



Call for Proposals

To Strengthen Surveillance, Disease Intelligence,
and Health Information Exchange

**Deadline for submission of proposals:
28/02/2018: 1700 Hours Addis Ababa Time (+3 GMT)**

GUIDELINES FOR APPLICATION PROPOSALS FOR SUPPORT TO STRENGTHEN SURVEILLANCE, DISEASE INFORMATION AND HEALTH INFORMATION EXCHANGE

The Commission of the African Union is seeking proposals seeking to strengthen surveillance, disease information and health information exchange. The full Guidelines for Applicants are stipulated below in this dossier, which is available on the following internet site and link: <http://www.africa-union.org> .

1. INTRODUCTION

Africa Centres for Disease Control and Prevention

The Africa Centres for Disease Control and Prevention (Africa CDC), officially launched in Addis Ababa, Ethiopia, on January 31, 2017, is Africa's first continent-wide public health agency. It envisions a safer, healthier, integrated and stronger Africa, whereby Member States are capable of effectively responding to outbreaks of infectious diseases and other public health threats. The agency mission is to strengthen Africa's public health institutions' capabilities to detect and respond quickly and effectively to disease outbreaks and other health burdens through an integrated network of continent-wide preparedness and response, surveillance, laboratory, and research programs.

Towards meeting its mission, the Africa CDC works with African Union Member States, World Health Organization (WHO) and partners in the five geographic sub-regions of Africa to strengthen their capacity in five strategic priority areas:

- 1) Surveillance and disease intelligence;
- 2) Emergency preparedness and response;
- 3) Laboratory systems and networks;
- 4) Information and technology systems; and
- 5) Institutes and research.

Enablers of the Africa CDC's mission include leadership, management, financial sustainability, workforce, partnership and innovation.

The African Union's "Africa Agenda 2063: The Africa We Want" is its strategy for the development of the continent, detailing several key concerns that justified the establishment of Africa CDC:

- 1) Increased potential for new or re-emerging pathogens to turn into pandemics as a result of increasing, rapid population growth (estimated population 280 million in 1960 and 1.2 billion in 2016) and movement across Africa;
- 2) Existing endemic and emerging infectious diseases, including antimicrobial resistance;
- 3) Increasing incidence of non-communicable diseases and injuries;
- 4) High maternal mortality rates, and
- 5) Threats posed by environmental toxins.

In addition to these concerns, African countries have insufficient public health assets, including surveillance systems, laboratory networks, competent workforce and research expertise, hindering timely, evidence-based decision-making.

To address these concerns, the Africa CDC seeks proposals from universities, institutions, and non-governmental organisations Africa possessing the capacity to implement the main goal and objectives described in the below guidelines. Approximately \$3,000,000 is available for award to eligible institutions. The Contracting Authority anticipates the potential for multiple awards of varying amounts. The Africa CDC reserves the right not to award all available funds.

Proposal Intent and Purpose

The aim and intent of this Call for Proposals is to attract universities, institutions, and non-governmental organisations that have the capacity to implement the main goal and objectives described in this Call. Accordingly, the main goal of this Call for Proposals is to strengthen surveillance, disease intelligence, and health information exchange within Africa CDC and among Member States so that ultimately each Member State can effectively prevent, rapidly detect, and resolutely respond to infectious diseases and other public health threats.

The Africa CDC will operate on a decentralized model driven by implementation of operational approaches that enables Member States to own and facilitate an increase in the proximity of their response capabilities. Africa CDC will operate as a network whereby the headquarters in Addis Ababa will establish close linkage with its five Regional Collaborating Centres (RCCs) based in Egypt, Nigeria, Gabon, Zambia, and Kenya.

In carrying out the overall objectives of activities supported under this mechanism, Africa CDC expects to work in collaborative fashion with grantee institutions. In this way, Africa CDC will have significant technical involvement in implementation activities through the provision of normative guidance, standards and policies, as well as provision of technical advisory services and assistance to address knowledge gaps and to build specialized institutional capacities as appropriate. Moreover, grant recipients will be expected to collaborate with Africa CDC-supported partners including, but not limited to the World Health Organization (WHO) and others to ensure synergies and consistency across funded activities in line with Africa CDC's goals and WHO normative guidance and national public health strategic plans.

Background and Context

Africa CDC's highest priority for surveillance is to accelerate the time to detection and enhance the quality of response to infectious disease outbreaks and other urgent public health threats. To achieve this goal, Africa CDC seeks to strengthen event-based surveillance (EBS), which is defined as the organized collection, monitoring, assessment, and interpretation of unstructured, *ad hoc* information (e.g., stories, rumours, reports) about health events, which may represent an acute risk to human health. One component of EBS involves public health analysts analysing information from open sources, such as traditional media, social media, blogs, and other internet-accessible sources, to identify health events. Africa CDC is collaborating with the World Health Organization on a new system known as "Epidemic Intelligence from Open Sources" (EIOS). EIOS continuously scans the internet in multiple languages across a large number of sources to identify public health events. Africa CDC needs to export data about events detected in EIOS into an electronic system that will allow a trusted network of analysts from Africa CDC headquarters, Africa CDC RCCs, and Member States to conduct continuous real-time analysis and risk assessment of public health events. Currently termed 'Africa CDC EpiMedia,' the system would have both a Wiki interface for continuous updating of events by geographically dispersed analysts and a microblogging feature (e.g., Twitter, Facebook) to provide updates relevant to specific decision makers.

In addition to building its internal systems for EBS, Africa CDC seeks to strengthen the capacity of Member States to conduct EBS themselves, specifically through the use of reporters from the general community (community EBS), facilities (facility EBS), or national media-scanning platforms. In 2018, Africa CDC, in partnership with others, will release guidance for Member

States who want to establish EBS at the national or sub-national level. Africa CDC will first engage in a pilot training program to test the guidance in a small subset of African Member States. Then, working with partners, it will scale-up the training and dissemination of guidance to all Member States with intention to initiate EBS or strengthen existing EBS platforms.

To improve both detection and response, Africa CDC seeks to strengthen surveillance of the healthcare delivery system on the continent. Although many partners are mapping various hospitals, clinics, and laboratories on the continent, it is unlikely that any given entity is continuously cataloguing the location and characteristics of all components of the healthcare delivery system. Both during routine service delivery and emergencies, Africa CDC and Member States should be able draw a circle around any location and know, in real time, the location and operational capacity of clinical sites (offices, clinics, hospitals that are public or private), dispensary sites, and laboratories. This knowledge will give decision-makers critical information to strengthen and coordinate surveillance, diagnosis, case management, and other essential activities during public health emergencies. In addition to public sector benefit, such a resource could also provide tremendous value to the private sector for training and supply chain management.

Africa CDC seeks to work with National Public Health Institutes (NPHIs) in each country to integrate data across all government agencies that collect data relevant to health. Once integrated, Africa CDC's RCCs will work with these NPHIs to create regional dashboards that continuously monitor health and disease. African countries are rapidly implementing electronic information systems within the health system and across agencies, but few are using a common electronic vocabulary or standard for such systems. This impedes the exchange and integration of health-related data within and across countries. Africa CDC seeks to build consensus for and promote adoption of standards for health information exchange, including standard nomenclature and transmission methods, such as [Health Level Seven International \(HL7\)](#). Africa CDC will then collaborate with NPHIs to implement these standards, first, for rapid, comprehensive exchange of indicator- and event-based surveillance data and, second, for integration of such data with individual, clinical service, and administrative records.

Though routine surveillance data is scarce, it is estimated that antimicrobial resistance may cause up to 4 million deaths per year in Africa by 2050. In October 2017, Africa CDC officially launched its Framework for Antimicrobial Resistance, 2018—2023. This Framework describes strategies and tactics for Africa CDC to improve surveillance, delay emergence, limit transmission, and mitigate harm of antimicrobial resistant (AMR) pathogens. Africa CDC will identify partners to implement the short-term priorities of the Framework, including: to produce evidence-based guidelines for clinicians to treat susceptible and resistant infections in humans; to develop and advocate for AU policies and statutes that promote infection prevention and control; to characterize current antimicrobial practices; to understand barriers to good antimicrobial practice; to propose solutions that will encourage prudent antimicrobial use; to strengthen human resources for AMR surveillance; and to define indicators with baselines and targets to measure progress on the Framework.

1.1 OBJECTIVES OF THE CALL FOR PROPOSALS

The **overall objective** of this Call for Proposal is to strengthen surveillance, disease intelligence, and health information exchange within Africa CDC and among Member States so that ultimately each Member State can effectively prevent, rapidly detect, and resolutely

respond to infectious diseases and other public health threats.

In meeting the overall objective, Africa CDC will collaborate with grantee recipients to enhance the capacity of the continent to have:

1. An electronic platform for real-time collaborative analysis of public health threats to be used by Africa CDC, Member States, and trusted partners.
2. Event-based surveillance systems in Member States;
3. A strategy and technical requirements for real-time surveillance of the healthcare delivery system.
4. An Africa CDC policy and standards for health information exchange within and between government agencies.
5. Implementation of core activities of Africa CDC's strategy to address antimicrobial resistance.

In carrying out the above objectives, grant recipient organizations will be expected to participate in the Project ECHO platform*.

**Project ECHO is an affiliated Africa CDC network of public health professionals working to strengthen national, regional and continental public health systems. The ECHO operating context promotes use of case-based learning and collaborative problem solving combined with the sharing of best-practices complemented by use of online workspaces as a means to share real-time information towards application to ongoing public health activities and programmes.*

Expected Results and Impact

Expected results on the specific objectives and related impact of this Call for Proposal is to:

- 1. Build an electronic platform for real-time collaborative analysis of public health threats to be used by Africa CDC and trusted partners.**
 - Gather requirements for "Africa CDC EpiMedia" system through in-person and remote consultation with stakeholders, including Africa CDC headquarters, RCCs, Member States, and others.
 - Design and develop system.
 - Conduct user testing and refine system based on results of user testing.
 - Hire personnel and procure equipment, supplies, and services to implement system.
- 2. Support EBS implementation pilot and scale-up in Member States.**
 - Develop training materials, including for training-the-trainer, based on Africa CDC technical guidelines for EBS.
 - Conduct training workshops on EBS in conjunction with the various RCCs.
 - Provide focused technical support to selected countries to initiate EBS consistent with Africa CDC guidelines.
- 3. Develop an overall strategy and technical requirements for real-time surveillance of the healthcare delivery system.**
 - Conduct one or more workshops to assess available information sources and needs of stakeholders in Africa.
 - Gather requirements for system through in-person and remote consultation with stakeholders within Africa CDC headquarters, RCC, and Member States.
 - Develop a document that comprehensively describes strategy, technical requirements, and design components of a system that could be used in all African regions for real-time surveillance of the healthcare delivery system.

4. Develop Africa CDC policy and standards for health information exchange within and between government agencies.

- Conduct at least one workshop to assess attitudes and needs related to health information exchange policies and standards.
- Develop Africa CDC document for policy and standards for health information exchange.
- Develop training materials based on Africa CDC policy and standards document.
- Support Africa CDC leadership in presenting guidance document(s) to Ministries of Health and health officials within the African Regional Economic Communities in order to promote adoption and implementation of the new standards

5. Implement core activities from Africa CDC's Framework for Antimicrobial Resistance.

- Conduct in-person and virtual workshops to develop evidence-based guidelines for clinicians to treat susceptible and resistant infections in humans in Africa.
- Conduct in-person and virtual workshops to develop policy proposals that can be submitted to the African Union Commission for official endorsement of the infection prevention and control measures.
- Based upon stakeholder consultation, publish a concept paper that describes barriers to prudent antimicrobial use in agriculture and industry in Africa and proposes policy or other solutions to promote prudent antimicrobial use in these settings.
- Develop a detailed and costed plan for strengthening human resources for AMR surveillance in Africa.
- Develop indicators, with baselines and targets, to measure progress in implementing Africa CDC's antimicrobial resistance Framework.

Africa CDC Evaluation and Performance Measurement Strategy

Throughout the project period, Africa CDC will work with grant recipients to determine programme effectiveness and impact through process and outcome evaluation of funded activities. Process evaluations will assess the extent of planned activity implementation and their impact in terms of yielding feasible and sustainable programmatic outcomes. Outcome evaluations will assess whether funded activities lead to the intended outcomes, including public health impact and will include, but is not limited to:

- The extent to which the grant recipient manages, analyses and shares performance measure data both quarterly and annually. This includes indicators and share data which will comprise programme targets, time-frames and assessments.
- In addition, Africa CDC, in partnership with the awardee, will participate in site monitoring and supervision visits and data collection activities, which will be used for programme monitoring and continuous quality improvement to highlight key process and outcome data results throughout, and at the completion of, the project period.

Throughout the period of the implementation, Africa CDC will work with the awardee to monitor and assess the awardee systems that underline and generate technical programmatic and financial reports.

1.2 FINANCIAL ALLOCATION PROVIDED BY THE CONTRACTING AUTHORITY (AFRICAN UNION COMMISSION)

The overall indicative amount made available under this Call for Proposals is USD 3,000,000.

2. RULES FOR THIS CALL FOR PROPOSALS

These guidelines set out the rules for the submission, selection and implementation of actions financed under this Call, in conformity with the provisions of the AU financial rules and procedures.

2.1 ELIGIBILITY CRITERIA

- Public and private sector organizations
- Demonstrable experience in designing, developing, testing, and implementing electronic health information systems, and preference for organizations with additional experience developing and implementing Wikis and/or microblogging systems or demonstrated ability to partner with such organizations.
- Organizations with demonstrable experience working with other public health partners such as the WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria; Bi-lateral agencies such as the Government of China, European Commission (EuropeAID), United States Centers for Disease Control and Prevention, Department for International Development (DFID) and Agence Française de Développement (AFD); investment banks, e.g., the World Bank and African Development Bank, and other donor organizations such as the Bill & Melinda Gates Foundation (BMGF).

2.2 HOW TO APPLY AND THE PROCEDURES TO FOLLOW

2.2.1 *Application form*

- Applications must be submitted in accordance with the instructions on the Full application form included in the Grant Application Form annexed to these Guidelines
- Applicants must apply English, French, or Portuguese with preference for English and French.
- The application form must be completed carefully and as clearly as possible so that it can be assessed properly

2.2.2 *Where and how to Submit the Applications*

Three (3) hardcopies (one original and two photocopies) and one electronic copy of the completed document shall be enclosed in a sealed outer envelope and submitted to:

**The Chairperson, Tender Board,
The African Union Commission
Building C, 3rd Floor Reception,
Roosevelt Street, W21K19,
Addis Ababa, Ethiopia**

2.2.3 *Deadline for submission of Applications*

The deadline for the submission of applications to the address stated in Section 2.2.2 is **28/02/2018: 17:00 Hours, Addis Ababa time (+3 GMT)**. **Any application submitted after this deadline will be automatically rejected.**

Further information for the Application

Questions related to the completion of the Grant Application Form must be received by e-mail **no later than 7 days before the deadline for the submission of proposals** to the address below:

E-mail address Tender@africa-union.org
Copied to ShawaS@africa-union.org
 SaukilaW@africa-union.org

2.4. EVALUATION AND SELECTION OF APPLICATIONS

Applications will be examined and evaluated by the Evaluation Team of the Contracting Authority. All actions submitted by applicants will be assessed according to the following steps and criteria.

STEP 1: OPENING & ADMINISTRATIVE CHECKS

The following will be assessed:

- The submission deadline has been respected. If the deadline has not been respected the application will automatically be rejected.
- Completeness of the Application to meet all the criteria specified in 2.1 of this proposal guidelines.
- The quality of applicants efforts to address the purpose and intent of the application.

STEP 2: EVALUATION OF THE FULL APPLICATION

The selection and award criteria allow the quality of the applications submitted to be evaluated in relation to the set objectives and priorities. They enable the selection of applications for which the Contracting Authority have confidence in the organizations ability and willingness to comply with the set objectives and priorities. They cover such aspects as the relevance of the activities, their consistency with the objectives of the Call for Proposals, quality, expected impact, sustainability and cost-effectiveness.

Evaluation Grid

	Maximum Score
1. Approach	30
1.1 Does the proposal clearly outline strategies with measurable outcomes, timelines and documentation to address the five (5) Expected Results?	20 points
1.2 Does the applicant's planned approach appear to be feasible to meet the target goals and are the specific methods described sensitive to Africa Union Commission and Member State needs, structures, and capacity?	5 points
1.3 Does the applicant's proposal include clear plans and strategies to coordinate and collaborate with existing partners, including WHO, in-country Ministry of Health officials, and other donors, as needed?	5 points
2. Operational capacity	15
2.1 Does the applicant clearly document experience building strong administration, financial, and management systems to support transparent accountabilities of the proposed activities and to manage the resources of the program, prepare reports, monitor and evaluate activities, including those of sub-contracting entities?	5 points

2.2 Is evidence of a recent audit report from international firms available? Is the management structure for the project, as documented by CVs or other documents, sufficient to ensure speedy implementation of the project?	5 points
2.3 Does the applicant have a proven track record managing large budgets, supervising consultants and contractors, using sub grants or other systems of sharing resources with other local or international organizations?	5 points
3. Technical Capacity	25
3.1 Does the applicant document a clear and concise understanding of the current priorities, contain annual reports or similar documents that clearly demonstrates that the organization has experience working in all technical areas and provide documentation of experience in capacity development of activities in all technical areas?	5 points
3.2 Does the partner document experience working with other partners such as WHO, the Global Fund, or other international partners, etc.?	5 points
3.3 Does the applicant and any sub-contracting institutions' curricula vitae (CVs), annual reports or other documents demonstrate experience and qualifications to achieve the following: 1) build an electronic platform for real-time collaborative analysis of public health threats, 2) conduct training and assist Member States in implementation of surveillance, 3) develop a strategy and technical requirements for real-time surveillance of the healthcare delivery system, 4) develop an Africa CDC policy and standards for health information exchange within and between government agencies, 5) implement core activities for Africa CDC's strategy to address antimicrobial resistance.	15 points
4. Evaluation and Performance Measurement:	15
4.1 Does the applicant include a performance monitoring plan that clearly and accurately tracks each activity, documents all deliverables, and describes action that will be taken if performance does not proceed as proposed?	15 points
5. Budget and cost-effectiveness of the activities	10
5.1 Are the activities appropriately reflected in the budget?	5 points
5.2 Are the budget line items reasonable in terms of cost and scope?	5 points
Maximum total score	100

Margin of preference: 10% margin of preference will be applied to African Member State organizations.



Annex: Application Form

Call For Proposals To Strengthen Surveillance, Disease Information and Health Information Exchange

**Deadline for submission of proposals:
28/02/2018: 1700 Hours Addis Ababa Time (+3 GMT)**

APPLICATION FORM

Title of the Call for Proposals:	Proposals to strengthen surveillance, disease information and health information exchange.
Target Organizations	Public and private sector organizations
Regional Economic Community or Region	Not applicable

Applicant's contact details for the purpose of this proposal	
Postal address:	
Telephone number: (fixed and mobile) Country code + city code + number	
Fax number: Country code + city code + number	
Contact person for this Proposal:	
Contact person's email:	
Physical Address:	
Website of the Organisation:	

Any change in the addresses, phone numbers, fax numbers and in particular e-mail, must be notified in writing to the Contracting Authority. The Contracting Authority will not be held responsible in case it cannot contact an applicant.

APPLICATION FORM

THE PROPOSAL

I. BUDGET OF THE ACTIVITIES, AMOUNT REQUESTED FROM THE CONTRACTING AUTHORITY AND OTHER EXPECTED SOURCES OF FUNDING

- The budget of the activities planned.
- Justification on the budget and,
- Amount requested from the Contracting Authority and other expected sources of funding (if any) for the proposal activities for 12 months total duration.

For further information see the Guidelines for grant application proposals (Sections 1.2).

Please note that the cost of the action and the contribution requested from the Contracting Authority must be expressed in US Dollars (USD).

II. DESCRIPTION OF ACTIVITIES

Description

Provide a description of the proposed activities, including all the information requested below:

- Making reference to the overall objective(s) and specific objective(s), outputs and results as specified in the *Expected Results and Impact* section 1.1.
- Making reference to the overall objective(s) and specific objective(s), outputs and results, describe in detail each activity (or work package) to be undertaken to produce results, justifying the choice of the activities.

Approach and Methodology

Proposals shall be developed according to the following narrative format and will include the following sections:

1. Statement of the problem
2. Objectives
3. Strategies to address objectives

Describe in detail:

- The underlying approaches and strategies of implementation and reasons for the proposed methodology;
- The main means proposed for the implementation of the activities;
- The role and participation in the action of the various actors (including sub-contracting entities as appropriate) and stakeholders (local partner(s), target groups, local authorities, etc.), and the reasons for which these roles have been assigned to them;
- The organisational structure and the team proposed for the implementation of the activities (by function: there is no need to include the names of individuals);
- The procedures for follow up and internal/external evaluation.

4. Evaluation and performance measurements

5. Work plan duration, and indicative action plan for implementing the proposal

The duration of the action plan will be twelve (12) months.

Applicants should not indicate a specific start-up date for the implementation of the action but simply show "month 1", "month 2", etc.

Applicants are recommended to base the estimated duration for each activity and total period on the **most probable duration** and not on the shortest possible duration by taking into consideration all relevant factors that may affect the implementation timetable.

The action plan will be drawn up using the following format:

Year 1													
	Semester 1						Semester 2						
Activity	Month 1	2	3	4	5	6	7	8	9	10	11	12	
Example	example												
Preparation Activity 1 (title)													
Execution Activity 1 (title)													
Preparation Activity 2 (title)													
Etc.													

6. Budget

7. Collaboration

8. Organization capacity of applicant to implement the objectives

9. Annexes of supporting documents

THE PROPOSAL SHOULD NOT EXCEED 20 PAGES, EXCLUDING ANNEXES AND THE BUDGET SECTION.

III. THE APPLICANT

Name of the organisation	
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IV. IDENTITY

Information requested under this point need only be given in cases where there have been modifications or additions as compared to the information given in the Concept note form.

The applicant's contact details for the purpose of this action:	
Legal Entity File number	
Abbreviation	
Registration Number (or equivalent)	
Date of Registration	
Place of Registration	
Official address of Registration	
Country of Registration/ Nationality	
E-mail address of the Organisation	
Telephone number: Country code + city code + number	
Fax number: Country code + city code + number	
Website of the Organisation	

Any change in the addresses, phone numbers, fax numbers and in particular e-mail, must be notified in writing to the Contracting Authority. The Contracting Authority will not be held responsible in case it cannot contact an applicant.

V. CAPACITY TO MANAGE AND IMPLEMENT THE ACTIVITIES

Proposals should include the following information to illustrate managerial and technical capacity to implement against stated activities:

1. Resumes/CVs of key staff who are currently employed and will work on the activity
 - Applicant should provide a CV for the following key staff (job titles may vary depending on institution practice) in line with organogram
 - Principal Investigator
 - Business Official/Chief Operating Officer
 - Program Director(s)
 - Head of Finance (if different from the business official)
 - Technical Area Advisors/Lead(s)

Resumes/CVs should highlight skills and experience related to carrying out the proposal; professional experience referenced should be within the last 5 years and be no more than 2 pages in length.

2. Job descriptions for the activity (1-2 pages per job description)
 - Applicant should provide job descriptions for all positions key to the performance of the award including positions applying less than 100% Level of Effort (LOE) on the award. Positions should include but are not limited to:
 - Principal Investigator
 - Business Official/Chief Operating Officer
 - Program Director(s)
 - Head of Finance (if different from the business official)
 - Technical Area Advisors/Lead(s)

3. Organizational Chart
 - Applicant should submit an organizational chart (organogram) for the project.
 - Major focus should be on the staffing structure for the proposed activities; however, organizational structure for the wider organization may be included to the extent that it relates to the project staffing structure.

4. Audit executive summary or equivalent
 - Applicant should provide a 1-2 page executive summary from three consecutive audit years, conducted by international organizations such as PricewaterhouseCoopers (PwC), Deloitte, KPMG, and McKinsey.
 - Audits should have occurred recently (e.g. within the last 3 years)

5. Organizational experience working in different African countries, ideally in multiple regions of Africa.
 - Please provide excerpts from annual report or similar document clearly demonstrating that the organization has experience working in different African countries, including a list of countries where the organization has worked/is working.

6. Organizational experience in designing, developing, testing, and implementing electronic health information systems and, ideally, additional experience developing and implementing Wikis and/or microblogging systems.
 - Please provide excerpts from annual report, publications, abstracts of conference, or similar document clearly demonstrating that the organization has the needed capacity.

7. If relevant, submit a copy of national registration, incorporation or other documentation showing legal status of operation in a Member State within the African Union and affiliated Regional Economic Committee (REC).

Signed on behalf of the applicant

Name	
Signature	
Position	
Date	