WEST AFRICAN HEALTH ORGANISATION
ORGANISATION OUEST AFRICAINE DE LA SANTE
ORGANIZAÇÃO OESTE AFRICANA DA SAÙDE

Recruitment of a Consultant to Develop a Project Proposal in Support of the West Africa Medicines Regulatory Harmonization (WA-MRH) Initiative

I. Background, Genesis and Evolution of Funding of the WA-MRH Initiative

The West Africa Medicines Regulatory Harmonization (WA-MRH) Initiative is a regional institutional and technical framework for the regulation of medicines, vaccines and other health products across the 15 ECOWAS Member States.

Directly stemming from the Pharmaceutical Manufacturing Plan for Africa (PMPA) and integrated into the continental AMRH programme led by AUDA-NEPAD, the Initiative was officially launched in November 2017 in Accra (Ghana). Jointly coordinated by the West African Health Organisation (WAHO) and the WAEMU Commission, it aims to guarantee rapid and equitable access to safe, effective and quality health products for a regional population of more than 365 million inhabitants.

1.1. History of the Funding Phases and Institutional Trajectory

The programme has been rolled out in three distinct funding phases:

- **Phase 1 (2017 – May 2020)** — Initial World Bank Funding: Implemented through a US$3.0 million Multi-Donor Trust Fund administered by the World Bank (of which US$2.0 million was allocated to regional coordination and harmonisation by WAHO/WAEMU, and US$1.0 million to the direct institutional strengthening of the National Regulatory Authorities – NRAs). This foundational phase enabled the establishment of the first 7 Technical Working Groups (EWGs), the development of 133 harmonised technical documents (CTD guidelines, GMP standards, quality manuals) and the completion of 78% of planned activities (93 activities completed out of 119).
- **Phase 2 (November 2020 – November 2024)** — Gates Foundation Funding: Supported by a direct US$1.2 million grant from the Bill & Melinda Gates Foundation, this phase consolidated the achievements of Phase 1 by accelerating the conduct of joint assessments (Joint Assessment Procedure – JAP) and GMP inspections. It also expanded the network of experts, increasing the number of EWGs from 7 to 10 in April 2023 in order to cover clinical trials, vaccines/biologicals and medical devices.
- **Phase 3 (November 2024 – Present)** — Transition to Internal Funding: When the Gates funding ended in 2024, ECOWAS took over the core operations of the WA-MRH Secretariat, the organisation of joint activities and the meetings of the Steering Committee from its own resources.

It should be noted that direct funding to NRAs ceased at the end of Phase 1, with activities refocused on regional coordination.

1.2. Persistent Bottlenecks and Strategic Challenges

Despite the significant progress made since 2017, the situation analysis conducted in December 2025 and the proceedings of the 17th meeting of the Steering Committee have highlighted several major obstacles that hold back the Initiative's impact:

- **Low Rate of Timely National Transposition (Marketing Authorisation – MA):** Only 44% of products that have received a regional approval recommendation obtain their national Marketing Authorisation (MA) within the target regulatory timeframe of 60 days. Many national NRAs still carry out redundant local re-assessments, disregarding the principles of recognition and mutual trust (Reliance).
- **Absence of an Integrated Regional Digital Information System:** Application management is still largely semi-manual, with no uniform regional IT platform allowing online submission, automated tracking of assessment milestones and secure sharing of expert reports between the NRAs and WAHO.
- **Shortage of Qualified Human Resources and Staff Turnover** : The insufficient number of qualified dossier assessors and GMP inspectors within the NRAs, combined with high turnover of trained staff, creates severe bottlenecks during joint review sessions.
- **Heterogeneous WHO Regulatory Maturity Levels (GBT)** : Only 3 of the 15 NRAs in West Africa (and 12 for ECOWAS countries) have reached WHO Maturity Level 3 (ML3) for medicines (FDA Ghana, NAFDAC Nigeria, ARP Senegal). The NRAs of the other Member States are split between ML2 (Burkina Faso, Côte d'Ivoire, Benin) and ML1 (Guinea, Togo, Mali, Niger, etc.).

II. OBJECTIVES

2.1. General Objective

The general objective of the assignment is to equip WAHO with a structured, relevant and technically and financially viable project proposal, intended for resource mobilisation from technical and financial partners, in order to consolidate achievements, address the main bottlenecks and ensure the sustainable strengthening of the West Africa Medicines Regulatory Harmonization (WA-MRH) Initiative.

2.2. Specific Objectives

- Establish a consolidated situation analysis of the achievements, constraints, priority needs and development prospects of the WA-MRH Initiative at regional and national levels;
- Ensure a structured consultation of stakeholders in order to guarantee that their priorities are taken into account, institutional ownership, and the consistency of the proposal with the relevant regional, continental and international strategic frameworks;
- Define a theory of change and a logical framework with results, outputs, activities, indicators, targets, sources of verification, assumptions and risk management measures;
- Develop the operational arrangements for the implementation, governance, coordination, monitoring and evaluation, learning and accountability of the project;
- Determine the resources required and prepare a detailed, realistic and justified budget, accompanied by a financing plan and measures for institutional and financial sustainability;
- Map potential technical and financial partners and assess the fit between their priorities, funding criteria and the strategic needs of the WA-MRH Initiative;

- Produce a complete project proposal dossier that complies with quality standards and, where applicable, with the formats of the targeted partners;
- Facilitate the technical and institutional validation process of the proposal and incorporate the comments made before its submission to partners.

III. EXPECTED RESULTS

- A consolidated diagnostic of the WA-MRH Initiative, highlighting achievements, gaps, priority needs, risks and investment opportunities, is available and validated;
- Stakeholder priorities are documented and integrated into a shared vision of the project;
- A complete and measurable theory of change and logical framework, aligned with the relevant strategic orientations, are established;
- An operational arrangement for implementation, governance, monitoring and evaluation, learning and risk management is defined;
- A detailed and justified budget, a financing plan and a sustainability strategy are available;
- A prioritised mapping of potential partners and funding opportunities is established;
- A complete project proposal, validated by WAHO and ready to be submitted to the targeted partners, is produced.

IV. MAIN ACTIVITIES OF THE CONSULTANT

- Hold an inception meeting with WAHO to clarify the understanding of the assignment, the methodology, the timetable and the coordination arrangements;
- Carry out a desk review of the strategic frameworks, reports, evaluations, work plans, technical documents and financial data available on WA-MRH;
- Design data collection tools and conduct consultations with WAHO, the NRAs, WAEMU, the technical groups and other relevant partners;
- Analyse the achievements, capacities, gaps, needs, risks and options for strengthening the Initiative;
- Formulate the theory of change, the results framework, the components, activities, indicators and the monitoring and evaluation system of the project;
- Develop the implementation plan, institutional arrangements, risk matrix, detailed budget, financing plan and sustainability measures;
- Map and prioritise potential partners on the basis of their orientations, instruments, criteria and funding cycles;
- Draft the project proposal and its annexes, then lead a feedback and validation session;
- Incorporate the comments of WAHO and stakeholders and submit the final version of the dossier.

V. EXPECTED DELIVERABLES

i. **Inception report** including the understanding of the assignment, the detailed methodology, the data collection tools, the indicative list of stakeholders and the implementation schedule;

ii. **Diagnostic and consultation report** presenting the situation analysis, the achievements, gaps, priority needs, risks and a synthesis of stakeholder contributions;

iii. **Partner mapping note** including a comparative analysis of priorities, eligibility criteria, instruments and funding opportunities;

iv. **Draft project proposal** including in particular the context, rationale, theory of change, logical framework, components, implementation plan, governance and monitoring and evaluation arrangements, risk matrix, budget, financing plan and sustainability strategy;

v. **Presentation material and report of the validation workshop** highlighting the main comments and recommendations;

vi. **Final project proposal dossier**, incorporating the validated comments and comprising the narrative proposal, the results framework, the detailed budget, the timeline, the technical annexes and, where necessary, a summary note or executive summary tailored to the targeted partners.

VI. DURATION AND LOCATION OF THE ASSIGNMENT

The assignment is planned for a duration of 30 person-days over a period of two (02) months.

The assignment will be carried out at WAHO headquarters, and three (03) country visits are envisaged in order to take stock of the situation. The list of countries will be agreed upon during the contract negotiation and the scoping of the assignment.

VII. PROFILE OF THE INDIVIDUAL CONSULTANT

This assignment will be carried out by a Consultant with demonstrated experience in conducting a diagnostic and multi-stakeholder consultations, and in developing a project proposal comprising a theory of change, a logical framework, a detailed budget, a monitoring and evaluation system and a financing plan.

Specifically, the individual consultant must meet the following criteria:

- **Education:** master's degree or equivalent in pharmacy, public health, health economics, project management or a related field.
- **Experience:** at least ten years of experience in the health sector, including five years in project formulation or resource mobilisation, with at least three documented comparable assignments.
- **Knowledge of the field:** good understanding of pharmaceutical regulatory systems and of the requirements of financial partners. Experience in regulatory harmonisation and in West Africa will be an asset.
- **Languages:** excellent command, both written and spoken, of one of the three ECOWAS languages. Command of a second language would be an asset.
- **Professional requirements:** excellent writing skills and excellent analytical and synthesis skills;
- **IT skills:** proficiency in IT tools for word processing and data analysis;

Applications must include a **detailed CV and at least three references of comparable assignments**, specifying the deliverables produced and the consultant's role.

Priority Program	Resource mobilisation for health								
Activity Title	Development of a project proposal in support of the West Africa Medicines Regulatory Harmonization (WA-MRH) Initiative								
Funder	44100102								
Period of Implementation	Quarter 4 - 2026								
Name of PO	PPO Strategic Partnership and Resources Mobilization								
Description	**Fund**	**Fund Center**	**Funded Programme**	**GL Code/CI**	**Amount (UA)**	**Amount (US$)**	**Quantity**	**Duration**	**Unit Cost (US$**
Air Fare									
Resource Persons	P4000			631103	UA4 524	$6 000,00	3	1	2 000
Sub-total (Air fare)					**UA4 524**	**$6 000,00**			
Perdiem									
Resource Persons	P4000			631203	UA4 939	$6 550,00	1	25	262
Sub-total (Perdiem)					**UA4 939**	**$6 550,00**			
Honourarium									
Resource Persons/Consultant	P4000			631300	UA18 096	$24 000,00	1	40	600
Sub-total (Honourarium)					**UA18 096**	**$24 000,00**			
Conference Logistics									
Grand Total					**UA27 558**	**$36 550**			