

(CONSULTING SERVICES– INDIVIDUAL CONSULTANT)

AFRICA CENTRES FOR DISEASE CONTROL SUPPORT PROGRAM TO COMBAT CURRENT AND FUTURE PUBLIC HEALTH THREATS PROJECT (P178633) – IDA-E1110

Consultancy Service to support the development of the Africa Centers for Disease Control and Prevention Strategic plan for implementation of Cross border surveillance, coordination and information sharing (2023 – 2027)

Reference number: ET-AUC-354741-CS-INDV

The African Union has received financing from the World Bank for the " Africa Centres for Disease Control Support Program to Combat Current and Future Public Health Threats Project".

Development Objective of the Project: Enhance the capacity of Africa Centres for Disease Control and Prevention (Africa CDC) to support AU Member States in preventing, detecting, and responding to current and future public health threats.

1. Background

The African Union, established as a unique Pan African continental body, is charged with spearheading Africa's rapid integration and sustainable development by promoting unity, solidarity, cohesion and cooperation among the peoples of Africa and African States as well as developing a new partnership worldwide. Its Headquarters is located in Addis Ababa, capital city of Ethiopia.

Officially launched in Addis Ababa, Ethiopia, in 2017 as a specialized technical institution of the African Union, the Africa Centres for Disease Control and Prevention (Africa CDC) is Africa's first continent-wide public health agency. Africa CDC envisions a safer, healthier, integrated, and stronger Africa, where the Member States can effectively respond to outbreaks of infectious diseases and other public health threats. The agency's mission is to strengthen the capabilities of Africa's public health institutions and systems to detect and respond quickly and effectively to disease outbreaks and other health burdens through an integrated network of continent-wide surveillance, laboratory, disease control and prevention, preparedness and response, and research programs. To achieve its mission, the Africa CDC works in all geographic regions of the African continent and has instituted technical divisions to focus on five priority areas, namely Surveillance and -Disease Intelligence, Laboratory Systems and Networks, Disease Control and Prevention, Preparedness and Response, and Public Health Institutes and research.

In recognition of globalisation, population movements, influence of community interconnections and the fact that diseases don't recognize borders, the Africa CDC established and is implementing cross-border surveillance to strengthen collaboration, coordination, and communication and data sharing across borders among Africa Union Members States. Cross border surveillance is critical in early detection, control and prevention of transboundary public health threats, and accelerates implementation of the [International Health Regulations \(IHR 2005\), 3rd Edition](#), to safeguard the socioeconomic and political integration of the continent, aligned with the [Africa Health Strategy 2016-2030](#), and to achieve the [AU Agenda 2063: The Africa We Want](#). The Africa CDC Cross-border Surveillance Program aims at strengthening border surveillance systems within the African Union Member states and ensure linkages with national disease surveillance programs

In seeking to achieve this objective, the Africa CDC is planning to develop a five (5)-year strategic plan spanning 2023-2027 that will provide a framework within the mandate of Africa CDC to support AU Member States implement cross border surveillance systems. To do so, Africa CDC intends to conduct a desk review, situation and capacity mapping, and consultations with Member States and key stakeholders to identify and prioritize the key strategic objectives that will be linked to the Africa CDC Cross-border Surveillance program goal. This process will identify key areas for inclusion in the 5-year strategy.

These Terms of Reference outline the core activities and deliverables of this consultancy to support the development of the first Africa CDC strategy for cross border surveillance, coordination, and information sharing (2023 – 2027).

The consultant will work with the Africa CDC Division of Surveillance and Disease Intelligence and Africa CDC will provide overall direction, frame the strategy, provide advice on technical content, and enable links to relevant stakeholders who will contribute to the content of the Strategic Plan.

2. Objective of the assignment

The overall objective of this call for consultancy is to support the development of a set of strategic goals and priorities for the implementation of Cross border surveillance on the African continent. The consultant will provide overall direction, frame the strategy, provide advice on technical content, and enable links to relevant stakeholders who will contribute to the content of the Strategic Plan.

3. Scope of work and methodology

The consultant is required to undertake the following activities:

1. Define the scope of the Strategic Plan and develop a governance framework for the development and implementation of the strategic plan across the continent using the One Health approach.

2. Conduct a desk review to identify state of the art policies and practices on cross-border surveillance worldwide and in Africa, with identification of facilitators, barriers, and trends (past and future).
3. Identify gaps in the implementation of cross-border surveillance.
4. Conduct consultative forums with internal and external stakeholders, including but not limited to MS representatives at Ministries of Health, agriculture, livestock and environment, and relevant sectors, Regional Economic Communities and sub-regional organizations in health, academia, think tank, religious and community leaders, civil society of select countries, funders, foundations, and partners, to identify strategic opportunities and threats in the current environment with a focus on understanding “Where we are?”, “Where do we want to be?”, and “How will we get there?”
5. Formulate a longlist of strategic priorities identified through the desktop reviews and preliminary consultative meetings to be presented to the Africa CDC leadership for internal review and validation.

The consultant will work with the Africa CDC Division of Surveillance and Disease Intelligence. The consultant is mandated to propose a methodology that would adequately result in the expected deliverables outlined in this ToR. A participatory approach, proactively and systematically gathering critical reflections by the Africa CDC and AU staff, Member State representatives, and other key stakeholders will make the process more robust and its product more easily accepted by the MS. The following steps are highly recommended for the process:

Phase 1: Framework and gathering evidence

3.1. Framework for the draft Strategic Plan

In consultation with Africa CDC, the consultant will define the scope of the strategic plan, propose a governance model for development and implementation of the strategy, and will develop a draft framework for the Strategic Plan development process, which should be approved by Africa CDC prior to commencing work on the Plan.

3.2. Gathering evidence

This stage includes gathering information through various methods such as conducting rapid review of cross border surveillance mechanisms on the continent, desk review of the existing internal and external documents and on MS capacity and conducting interviews with MS with an in-depth case study on selected countries.

3.2.1 Desktop review

The desk review will include but not limited to the Africa CDC Strategic Plan, Africa CDC roadmap for Cross border Surveillance and the African Union documents and decisions linked to

strengthening cross border surveillance, coordination, collaboration, and information sharing. This process should further provide baseline assessment of the existing guidelines and frameworks for cross border surveillance implementation by MS, Regional Economic Communities (RECs) and key stakeholders/partners worldwide and with the emphasis on the African continent. This analysis should also present evidence on effective interventions, and present evidence of gaps and urgent needs of African MS in implementation of cross border surveillance initiatives.

The aim is to identify focus areas and develop strategic objectives and also to identify key outcomes, opportunities and gaps, national and global priorities and what works.

3.2.2 Consultation with stakeholders including country capacities

Conduct stakeholder mapping and comprehensive analysis (on who's doing what and where and when) and develop a questionnaire to undertake a comprehensive consultation with internal and external academics/experts and MS. These sessions with different stakeholders will be crucial to understand priorities and contextual factors, and to seek appropriate guidance on the content of the draft Plan. Such an engagement will also provide links and opportunities for future dissemination.

Consultation with the internal stakeholders (Africa CDC, AU departments and organs) will ensure the priorities to be selected are in line with the [Call To Action: Africa's New Public Health Order](#), aligned with the priorities of the Africa health strategy and other Africa CDC/AU guidelines.

Consultation with external stakeholders: including national, regional and international stakeholders and institutions already working on cross border surveillance related activities will be key to avoid duplication of efforts

3.2.3 Evidence synthesis and longlisting of activities

The evidence from the above analysis will be synthesized to provide a long list of priorities that need attention. This list of priorities will be compiled and presented to the Africa CDC leadership for review and eventual shortlisting will be conducted by Africa CDC, Member States, and partners.

4. Key deliverables, consultancy fee, time frame and duty station

Duty station will be the Africa CDC HQ in Addis Ababa, Ethiopia. Payment will be a fixed amount of 42,600 USD. This cost includes all the Consultant's fees, reimbursable expenses, such as air ticket to and from Africa CDC HQ, accommodation in Addis Ababa, etc...., and profits as well as any tax obligation that may be imposed on the Consultant. Fees payable do not include costs associated with assignment-related travels to different Member States, coordination/organization of project-related activities and events, stakeholder dialogues, consultations, and workshops. These costs will be met by Africa CDC.

This is a lump sum contract and payment will be against the following deliverables

- Inception report with work plan and clear timelines outlining the steps methodology, and information and data collection tools to be used in developing the Strategic Plan
- Submission of a draft framework for the Strategic Plan development process prior to commencing work on the plan
- Desk review report
- Report on MS consultations, MS capacities and need assessments
- Report on stakeholder consultations and mapping
- Longlist strategic priorities

DELIVERABLES	PAYMENT
Inception report, methodology and information and data collection tools	10%
Submission of a draft framework	10%
Desk review report	25%
Report on MS consultations MS capacities and need assessments	25%
Report on stakeholder consultations and mapping	20%
Longlist strategic priorities	10%

The consultancy service duration is six (6) months after the signing of the contract. The consultancy service's accomplishment will be the successful completion of the data collection and analysis, submission and approval of all reports by Africa CDC. Interim submission of the reports of sections of the work will be expected for sharing with Africa CDC at monthly meetings to monitor progress

5. Reporting, management, support, and data ownership

The Consultant will report directly to the Head of Surveillance and Diseases Intelligence Division. The consultant shall produce a brief bi-weekly report in English and submit it to Africa CDC or present progress bi-weekly in online meetings. All outputs, including the raw data and draft documents, analyses, and final documents and products will belong to Africa CDC.

6. Respective responsibilities of Africa CDC and consultant

Component	Activity	Outputs	Lead
Overarching strategy development & consultation	Develop stakeholder-facing project briefing	Project briefing	Consultant
	Develop strategy questions (& review project plan against them)	List of core strategy questions (to inform all other activities) & refined project plan	Consultant
	List of core strategy questions (to inform all other activities) & refined project plan	Framework	Consultant-- All to input
	Map existing strategies & activities	Overview of existing work (Africa CDC & others)	Consultant
	Conduct Africa CDC situational analysis	Situational analysis	Consultant and Africa CDC
	Map stakeholders from Public and One Health sectors and consult them on activity options	Stakeholder meetings, correspondence & events and reports produced	Consultant and Africa CDC
	Review at least 5 country case studies and Regional Economic Bodies, RECs (to illustrate current strengths & limitations)	case study summaries	Consultant with Africa CDC
Cross border surveillance evidence including Points of Entry (PoE)	Collate data on existing cross border surveillance systems including Points of Entry, Coordination, Collaboration and information sharing	Summary report	Consultant
	Collate "what works" evidence	List of recommended approaches	Consultant
Longlist of priorities	Collate evidence from all sources into a longlist of priorities	Longlist of priorities	Consultant and Africa CDC
Project management	Establish governance model	governance model	Consultant
	Establish meeting schedule	Meetings	Consultant
	Finalize Gantt chart and risk matrix	Gantt chart and risk matrix	Consultant
	Regular meeting notes	Meeting notes	Consultant

7. Application specification

Interested consultants should include in their application the following:

Personal Capacity Statement

- a) Cover letter or statement about understanding of the assignment and why the desire to work with Africa CDC
- b) Curriculum vitae of the Consultant stating his/her relevant experience and capacity to undertake the work:
 - Proof of experience in conducting similar works
 - Experience of previously engaging with government officials; diplomacy skills and other soft skills
- c) Written reference and contacts of at least two organizations previously worked for and contact persons.
- d) Two (2) references with good knowledge of the candidate's past assignment, furnishing full contact details, telephone and e-mail addresses.

8. Qualifications and experience of consultant

Education

- A Minimum of University Master's degree of Public Health, health sciences, Epidemiology, Veterinary preventive medicine, Strategic planning or another relevant field with at least 8 years of relevant experience. Doctorate level candidates are encouraged to apply.

Experience

- At least 8 years of work experience in global health: Experience in the area of Cross border surveillance, disease surveillance, and One Health is desirable.
- Experience in developing tools for stakeholder engagement and country assessments and facilitating strategic planning processes
- Experience in working with international organizations such as WHO, sub-regional organizations in health, UN agencies, AUC, etc., is desirable.
- Computer literacy in the use of office applications (e.g., Ms. Office software packages; MS Word, Excel, PowerPoint, or equivalent).
- Strong research, scientific writing, and communication skills.
- Demonstrated project planning and management skills for organizing, coordinating, and executing projects from conception through implementation.
- Excellent diplomatic, representational, inter-personal and communication skills, and ability to interact with stakeholders and decision-makers in technical and other professional settings.

9. Language

- Collective excellent oral and written communication skills in at least one of the official AU languages

10. Evaluation and qualification criteria

Technical Evaluation

1. Education, Qualification, and Relevant Training – 20
2. Experience of the consultant and relevance to the assignment and number of years – 70
3. Language - 10

Total – 100

11. Required Documentations

- a) Cover letter with statement of understanding
- b) A detailed and updated curriculum vitae (CV), and indicating nationality, age and gender.
- c) Detailed technical proposal not exceeding 8 pages on:
 - a. Understanding and interpretation of the TOR
- d) Two written references

12. Services and Facilities to be provided by Africa CDC

The individual consultant will be supervised by the Head of Surveillance and Disease Intelligence, Africa CDC for the purpose of delivering the above outputs within the agreed time frame. This consultancy will be based in Addis Ababa at the Africa CDC Headquarters. The consultant must comply with the African Union rules and procedures related to security and code of conduct

Africa CDC will cover the cost of travel including economy-class air tickets and other necessary expenses when travel is required according to the AU rules and regulations.

Africa CDC will provide to the consultant the following document and facilities:

- a) The Africa CDC will identify and assign technical staff to support the 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

13. Invitation

The African CDC now invites eligible Individual Consultants (“Consultants”) to submit their CVs in providing the Services and required documents as listed in the ToR. Interested



Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services.

The attention of interested Consultants is drawn to Section III, paragraphs, 3.14, 3.16, and 3.17 of the World Bank's "Procurement Regulations for IPF Borrowers" July 2016 ("Procurement Regulations"), setting forth the World Bank's policy on conflict of interest.

A Consultant will be selected in accordance with the Individual Selection method set out in the Procurement Regulations.

Further information can be obtained at the address below during office hours 8:00-13:00hrs and 14:00-17:00 hours, Addis Ababa Time.

CVs must be delivered in a written form following the above shortlisting criteria to the emails below before 15:00 Hours Local Time on 06 October 2023.

African CDC,
Attn: Supply Chain Management Division
Administration Directorate
Africa CDC Office Building, Tower A2, Floor 7th, Room Number 712.
Haile Garment Area, Lafto Square.
Addis Ababa, Ethiopia
E-mails: africacdctender@africa-union.org and zemenua@africa-union.org and selamg@africa-union.org

Please send your submission to the three emails indicated above