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TERMS OF REFERENCE

CONSULTANCY SERVICES TO ESTABLISH PARTNERSHIP AGREEMENTS WITH ONE OR MORE HEALTH-EDUCATION INSTITUTIONS TO ENABLE AFRICA CDC TO PREPARE AND IMPLEMENT A TRAINING PROGRAM

Ref #: ET-AUC-197573-CS-QCBS

The African Union has received financing from the World Bank for the "Africa CDC Regional Investment Financing Project (ACDCP)

Development Objective of the Project (P167916): The Project Development Objective is to support Africa CDC to strengthen continental and regional infectious disease detection and response systems.

INTRODUCTION

Africa Centres for Disease Control and Prevention (Africa CDC) is a specialized organ of the African Union (AU) that was officially launched on 31st January 2017. Africa CDC endeavours to build the capacity of public health institutes of Member States to ensure that each institute can prevent, detect and respond to emergencies (including outbreaks, human-made and natural disasters, and public health events of regional and international concern). In so doing, Africa CDC will be instrumental to reducing the disease burden on the African continent. Africa CDC has developed a five-year Strategic Plan (2017—2021). The Plan comprises of five strategic pillars which frame Africa CDC's engagement with Member States, Africa CDC Regional Collaborating Centres (RCCs), and partners. These are; Surveillance & Disease Intelligence, Information Systems, Laboratory Systems and Networks, Emergency Preparedness and Response, and Public Health Institutes & Research. Africa CDC will use these pillars to empower the National Public Health Institutes (NPHIs) of Member States to prevent and control public health events, and, to achieve the AU's Agenda 2063 of an integrated and prosperous Africa that has healthy, well-nourished citizens with long life spans.

Workforce development is an integral component of Africa CDC's strategic plan, cross-cutting all of its pillars. Africa CDC, in collaboration with RCCs and National Public Health Institutes (NPHIs) plans to establish functional training capacity to build the public health workforce in Member States. To this end, Africa CDC will develop a strategic plan with short-term and long-term objectives that addresses training needs such as the selection of appropriate target audiences and individual participants, design and development of a series of essential courses, and proposal of the best approaches for training pedagogy for the Members States.

Public health workforce development will benefit Member States by increasing their ability and knowledge to prevent, detect, and respond to the spread of disease within their borders. In close collaboration with various partners and stakeholders, Africa CDC will spearhead, standardize, and coordinate public health training across the continent. Member States will be better positioned to collaborate and leverage on the existing capacities on the continent and have access to appropriate training resources.

Priority Courses

In its commitment to support Member States in surveillance and preparedness to epidemics, and also support the implementation of the International Health Regulations (IHR), Africa CDC is promoting key areas to improve public health competence across the continent. Workforce training specific to the continent's needs will be developed and conducted for health professionals. Some of the proposed courses to be offered include public health surveillance (PHS); mathematical disease modeling, control of antimicrobial resistance; and one health.

PHS training will provide public health professionals with a thorough overview of how improved surveillance activities and early warning of events occurring in communities could prevent epidemics such as the recent Ebola outbreak in West Africa. The course will provide guidance on the utilization of existing resources including community health workers to capture and report events to the necessary authorities including health centres, clinics and district/county officials. This will also encompass the enhanced use of innovative and communication technologies (ICT) to promote early warning of events.

Mathematical Disease Models are being increasingly used to understand the transmission of infections and to evaluate the potential impact of control programmes in reducing morbidity and mortality. Multiple models exist for forecasting the spread of infectious diseases. These models use existing data related to disease transmission, symptoms and health complications, and other factors to estimate the number of people who will become infected and, in some cases, die from the disease. This helps public health professionals predict needs for critical supplies, such as clinical staff, hospital beds, and protective equipment.

Antimicrobial stewardship is universally recognized as a high priority for public health authorities. Africa CDC has developed a Framework for Antimicrobial Resistance that seeks to improve monitoring, delay emergence, limit transmission, and mitigate harm of antimicrobial-resistant pathogens. In collaboration with WHO, Member States are also developing or have developed national plans to control antimicrobial resistance. To implement its Framework and support ongoing Member State initiatives, Africa CDC seeks to promote training of public health professionals in approaches to controlling antimicrobial resistance, including antimicrobial stewardship in human and animal health settings, diagnostic stewardship, and infection prevention and control.

One Health Africa CDC aims to empower the Member State NPHIs to prevent and control public health events on the continent and to achieve Agenda 2063: the Africa We Want, utilizing a One Health approach. As a first step, NPHIs, similar public health institutions and MoHs are being supported to build One Health capacity sectors, while simultaneously improving coordination efforts for the prevention and control of priority zoonotic diseases across other integral parts of the health sector. To realize this agenda, the Africa CDC has developed a Framework for One Health Practice in National Public Health Institutes to provide a set of minimal objectives, proposed activities and focused guidance that NPHIs and MoHs need to address priority zoonotic diseases, while also highlighting how One Health approaches strengthen collaboration with the other relevant sectors needed to control these shared health threats. The framework sets five strategic goals of which on one of these is to strengthen and support workforce development to prevent and control priority zoonotic diseases.

Mode of training:

Considering the need to train as many experts as possible in AU Member States, the courses will be offered either online, blended or in-person based on the need and nature of the courses. The mode of study will depend on the content of the training and the ease of implementation of proposed interventions.

I.   OBJECTIVE OF THE CONSULTANCY

The objective of the consultancy is to complement Africa CDC's efforts to operationalize and manage the training of Africa public health workforce. The consulting organization will provide expertise, time, and effort to strategically plan and implement Africa CDC training on public health surveillance (PHS); mathematical disease modeling, control of antimicrobial resistance; and one health and establish online training management infrastructure. The consulting organization will work on behalf of Africa CDC to assess the public health workforce needs of Member States and provide training to meet identified needs. Based on the findings of the need assessment conducted, the consultant

will broaden contents of the training course to address the critical capacity gaps of the public health workforce of member states.

II.   SCOPE OF THE WORK

The consulting organization will work on behalf of Africa CDC to

- Assess the public health workforce training needs of Member States in the areas of public health surveillance, mathematical disease modelling, control of antimicrobial resistance, and one health
- Develop Training Modules on proposal public health surveillance, mathematical disease modelling, control of antimicrobial resistance, and one health.
- Establish Training Information Management Infrastructure.
- Develop training Monitoring and Evaluation Guidelines
- Develop training management protocol
- Conduct/ provide Priority Training Courses online.
- Provide Post Training Assessment and Support.

III.   Methodology

The Consultant is required to present its understanding of the ToR. In addition, the Consultant is required to provide adequate technical approach and methodology addressing the following at the minimum:
- The underlying approaches and strategies of implementation;
- The main means proposed for the implementation of the activities;
- The role and participation in the action of the various actors and stakeholders, 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;
- The procedures for follow up and internal/external evaluation.
- Evaluation and performance measurements (including SMART indicators)
- Work plan duration, and indicative action plan for implementing the proposal
- Collaboration
- Organization capacity to implement the scope of work
- Annexes of supporting documents

Provide a detailed work plan: The Consulting firm will provide a six months work plan of its activities and a matrix indicating the level of participation of each expert in each phase and each task of the study.

IV.   KEY DELIVERABLES AND SCHEDULE

- Training need assessment report in the areas of public health surveillance, mathematical disease modelling, control of antimicrobial resistance, and one health
- Training Modules/ Materials
- Training Monitoring and Evaluation Guidelines
- Training management Protocol
- Online training infrastructure
- A summary report of the training results, challenges, and lessons learnt

V. QUALIFICATIONS AND EXPERIENCE OF THE FIRM AND KEY STAFF

a) Experience of the Firm

Consultancy Firm selection will be made based on the following minimum experience criteria:
- Proven experience in developing online training infrastructures for public health
- Experience working with multinational organizations
- At least ten (10) years' experience at national and/or international level in organizing and providing short and long trainings on public health surveillance, mathematical disease modelling, control of antimicrobial resistance, one health and related fields
- Experience working with African Public Health Institutions

b) Qualification of Key staffs

The key Experts shall comprise of:

a. Project manager (Lead Consultant)- One expert – 6 man-month

- An advanced university degree (PhD degree) in public health or related fields from a recognized institution.
- Extensive knowledge and experience of at least 10 years of working experience in the area of health leadership and management, public health system and workforce development.
- At least five (5) years' experience working in
  - ✓ International institutions in which programs or initiatives required diplomatic coordination between governments and/or ministerial bodies.
  - ✓ Facilitating and developing online training courses
  - ✓ Managing similar projects preferably in Africa.

b. Technical officers- four (4) experts – 6 man-month

- At least advanced university degree (Master degree or equivalent) in health related fields.
- At least 5 years work experience in
  - ✓ In designing training tools/modules in public health surveillance, mathematical disease modelling, control of antimicrobial resistance, and one health
  - ✓ Demonstrated successful experience in providing training on public health surveillance (PHS); mathematical disease modelling, control of antimicrobial resistance; and one health (Each key experts should have training experience in at least one of the training areas specified)
  - ✓ Experience in developing and facilitating an online training courses
  - ✓ Managing similar projects preferably in Africa.

c) Mandatory Required Skills.
- Demonstrated experience in providing training on public health surveillance, Antimicrobial resistance, disease modelling, and one health;
- Demonstrated experience on similar projects in areas relevant to the objectives of the consultancy.
- Fluency in English.

VI. Services and Facilities to be provided by Africa CDC

The Consultancy firm will be supervised by the Division of Emergency, preparedness and response of Africa CDC for the purpose of delivering the above outputs within the agreed time frame. The work will require about 6- 8 weeks on-site presence at Africa CDC Headquarters, Addis Ababa, Ethiopia and the remaining can be done remotely. This requirement is flexible with respect to AU physical distancing requirements for the pandemic (COVID-19) response effort. Africa CDC will cover the cost of travel including economy- class air tickets and other necessary expenses according to the AU rules and regulations.

Africa CDC will provide to the Consultant the following document and facility:

a) The Africa CDC will identify and assign technical staff in implementation process.
b) Africa CDC will provide the necessary documentation and information required for the assignment.
c) Maintain regular follow-up of the activities done by the consultants, review and comment on the submitted deliverables and work done.
d) Assist in organizing consultative meetings with Member States and other stakeholders

e) Provision of office room and internet facility during visit to ACDC facilities.

VII. Contract period and payment

The service will be completed within a period of six-man month from the date of signing the contract (effective date). The total man-months are 30 Man month. The following payment grill is proposed for the key deliverables:

SN	DELIVERABLES	PAYMENT
1	Inception report	5%
2	Training Modules/ Materials	20%
3	Training Monitoring and Evaluation Guidelines	5%
4	Training management Protocol	5%
5	Online training infrastructure	15%
6	Provision of training per module and post training report	50%