a lump sum contract, and payment will be made after the successful completion of each deliverable as presented below.

Please also include payment terms and schedule

#	**Deliverable**	**%age of payment**
1	Inception report	10%
2	Report on current financial investment made on NPHIs	10%
3	Report on the direct and indirect cost of public health emergencies	10%
4	Report on the financial resources required for the establishment and strengthening of Functional NPHI	10%
5	Report on the cost-benefit analysis of NPHI interventions	10%
6	A Model for the NPHI investment case	50%

IX. Inputs To be Provided by Africa CDC

- Africa CDC will provide all the relevant documents required by the consultant to successfully accomplish the development of the guidelines and;
- Africa CDC will also provide an office to the consultant during the exercise when they are working from the Africa CDC office in Addis Ababa, Ethiopia.
- Any other services approved and deemed necessary by the Client.

X. Application Process

Interested candidates should submit the following:

- A detailed proposal outlining their approach to the consultancy, including timelines
- A CV highlighting relevant experience and qualifications.
- Contact information for at least three professional references.

XI. Evaluation Criteria

Proposals will be evaluated based on:

- Education qualifications - 20
- Relevance of experience – 80

Invitation

The African CDC now invites eligible Individual Consultants (“Consultants”) to submit their CVs in providing the Services and required documents as listed above. Interested Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services.

The attention of interested Consultants is drawn to Section III, paragraphs, 3.14, 3.16, and 3.17 of the World Bank’s “Procurement Regulations for IPF Borrowers” July 2016, revised March 2025 (“Procurement Regulations”), setting forth the World Bank’s policy on conflict of interest.

A Consultant will be selected in accordance with the Individual Selection method set out in the Procurement Regulations.

Further information can be obtained at the address below during office hours 8:00-13:00hrs and 14:00-17:00 hours, Addis Ababa Time.

CVs must be delivered in a written form following the above shortlisting criteria to the emails below before 15:00 Hours Local Time on 5 June 2026.

Africa CDC,
Africa Centres for Diseases Control and Prevention,
Supply Chain Division
Administration Directorate
Lafto Square, Haile Garment, Addis Ababa, Ethiopia
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4th floor, Room No. 404
E-mail: procurement@africacdc.org