TERMS OF REFERENCE
CALL FOR EXPRESSIONS OF INTEREST FOR CONSULTANCY
ANALYSIS OF THE DETERMINANTS OF INACTION IN PANDEMIC PREPAREDNESS

Contracting authority: INSERM/ANRS MIE (coordinator of the European Partnership for Pandemic Preparedness BE READY)
Project: European Partnership for Pandemic Preparedness BE READY/Work Package 6 (Sustainability & Exit Strategy)
Assignment: Political Economy Analysis of Underinvestment in Pandemic Preparedness
Type of assignment: Consultancy
Duration: 4 to 6 months
Expected start date: February 2027
Location: Remote/hybrid, with potential participation in meetings with BE READY partners

I. Background and Rationale

The COVID-19 pandemic, together with major epidemics and outbreaks such as HIV/AIDS, Ebola, SARS and, more recently, mpox and Andes hantavirus, exposed persistent structural weaknesses in pandemic preparedness. These include fragmented research efforts, heterogeneous national approaches, limited availability of medical countermeasures and difficulties in generating robust, comparable data in a timely manner to support coordinated decision-making.

The COVID-19 pandemic triggered unprecedented mobilization at national, European and global levels. The European Union and its Member States strengthened the health security framework through major investments, regulatory action and new preparedness and response structures. At global level, the amended International Health Regulations and the WHO Pandemic Agreement provide a stronger framework for collective action, although their effective implementation remains challenging.

Despite these advances, sustained political, financial and institutional support for pandemic preparedness cannot be taken for granted. National engagement and investment in coordinated European and global preparedness mechanisms remain insufficient and vulnerable to shifting political agendas, competing priorities and short-term budgetary pressures. Stronger partnerships across governments, international organisations, the private sector and civil society are therefore essential, but the sustainability of such mechanisms remains uncertain, as changes in government priorities and political leadership can affect long-term commitments.

This fragility is rooted in broader structural market and political-economy failures. Pandemic preparedness is uncertain, long-term and largely oriented towards public-good objectives, limiting incentives for both public and private actors to invest sufficiently. The benefits of preparedness are difficult to make visible to citizens and decision makers and to attribute to specific policy choices: successful investment may result in an outbreak being contained, a crisis being mitigated or an anticipated event not occurring at all. Conversely, the costs of underinvestment are often underestimated or remain invisible until an outbreak escalates, at which point they can generate substantial human, social, economic and political consequences. This asymmetry may encourage policymakers to prioritise more immediate and visible concerns, increasing the risk that preparedness loses political and financial support once a crisis has passed. Private investment faces similar constraints: it tends to favour medical

countermeasures for existing or predictable health needs, particularly where established health systems provide clear pathways for reimbursement and access, rather than products targeting uncertain future epidemic threats or populations where viable markets are less assured.

Against this backdrop, **the European Partnership for Pandemic Preparedness (BE READY),** coordinated by ANRS MIE and launched on 1 January 2026, represents a major collective European effort to strengthen the research and innovation foundations of pandemic preparedness and sustain mobilisation across research, health systems, public health and policy.

Bringing together Ministries of Research and Health, research funding and implementing organisations, and research infrastructures from 27 countries, the Partnership aims to align priorities, strengthen the funding and coordination of research agendas across European and Associated Countries, accelerate knowledge generation on emerging infectious diseases, and support the development of medical countermeasures and innovations.

With a total budget of €250 million over ten years, BE READY also seeks to strengthen scientific networks and research capacities through the development of a European research infrastructure ecosystem, including an ever-warm clinical research network designed to ensure sustained research readiness and facilitate the timely generation of evidence during epidemics. Through this integrated approach, the Partnership aims to strengthen links between research, preparedness planning and policy action, while supporting more coordinated and sustainable European preparedness efforts.

However, BE READY cannot substitute for adequate and sustained investment by participating countries and the European Union. Its lasting impact will depend on continued political and financial commitment and on the sustainability of Europe's broader preparedness architecture.

In this context, ANRS MIE, through Work Package 6 (WP6) of the BE READY Partnership, intends to commission an analysis of the determinants of inaction and underinvestment in pandemic preparedness. This analysis will constitute a first step towards understanding the political, institutional and economic factors that influence investment decisions, assessing how existing evidence on the costs of epidemics and pandemics informs these decisions, and identifying potential levers to support more sustained investment. Ultimately, the findings will contribute to future work on assessing the social and economic costs of inaction and to the development of an advocacy strategy supporting the long-term sustainability of pandemic preparedness efforts, including the BE READY Partnership.

II. Objectives of the Analysis

1. Overall objective

The overall objective of the study is to understand the political, institutional and economic factors driving underinvestment in pandemic preparedness, in order to identify the levers that could support more sustained investment and inform future work on the costs of inaction. The study will provide an initial political economy analysis of underinvestment, with a particular focus on the actors, incentives, institutional arrangements and evidence that shape preparedness investment decisions. It will also assess how existing evidence on the costs of epidemics and pandemics is used to inform investment decisions and identify the evidence gaps that need to be addressed.

2. Specific objectives

The study will pursue three main objectives:

- Identify the **determinants of underinvestment** in pandemic preparedness, including political priorities, budgetary constraints, institutional arrangements, market incentives and the distribution of responsibilities across national and European levels.
- **Map the relevant actors and stakeholders**, distinguishing between:
    - the institutions and individuals that influence or make decisions on preparedness priorities and funding; and
    - the sectors, organizations and population groups affected by insufficient preparedness or by future pandemic events.
- **Review and assess existing evidence** on the health, social and economic costs of epidemics and pandemics, as well as the approaches used by countries to translate such evidence into preparedness investment decisions. This review will identify relevant national studies, transferable methodologies and remaining evidence gaps.

3. Scope/limitation

The study will not seek to produce a comprehensive new estimate of the costs of inaction. Instead, the findings will build on the existing studies and will seek to provide an initial basis for identifying policy and institutional levers and for developing a future advocacy strategy in support of sustained investment in pandemic preparedness.

III. Proposed Methodology

The proposed methodology, which will need to be further refined with the partners and the selected consultant, includes:

- A **targeted review** of existing literature and policy documents on the political, institutional and economic determinants of investment in pandemic preparedness.
- A **consultation** of BE READY partners to identify relevant national analyses, evaluations and policy experiences, including studies estimating the economic and societal impact of COVID-19 or other outbreaks and examining how these assessments informed subsequent preparedness policies or investment levels.
- A **mapping of decision-making actors**, covering the main institutions involved in setting priorities, allocating resources and maintaining preparedness capacities at national and European levels.
- A **mapping of affected stakeholders**, identifying the sectors, institutions and population groups that bear the direct and indirect consequences of insufficient preparedness.
- A limited number of **interviews** with selected BE READY partners, national authorities, European institutions and other relevant stakeholders to validate the findings and better understand decision-making processes, incentives and constraints.
- A **comparative analysis of selected country examples**, chosen on the basis of the relevance and availability of existing evidence, rather than a comprehensive comparison of national pandemic responses.

The consultant will be encouraged to propose additional or complementary methodological approaches where relevant.

The final methodology, including the analytical framework, assessment grids, stakeholder mapping approach and selection of country examples, will be discussed and agreed upon during the inception phase with ANRS MIE and the relevant BE READY partners.

IV. Expected Results and Deliverables

The consultant will be expected to propose a methodology for the study, including an appropriate approach to evidence review, stakeholder mapping, assessment of the determinants of underinvestment, and identification of relevant policy and institutional levers. This methodology will be discussed and refined during the inception phase, in close collaboration with the BE READY Partnership and relevant stakeholders, to ensure a shared understanding of the objectives, scope and expected outputs of the study.

The proposed work should build on, and make explicit reference to, relevant studies and analyses already conducted on the cost of inaction in pandemic preparedness. The consultant should also propose appropriate assessment and analysis grids to structure the review of existing evidence and the identification of determinants, stakeholders and potential levers.

The study is expected to result in:

1. an inventory and assessment of relevant national and international studies,
2. a synthesis of the main determinants of underinvestment in pandemic preparedness;
3. a map of relevant decisionmakers and affected stakeholders;
4. a set of preliminary policy and institutional levers.

The work will be conducted through a collaborative and co-creative process with the BE READY Partnership. The consultant will be expected to engage regularly with the relevant partners throughout the assignment, with the methodology, analytical framework and key findings being discussed and refined as the work progresses.

All deliverables will be submitted to ANRS MIE for review and validation, in coordination with the relevant BE READY partners.

V. Organisation and coordination of the assignment

The consultancy will be commissioned by the French Agency ANRS MIE within the framework of Work Package 6 of the BE READY Partnership. ANRS MIE will act as the main institutional contact and will coordinate interactions between the consultant and the relevant BE READY partners.

The consultant will work in close collaboration with:

- The WP6 Leader.
- The BE READY Coordination Team.
- Relevant BE READY partners and experts.
- Other stakeholders identified as relevant to the assignment.

Regular progress meetings will be organised to monitor implementation, discuss preliminary findings and ensure that the work remains aligned with the objectives of the assignment. The consultant will be expected to provide regular updates, participate in inception and progress meetings, present preliminary findings for discussion and incorporate relevant feedback into the final deliverables.

VI. Expected profile and qualifications

The consultancy may be undertaken by an individual consultant or a consulting firm with demonstrated expertise in public health policy, health economics, political economy or related fields.

Academic qualifications:

- Advanced university degree (Master's degree or PhD) in public health, health economics, economics, political science, public policy, international relations, development studies or a related discipline.

Professional experience:

- Demonstrated experience in policy analysis, political economy analysis, health systems research or public health policy.
- Proven experience analysing health financing, public investment, resource allocation or institutional decision-making processes.
- Experience in pandemic preparedness, health security, epidemic preparedness or related areas would be a strong asset.
- Experience conducting literature reviews, qualitative research, stakeholder mapping and policy assessments.

Technical competencies:

- Strong analytical and synthesis skills.
- Excellent drafting and reporting skills.
- Ability to conduct qualitative interviews and analyse stakeholder perspectives.
- Ability to interpret economic, institutional and policy evidence.
- Ability to work collaboratively with international and multidisciplinary teams.

Language requirements:

- Excellent command of written and spoken English.

VII. Submission requirements/Expression of interest

At this stage, interested consultants or consulting firms are invited to submit an expression of interest only, demonstrating their suitability and motivation to undertake the assignment.

The expression of interest should include:

- A brief cover letter outlining the applicant's interest in the assignment and their understanding of its objectives.
- An updated CV of the proposed consultant or CVs of the proposed team members.
- A brief presentation of the consulting firm, where applicable.

At this stage, applicants are not required to submit a detailed technical or financial proposal. Shortlisted candidates may subsequently be invited to submit a more detailed proposal, including their proposed methodology, work plan, availability and financial offer, in accordance with the applicable procurement procedure.

Indicative budget
The estimated budget allocated to this consultancy is approximately EUR 30,000.

Submission arrangements
Interested applicants are invited to submit their expression of interest by email to:
Email address: beready.consultancy@inserm.fr

Subject line: Expression of Interest/Consultancy on the Analysis of the Determinants of Inaction in Pandemic Preparedness
Submission deadline: 30 November 2026
Expected start date: February 2027

Only expressions of interest received by the specified deadline will be considered.

Following the review of expressions of interest, selected candidates will be contacted regarding the next stage of the selection process.

Suggested bibliography

- Vardavas C, Zisis K, Nikitara K, Lagou I, Marou V, Aslanoglou K, et al. Cost of the COVID-19 pandemic versus the cost-effectiveness of mitigation strategies in EU/UK/OECD: a systematic review. *BMJ Open*. 2023;13(10):e077602. doi:10.1136/bmjopen-2023-077602.

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