KENYA BIOVAX INSTITUTE

Health Emergency Preparedness Response and Resilience (HEPRR) Project

Credit Number: 7405-KE

Project ID: P180127

TERMS OF REFERENCE

FOR

CONSULTING SERVICES FOR STAKEHOLDER ENGAGEMENT, ECOSYSTEM BUILDING & STRATEGIC COMMUNICATIONS FOR THE KENYA BIOVAX INSTITUTE (FIRMS SELECTION)

PROCUREMENT/CONTRACT REF NO.: KE-KBI-571330-CS-CQS

SEPTEMBER 2026

Client:
Kenya BioVax Institute Limited
P.O. Box 40779-00100
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1.0 Introduction

1.1 Project Background

The Government of Kenya, through the State Department of Medical Services, and with support from The World Bank, is implementing the Health Emergency Preparedness Response and Resilience Program (HEPRR) which aims to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Kenya. The Program, in part, seeks to reduce dependence on imports by supporting national and regional capacity for pharmaceutical and vaccine manufacturing, thereby contributing to the African Union target of producing 60% of Africa's vaccine needs by 2040. In this regard, the Program will specifically support Kenya, through the Kenya BioVax Institute (BioVax), to establish local vaccine manufacturing capacity through human resource development and operationalisation of a vaccine fill-finish facility in Nairobi, as part of efforts to strengthen pandemic preparedness and self-reliance in health commodities supply.

BioVax is a state-owned enterprise established in 2021 with the mandate to manufacture, commercialise, and distribute human vaccines and other specialised health products and technologies. It serves as the Government of Kenya's implementing agency for vaccine manufacturing under the HEPRR Program, leading efforts to ensure compliance with WHO Good Manufacturing Practice (GMP) standards and to strengthen the vaccines and biologics manufacturing ecosystem in the country.

1.2 Rationale

Kenya is strategically positioned to be the regional hub for manufacturing of specialised Health Products and Technologies (HPTs), including vaccines for children, adolescent girls, and mothers, biologicals, injectables and diagnostics among others. This potential is underpinned by an enabling business environment, a growing skilled workforce, the capacity to conduct relevant clinical research and trials, and a strategic role in regional health security initiatives. Evidence reveals that developing local manufacturing capacity for priority infectious diseases could avert over 4.44 million deaths and 206.27 million disability-adjusted life years across the African region, highlighting the transformative public health and economic benefits of domestic vaccine production.

However, global vaccine manufacturing is technologically complex and capital-intensive, requiring carefully structured partnerships for new entrants to succeed. For Kenya to enter and remain competitive in this landscape, the Kenya BioVax Institute (BioVax) must secure credible technology transfer arrangements that not only surpass manufacturing rights to include upstream technical assistance, regulatory support, quality systems strengthening, and sustainable market access but also structured to ensure long-term viability, alignment with national health priorities, and compliance with international standards.

Under the HEPRR programme, BioVax is implementing the vaccine manufacturing component with an objective of establishing production capacities for human vaccines to strengthen health commodity security for Universal Health Coverage and self-reliance for pandemic preparedness captured in the Subcomponent 1.3: Strengthening of Local Pharmaceutical and Vaccine Manufacturing Capacity.

Recognising the existing global manufacturing landscape that has less than 2% of vaccines manufactured in Africa, leading to minimal studies on acceptance and ecosystem strengthening for locally manufactured products, engaging a competent consultant is essential to align diverse stakeholders, strengthen partnerships, and ensure regulatory and public support.

2.0 Objective of the Assignment

BioVax intends to engage a consulting firm to comprehensively map, engage and communicate with all stakeholders to build shared understanding of locally manufactured vaccines and biotherapeutics and co-develop mechanisms that institutionalise the uptake of locally manufactured vaccines and biotherapeutics in Kenya and the region that comply with national and international regulatory requirements by the Pharmacy and Poisons Board (PPB) and the World Health Organisation (WHO).

The primary objective of the consultancy is to map stakeholders, design and implement a comprehensive and inclusive stakeholder sensitisation, engagement and co-creation process. The goal is to build shared understanding and strengthen alignment, and collaboration among county, national, regional, and global stakeholders to support the uptake of locally manufactured vaccines and biotherapeutics in Kenya and the region that comply with national and international regulatory requirements by the PPB and WHO.

2.1 Specific Objectives

The specific objectives of this consultancy are to:

i. Identify, map and analyse key stakeholders across both the demand and supply sides of the pharmaceutical, vaccine and biotherapeutics ecosystem, including Government Ministries, Departments and Agencies; regulators and policy-makers; procurement and supply-chain agencies; manufacturers and other private-sector actors; healthcare workers and professional bodies; academia and research institutions; media and communication stakeholders; development and financing partners; patient interest and advocacy groups; communities and civil society organisations; and regional, continental and global ecosystem actors, assessing their roles, interests, influence, capacities and expectations in relation to local manufacturing and uptake;
ii. Undertake a landscape analysis of demand-side determinants by assessing the knowledge, attitudes, perceptions and practices of healthcare workers, patients,

communities and other end users regarding locally manufactured quality-assured vaccines and biotherapeutics, and identify the behavioural, social, cultural, economic and trust-related barriers and facilitators that influence acceptance and uptake;

iii. Assess supply-side determinants across the local manufacturing ecosystem, including policy and regulatory conditions, manufacturing capacity, financing, procurement, distribution, market access and institutional readiness, and identify the barriers, opportunities and stakeholder actions required to strengthen the availability and adoption of locally manufactured vaccines and biotherapeutics;

iv. Facilitate structured, audience-specific stakeholder engagements and co-creation processes, using distinct approaches, expertise and timelines for demand-side stakeholders and supply-side stakeholders, to build shared understanding and consensus and ensure that BioVax processes and products respond to community, market and institutional expectations;

v. Develop and implement a demand-generation and risk-communication plan targeting healthcare workers, patients, communities and other end users, with tailored messages, channels and engagement products designed to build awareness, confidence, acceptance and uptake of locally manufactured vaccines and biotherapeutics;

vi. Develop and implement a strategic supply-side communication and engagement plan targeting policy-makers, regulators, manufacturers, procurement and supply-chain agencies, financing partners and other institutional actors, supported by a comprehensive Stakeholder Matrix detailing specific engagement strategies, continuity plans, data-sharing arrangements and a learning agenda for monitoring, evaluation, digital integration and adaptive learning, and use the findings to develop a theory of change for sustainable uptake of locally manufactured quality-assured vaccines and biotherapeutics in Kenya.

3.0 Scope of Consulting Services and Specific Tasks

3.1 Scope of the Consulting Services

The consultancy will focus on designing and implementing a comprehensive stakeholder engagement process to institutionalise the uptake of locally manufactured vaccines and biotherapeutics in Kenya that comply with national and international regulatory requirements by the PPB and WHO. The assignment will be undertaken in close collaboration with BioVax and will include structured consultations and co-creation activities to develop actionable stakeholder engagement and communication strategies.

3.2 Specific Tasks

The specific tasks shall be to:

3.2.1 Inception Phase

The Consultant will hold an inception meeting, which will serve as the formal starting point of the

assignment and will establish a common understanding with BioVax regarding the objectives, scope, deliverables, and implementation approach of the consultancy. This engagement will ensure strategic alignment, clarify roles and expectations, and confirm the analytical pathways required to deliver a successful assignment. In undertaking this task, the Consultant will be expected to:

a. Familiarise themselves with all background documentation and preparatory work conducted to date, including but not limited to reports and studies, and shall be responsible for carrying out initial reviews.
b. Develop an inception report that clearly outlines the methodology, detailed implementation plan, sequencing of tasks, timelines, deliverables, and key milestones. This report will provide a shared roadmap for the assignment and form the basis for monitoring progress and ensuring the timely and successful completion of the consultancy.

3.2.2 Stakeholder Mapping

The Consultant will undertake a comprehensive stakeholder mapping exercise to identify and analyse key stakeholders across the vaccines and biopharmaceutical manufacturing ecosystem, assessing their roles, influence, interests, capacities, and potential contributions.

a. Identifying and mapping all key stakeholders across the vaccine and biopharmaceutical manufacturing value chain at global, regional, national and subnational level;
b. Assessing the power (influence) and interest (position) of the different stakeholders with respect to local production of vaccines and biopharmaceuticals; and
c. Develop a report based on the stakeholder mapping, highlighting the potential contribution of the different stakeholders to BioVax's mandate.

The stakeholder engagement process involves collecting, handling and storing information from individuals and groups including personal data and views expressed during consultations. The consultant will follow ethical principles and safeguards throughout data collection and use.

3.2.3 Baseline assessment and Theory of Change

The Consultant will conduct a comprehensive baseline assessment of knowledge, attitudes and perceptions on locally manufactured health products and develop a theory of change on supporting the uptake of vaccines and biotherapeutics that are compliant with Good Manufacturing Practices prescribed by PPB and WHO.

a. Develop a study protocol to understand the baseline knowledge, attitudes and perceptions on locally manufactured health products and technologies;
b. Carry out the study at national and sub-national levels across nine (9) strategically selected counties representing all forty-seven (47) counties, involving a justified sample of

community members and all relevant stakeholders, to understand knowledge, attitudes and perceptions on locally manufactured health products and technologies. The nine counties will be selected to reflect Kenya's key sources of variation: geographic region, settlement type (urban, peri-urban/suburban and rural), religious and cultural composition, population size, socio-economic status, health-system performance and immunisation coverage, and the inclusion of marginalised and vulnerable populations, ensuring that all regions and population groups are represented;

c. Building on the study outputs, develop a theory of change, showing activities and pathways through which products and technologies manufactured by or for BioVax will meet community expectations; and
d. Consolidate the study findings and develop a baseline assessment report on knowledge, attitudes and perceptions on locally manufactured health products and technologies.

3.2.4 Stakeholder engagement and consensus building

The Consultant will conduct stakeholder engagement and consensus building activities from lessons learnt from the baseline assessment and theory of change to promote a shared acceptance of locally manufactured vaccines and biotherapeutics, and ensure alignment with communities and other stakeholders' expectations.

a. Develop an engagement plan for different actors at county, national, regional and global level, in consultation with key stakeholders, including the National Vaccines and Immunization Programme (NVIP), Gavi the Vaccine Alliance and UNICEF;
b. Implement structured engagement activities to inform stakeholders on locally manufactured vaccine and biotherapeutics;
c. Work with community members and key stakeholders at regional and national levels across nine (9) strategically selected counties representing all forty-seven (47) counties, to create shared value around local vaccine and biotherapeutics manufacturing; and
d. Consolidate all engagement reports to develop a comprehensive stakeholder engagement report highlighting stakeholder perspectives and concerns, risk and compliance, performance metrics and actionable insights for improving future engagements.

3.2.5 Stakeholder communication plan

The Consultant will develop and pilot comprehensive Stakeholder specific communication plan targeting the diverse range of actors within the vaccine manufacturing ecosystem.

a. Develop a demand stakeholder specific communication plan and a strategic communication plan targeting a diverse range of stakeholders at global, regional, national and county levels that highlights usage of the most appropriate communication channels;
b. Undertake a pilot testing of the communication plans to the diverse range of identified stakeholders;

c. Consolidate the findings from the pilot testing and generate a comprehensive communication plan drawing from lessons learnt, while incorporating aspects of crisis preparedness, operational efficiency and continuous improvement.

3.2.6. Sustainability and Continuity, Monitoring, evaluation and learning

The Consultant will curate comprehensive plans for BioVax focusing on developing a data strategy and learning agenda that supports monitoring, evaluation, sustainability and continuity, and adaptive learning for strategic communications and engagements.

a. Develop an adaptive capacity building plan to support BioVax stakeholder engagement and communication activities.
b. Develop an iterative and progressive monitoring, evaluation and learning strategy,
c. Develop a continuity plan to guide BioVax on future and continued stakeholder engagements and engendering public awareness on locally manufactured products.

3.2.7. Close-out Phase

The Consultant will hold a close-out meeting, to serve as the formal conclusion of the assignment and a critical governance milestone for BioVax. In the close-out meeting, the consultant will purpose to review, validate, and consolidate the outcomes of the assignment, ensuring all agreed objectives are achieved and that BioVax is positioned to fully internalise and sustain the benefits of the engagement. The meeting will provide a structured forum for reflecting on implementation performance, confirming the completeness of deliverables, and facilitating institutional learning by capturing insights that will inform future stakeholder engagement initiatives.

In undertaking this task, the consultant will be expected to compile a comprehensive project final report that outlines technical, financial, and implementation performance assessments, documents lessons learned, sustainability interventions and recommendations for future stakeholder engagement initiatives. The report will incorporate any additional reporting requirements specified by BioVax and will serve as a reference for continuous improvement and future scaling efforts.

4.0 Duration and Location of the Assignment

The consulting services will be implemented over a cumulative period of eight (8) months from the contract commencement date.

The Consulting services will generally be offered in Nairobi (Kenya) at the Kenya BioVax Institute offices. The Consultant's technical proposal shall describe their approach to delivering services, including any travel requirements.

5.0 Reporting Requirements and Timelines for submission of deliverables

5.1 Reporting

a. The Consultant will deliver reports to the Chief Executive Officer. All reports shall be submitted to the:

Chief Executive Officer
Kenya BioVax Institute
KWFT Centre, Kiambere-Masaba Road Junction, Upperhill, Nairobi
P.O. Box 40779-00100. Nairobi. KENYA
Tel: +254 775 751 639
Email: ceo@biovax.go.ke cc: heprr@biovax.go.ke

b. Upon submission of every report, the consultant may be asked to make a presentation of the submitted report to the Client in a scheduled meeting. The acceptance of the report shall be provided by the client to the consultant by e-mail and/or recorded in the minutes of the meeting.

5.2. Timelines for Submission of Deliverables

The Consultant will be expected to deliver the following outputs as presented in Table 1:

Table 1: Reporting Requirements and Timelines for Submission of Deliverables

No.	Deliverable / Report	Deliverable Description	Timeline (months from contract commencement)	Submission Format
1	**Inception Report**	This report shall summarise the Consultant's understanding of the assignment objectives and scope, present the proposed methodology and approach, provide a detailed work plan with activity schedules and milestones, present the responsibility assignment matrix, identify any issues or constraints that may affect the assignment, and propose solutions for addressing identified constraints.	0.5	2 hard copies + 2 soft copies (USB) in PDF and MS Word formats
2	**Stakeholder Mapping Report**	**Stakeholder Mapping Report comprising:** i. Identification and mapping of all key stakeholders at global, regional, national and sub-national levels; ii. Stakeholder profiling;	1.5	2 hard copies + 2 soft copies (USB) in PDF and MS Word

No.	Deliverable / Report	Deliverable Description	Timeline (months from contract commencement)	Submission Format
		iii. Power-interest analysis; iv. Assessment of roles, influence, expectations and capacities; and v. Recommendations on customised stakeholder engagement approaches highlighting the potential contribution of different stakeholders to BioVax's mandate.		formats
3	**Baseline Assessment and Theory of Change Report**	**3.1 Draft Baseline Assessment and Theory of Change Report comprising:** i. Study protocol; ii. Draft baseline findings on knowledge, attitudes and perceptions including barriers and facilitators to making locally manufactured health products and technologies acceptable; and iii. Draft Theory of Change.	2.0	2 hard copies + 2 soft copies (USB) in PDF and MS Word formats
		3.2 Final Baseline Assessment and Theory of Change Report comprising: i. Validated findings on knowledge, attitudes and perceptions including barriers and facilitators to making locally manufactured health products and technologies acceptable; ii. Theory of Change workshop report; iii. Final Theory of Change report; and iv. Recommendations on potential pathways to improving acceptability of locally manufactured vaccines and biotherapeutics.	2.5	

No.	Deliverable / Report	Deliverable Description	Timeline (months from contract commencement)	Submission Format
4	**Stakeholder Engagement and Consensus Building Reports**	**4.1 Draft Stakeholder Engagement Plan and Consensus Building Report comprising:** i. Engagement roadmap; ii. Stakeholder consultation framework; iii. Sub-national, national, regional and global engagement schedule; iv. Engagement tools and formats; and v. Expected outputs and feedback mechanisms.	3.0	2 hard copies + 2 soft copies (USB) in PDF and MS Word formats
		4.2 Final Stakeholder Engagement and Consensus Building Report comprising: i. Consolidated engagement findings including stakeholder perspectives, concerns, risk and compliance observations, and performance metrics; ii. Consensus outcomes; iii. Stakeholder recommendations; and iv. Actionable insights and implications for BioVax strategic positioning and uptake of locally manufactured vaccines and biotherapeutics.	4.0	
5	**Stakeholder Communication Plan**	**5.1 Draft Communication Plan comprising:** i. Communication objectives; ii. Audience segmentation; iii. Key messages; iv. Communication channels and approaches including pilot testing findings; v. Implementation matrix incorporating aspects of crisis preparedness, operational efficiency and continuous	4.5	2 hard copies + 2 soft copies (USB) in PDF and MS Word formats

No.	Deliverable / Report	Deliverable Description	Timeline (months from contract commencement)	Submission Format
		improvement; and vi. Monitoring indicators.		
		5.2 Final Communication Plan comprising: Revised and approved stakeholder communication strategy and implementation framework incorporating BioVax feedback, lessons learnt from pilot testing and crisis preparedness considerations.	6.0	
6	**Sustainability, Continuity, Monitoring, Evaluation and Learning Reports**	**6.1 Adaptive Capacity Building Plan and Monitoring, Evaluation and Learning Strategy comprising:** i. Capacity needs assessment; ii. MEL framework with indicators and data collection tools; iii. Learning agenda; and iv. Adaptive learning approach. **6.2 Adaptive Learning and Capacity Building Progress Report comprising:** i. Training and capacity building activities undertaken; ii. Progress on MEL implementation; iii. Key lessons emerging; and iv. Recommended adjustments. **6.3 Continuity Plan comprising:** i. Institutionalisation measures for continued stakeholder engagement; ii. Public sensitisation mechanisms; iii. BioVax internal implementation and uptake matrix; and iv. Sustainability recommendations and implementation guidance for	7.0	2 hard copies + 2 soft copies (USB) in PDF and MS Word formats

No.	Deliverable / Report	Deliverable Description	Timeline (months from contract commencement)	Submission Format
		future stakeholder engagement and public awareness initiatives.		
7	**Final Report**	**Comprehensive final report comprising:** i. Summary of deliverables and outcomes achieved; ii. Technical and implementation performance assessment; iii. Lessons learnt; iv. Sustainability interventions; and v. Recommendations for future stakeholder engagement initiatives.	8.0	2 printed copies and an electronic copy (PDF and MS Word)

6.0 Payment Schedule

The proposed payment schedules based on satisfactory performance of the contract which will be negotiated with the successful consultant as presented in Table 2 below.

Upon submission of every report, the consultant is expected to make a presentation of the submitted report to the Client in a scheduled meeting. The acceptance of the report shall be recorded in the minutes of the meeting.

Table 2: Proposed Payment Schedule

S/No	Deliverable / Report	Timeline (months from contract commencement)	Percentage of Contract Amount (%)
1	Submission and acceptance of Inception Report	1.0	10%
2	Submission and acceptance of Stakeholder Mapping Report	1.5	10%
3	Submission and acceptance of Draft Baseline Assessment and Theory of Change Report	2.0	0%
	Submission and acceptance of Final Baseline Assessment and Theory of	2.5	20%

S/No	Deliverable / Report	Timeline (months from contract commencement)	Percentage of Contract Amount (%)
	Change Report		
4	Submission and acceptance of Draft Stakeholder Engagement Plan and Consensus Building Report	3.0	0%
	Submission and acceptance of Final Stakeholder Engagement and Consensus Building Report	4.0	25%
5	Submission and acceptance of Draft Communication Plan	4.5	0%
	Submission and acceptance of Final Communication Plan	6	15%
6	i) Submission and acceptance of Adaptive Capacity Building Plan and MEL Strategy ii) Submission and acceptance of Adaptive Learning and Capacity Building Progress Report and Continuity Plan	7.0	10%
7	Submission and acceptance of Final Report	8.0	10%
	TOTAL		**100%**

7.0 Minimum requirements for Consultants Qualification and Experience

The consulting firm shall have the following minimum qualifications and experience:

7.1 Core business and years in business

The consulting firm shall be legally registered/incorporated as a consulting entity and shall have its core business providing expertise in stakeholder engagement, institutional development, public sector consulting, health systems strengthening, pharmaceutical or vaccine sector advisory, market shaping and entry strategies and related fields for a minimum period of ten (10) years.

7.2 Relevant experience:

The consulting firm shall demonstrate having successfully executed, completed and supported at least one (1) assignment of similar nature, scope, scale, and complexity within the last eight (8) years.

Details of similar assignments shall be provided in the expression of interest, including the Client's name and address, scope of services, contract value, period of execution, and the consultant's role.

7.3 Technical and managerial capability of the firm:

The consulting firm shall demonstrate adequate technical depth, financial and business advisory capacity, and managerial capability to undertake this assignment, supported by submitted company profiles, organisational structures, and availability of suitably qualified experts.

8.0 Team Composition, Minimum Qualifications and Experience for Key Experts

The Consulting firm shall have well-qualified and experienced professionals as required and appropriate for completion of the exercise. They should possess necessary resources to undertake services of such nature including equipment and software required to execute the assignment.

The key professionals/experts shall personally carry out (with assistance of other non-key staff deemed appropriate) the services as described in this Terms of Reference.

The key experts must demonstrate experience working in complex, multi-stakeholder environments involving public sector institutions, private sector actors, development partners, and academic and technical agencies.

The key experts to be provided for this assignment will include qualified personnel with extensive international, regional and national experience are as follows: -

8.1 Key Experts

8.1.1. Stakeholder Engagement Consultant- Team Leader

i. A minimum of a master's degree in public policy, Public Health, Development Studies, Social Sciences, International Relations, Organizational Development, or a related field from a recognized institution;
ii. At least ten (10) years of general professional experience in relevant research, stakeholder engagement, institutional and/or policy development, or related advisory services;
iii. A minimum of six (6) years of specific experience leading stakeholder engagement, coordination, or co-creation assignments within any of the following sectors:

pharmaceutical or vaccine manufacturing, health systems, regulatory affairs, industrial development, or donor-funded project environments;

iv. Demonstrated experience in managing multidisciplinary teams and serving as the primary liaison with senior government officials, regulators, development partners, and technical institutions; and
v. Must be validly registered with and hold a current annual practising licence from a relevant professional body recognized in Kenya
vi. Risk Communication and Community Engagement (RCCE) Specialist
vii. A minimum of a Master's degree in Communications, Social Sciences, Public Engagement, Development Studies, Public Health, or a related field from a recognised institution;
viii. At least eight (8) years of general professional experience in stakeholder engagement, facilitation, communications, or partnership development;
ix. A minimum of four (4) years of specific experience facilitating structured consultations, workshops, or multi-stakeholder dialogue processes within health, pharmaceutical, vaccine manufacturing, or industrial development contexts;
x. Proven experience in designing and implementing stakeholder engagement strategies, participatory processes, and risk communication and community engagement (RCCE) approaches, including translating technical and vaccine-related information into clear, culturally appropriate messaging for diverse audiences; and
xi. Must be validly registered with and hold a current annual practising licence from a relevant professional body recognised in Kenya.

8.1.2. Immunization and Community Health Specialist (Nurse)

i. A minimum of a Bachelor's degree in Nursing from a recognised institution;
ii. At least five (5) years of general professional experience in nursing, public health, community health, immunization programmes, or related health service delivery;
iii. A minimum of three (3) years of specific experience in immunization and vaccination programmes, with demonstrable knowledge of national immunization schedules, vaccine administration, cold chain management, and monitoring and reporting of adverse events following immunization (AEFI);
iv. Proven experience in the planning, implementation, supervision, or monitoring of vaccination or immunization campaigns, including participation in at least one vaccination campaign in Kenya and working within multidisciplinary and multi-stakeholder teams; and
v. Must be registered with the Nursing Council of Kenya and hold a valid practising licence.

8.1.3. Technical Advisor (Pharmaceutical and Vaccine Manufacturing)

i. A minimum of a Bachelor’s degree in Pharmacy, Life Sciences, Engineering, Biotechnology, Industrial Pharmacy, or a related discipline from a recognised institution.
ii. At least five (5) years of general professional experience in pharmaceutical or vaccine

manufacturing, quality systems, regulatory environments, or related technical fields;

iii. Demonstrated experience of a minimum of 1 year working with manufacturing stakeholders, regulators, or technical partners on issues related to quality assurance, Good Manufacturing Practice (GMP), technology transfer, or manufacturing readiness;
iv. Familiarity with WHO GMP requirements and international manufacturing standards; and
v. Must be validly registered and holding a current annual practicing license from a relevant professional body recognised in Kenya.

8.1.4. Health Systems Strengthening (HSS) Specialist

i. Minimum of a Bachelor's Degree in Life Sciences, or related discipline from a recognised institution;
ii. A minimum of 5 years working on health systems design, global health programme architecture, or strategic consulting in the health sector.
iii. Direct experience in designing multi-stakeholder health delivery programme at national and sub-national levels.
iv. Experience in designing multi-tiered engagement frameworks and implementing co-creation activities within a national and regional healthcare ecosystem.
v. Must be validly registered and holding a current annual practicing license from a relevant professional body recognised in Kenya.

8.1.5. Market Access Specialist

i. A minimum of a Bachelor's degree in Business Administration, Finance, Economics, Life Sciences, or a related discipline from a recognised institution;
ii. A minimum of five (5) years of experience in Africa healthcare market entry, market intelligence gathering, and translating policy into actionable market access strategies, with at least three (3) years of specific experience in public-private health investments, multi-stakeholder partner engagement, primary healthcare systems design, and scaling of innovations in healthcare; and
iii. Demonstrated experience in business entrepreneurship and expansion within the healthcare market ecosystem; and
iv. Must be validly registered with and hold a current annual practising licence from a relevant professional body recognised in Kenya.

8.1.6. Community and stakeholder engagement specialist

i. A minimum of a Bachelor's degree in Social Sciences, Business Administration, Finance, Economics, or a related discipline from a recognised institution;
ii. A minimum of five (5) years of experience in community engagement, outreach, communications, or social work, including demonstrated experience in identifying, mapping, and engaging diverse stakeholders and conducting stakeholder analysis within

the healthcare ecosystem;

iii. Proven experience in public communication, advocacy, behaviour change initiatives, and coordinating health-related multi-stakeholder initiatives and events; and
iv. Must be validly registered with and hold a current annual practising licence from a relevant professional body recognised in Kenya.

8.2 Non-Key Experts

8.2.1 Healthcare Data Analyst

i. Minimum of Bachelor's Degree in Data Sciences, Mathematics, Actuarial Sciences and any other related discipline from from a recognised institution.
ii. Experience in applying statistical and analytical techniques to derive findings or insights.
iii. Experience in using statistical tools such as NVIVO, ATLAS, Dedoose, SPSS, STATA, Python, or R and data visualization tools (Power BI).
iv. Experience in developing dashboards that highlight trends, patterns and anomalies.
v. Experience in data validation and healthcare quality assurance research

8.2.2 Medical Advisor (Immunization and Public Health)

i. A Bachelor of Medicine and Bachelor of Surgery (MBChB) or equivalent medical qualification from a recognised institution;
ii. At least five (5) years of general professional experience in clinical practice, with demonstrated foundational knowledge of public health principles, immunization practices, and preventive healthcare, including a minimum of two (2) years of specific experience in vaccine-related clinical or advisory work such as immunization programmes, outbreak response, Expanded Programme on Immunization (EPI) activities, or related public health interventions;
iii. Demonstrated ability to review and validate technical content, communication materials, messaging drafts, or strategy documents for medical and clinical accuracy; and
iv. Must be validly registered with and hold a current annual practising licence from a relevant professional body recognised in Kenya.

8.2.3 Research Associate

i. A minimum of a Bachelor's degree in Pharmacy, Life Sciences, Engineering, Biotechnology, Industrial Pharmacy, Social Sciences, or a related discipline from a recognised institution;
ii. Demonstrated experience in conducting primary research, including applying appropriate sampling strategies and adhering to ethical research protocols;
iii. Experience in analysing qualitative and quantitative data sets and presenting findings in a clear and structured manner; and
iv. Willingness to travel within Kenya for fieldwork, stakeholder interviews, and client

engagements.

The Team Leader will be in charge of reporting and coordination of all activities and will be the main contact person in the team vis-à-vis the Client.

9.0 Time Inputs for Key Experts

The number of key experts and the estimated time input for each key expert for the assignment are presented in Table 3.

Table 3: Estimated Time Inputs for Key and Non-Key Experts

S/No	Key/ Non-Key Experts	No.	Time Inputs (person -months)
	Key Experts		
1.	Team Lead	1	8
2.	Risk Communication and Community Engagement (RCCE) Specialist	1	5
3.	Immunization and Community Health Specialist (Nurse)	1	5
4.	Technical Advisor (Pharmaceutical and Vaccine Manufacturing)	1	4.5
5.	Health Systems Strengthening (HSS) Specialist	1	4.5
6.	Market Access Specialist	1	4.5
7.	Community and stakeholder engagement specialist	1	4.5
	Non-Key Experts		
1.	Healthcare Data Analyst	1	6
2.	Medical Advisor (Immunization and Public Health)	1	6
3.	Research Associates	4	8
	TOTAL		**56**

10.0 Management and Accountability of the Assignment

The Kenya BioVax Institute is the Client for these services. The consultant will report to the Chief Executive Officer through a designated senior manager. The designated senior manager will work closely with the HEPRR focal officer to oversee the day-to-day running of the assignment.

11.0 Obligation of the Client

The Client will:

i. Provide all relevant information and documentation to the consultant that can assist in this assignment;
ii. Provide contacts of key stakeholders;
iii. Organise meetings with relevant stakeholders as may be required by the consultant;
iv. Facilitate liaison with other program-implementing partners;
v. Review and approve reports.

12.0 Obligation of the Consultant

i. The consulting firm will be answerable to the Chief Executive Officer, the Designated Senior Manager and the HEPRR Focal Officer and will work closely with BioVax staff in the execution and delivery of this consultancy.
ii. The consultant will be required to make their own travel and accommodation arrangements during consultations with different stakeholders to ensure the assignment is carried on smoothly and seamlessly within the timeframe provided.
iii. The consulting firm will consult and include inputs from the stakeholders and is responsible for organizing and achieving the evaluation and delivering the final report.

13.0 Proprietary Rights of Client in Reports and Records

i. All the reports, data, and information developed, collected, or obtained from the implementing agencies etc., Client, and other Institutions during this exercise shall belong to the Client. No use shall be made of them without prior written authorization from the Client.
ii. At the end of the Services, the Consultant shall relinquish all data, manuals, reports and information (including the database, codes, and related documentation) to the Client and shall make no use of them in any other assignment without prior written authority from the Client.