

REQUEST FOR EXPRESSIONS OF INTEREST (CONSULTING SERVICES– INDIVIDUAL CONSULTANTS)

ASSIGNMENT TITLE: CONSULTANCY SERVICES

**REQUEST FOR RECRUITMENT OF INDIVIDUAL CONSULTANTS TO ROLL-OUT
HEPATITIS POLICY CONSULTATIONS AND SUPPORT THE DEVELOPMENT OF
NATIONAL VIRAL HEPATITIS STRATEGIC PLAN 2024-2029 FOR SOMALIA**

PROCUREMENT REFERENCE NO: ACDC/DCP/CS/09

1. Introduction

The high endemicity of the hepatitis viral infections were documented over the years in the different Somali population groups across the country in the nomadic, rural and urban settings, where hepatitis A, B, C, D, and E are all endemic. Hepatitis viral infections stand globally as the seventh leading cause of mortality, surpassing many chronic infectious diseases, including HIV, tuberculosis and malaria. Hepatitis A and E cause acute viral infections, while hepatitis B, C and D cause both acute and chronic hepatitis viral infections, that can overtime evolve into chronic liver disease, liver cirrhosis and liver cancer with high rates of mortality.

At policy, leadership, coordination and governance level, the federal Ministry of health Somalia established the national viral hepatitis control unit in the ministry, the unit team hepatitis carried out situational analysis in 2023 which revealed significant gaps in viral hepatitis response interventions including high rates of Hepatitis B prevalence and significant hepatitis C burden in Somalia with over 1 million estimated people living with viral hepatitis. In addition to that; the leadership, commitment, financing and coordination mechanisms are scattered, a viral hepatitis policy is being developed with WHO Somalia/WHO EMRO support.

There is strategy for hepatitis response that exists, the prevention, diagnosis and treatment and surveillance capacities are very weak and are based on project and there is limited community advocacy and social mobilization and education efforts. Recent data suggests a decline in Hepatitis B prevalence (5.2%) but a potential rise in Hepatitis C (0.7%). Key populations, such as female sex workers and people living with HIV, are particularly vulnerable. Significant gaps exist in prevention, diagnosis, treatment, and surveillance for viral hepatitis.

2. Current Response

Limited interventions exist, including some hepatitis B vaccination and co-treatment of HIV/HBV with Tenofovir/Lamivudine and safe blood transfusion services including hepatitis B and C screening services.

In June 2024, The Somalia health authorities developed its National Hepatitis Policy with technical assistance from WHO Somalia and WHO EMRO, and the draft policy was officially launched on 28th July 2024 at the World hepatitis Day commemoration in Mogadishu, where many national and international stakeholders participated

However, there is no national strategic plan for tackling viral hepatitis or putting the VH response policy into action, therefore, this consultancy mission will provide technical assistance to the Somalia health authorities in completing the policy consultation process and development of national viral hepatitis strategic plan 2024-2029

3. OBJECTIVES OF THE CONSULTANCY ASSIGNMENT

The overall objective of the consultancy is to provide technical assistance to the ministry of health and human services federal government of Somalia in completing the Somalia viral hepatitis policy consultation process with national, sub-national/state health authorities, other national and international NGO health partners, donors, the donor, the private sector and civil society organizations and also support the health authorities in developing national viral hepatitis response strategic and operational plans 2024-2029.

4. SPECIFIC OBJECTIVES OF THE CONSULTANCY ASSIGNMENT

- To complete the policy consultation with a wide range of stakeholders at national and sub national levels
- To develop a costed national viral hepatitis strategic and operational plan 2024-2029

5. SCOPE OF THE WORK AND METHODOLOGY OF THE CONSULTANCY

The consultant shall propose a methodology that would adequately result in the expected deliverables outlined in these terms of references. A participatory approach, together with critical reflection by the Ministry of Health Partners, and relevant stakeholders will make the process meaningful. The consultant is expected to undertake the following tasks

- Review the Somali viral hepatitis policy document and other relevant hepatitis policy/strategy documents
- Prepare a plan for the hepatitis policy consultations with wide range of stakeholders including state/sub national visits and consultations with partners and state health authorities
- Hold hepatitis policy consultation with the Somali national viral hepatitis response steering committee
- Incorporate all the feedback and inputs from the state visits consultations and all stakeholders in the country
- Synthesize all Somalia health policy, strategies, guidelines, protocols relevant to viral hepatitis control in Somalia and provide the recommendations in the hepatitis policy document
- Assist the health authorities in conducting national viral hepatitis strategic plan and operational plan
- Develop M&E indicators and theory of change framework for the hepatitis policy and strategy for Somalia
- Develop a costed plan of the national viral hepatitis strategy and resource mobilization approaches/options for the ministry of health Somalia in the implementation of the strategy

6. REPORTING, MANAGEMENT, SUPPORT, AND DATA OWNERSHIP

The consultant will report directly to the head of communicable diseases control/national viral hepatitis program manager, ministry of health and human services, federal government of Somalia and copy Africa CDC (Division of Disease Control and Prevention), including draft consultation reports, meeting minutes, zoom recordings, raw data and final documents of the report.

7. KEY DELIVERABLES

The consultant is expected to deliver the following:

- Inception report with work plan and clear timelines, key deliverables, and the methodologies in the hepatitis policy and strategy development consultations
- Bi-weekly progress reports/update – either by email or by virtual meetings
- Hepatitis policy national and subnational consultation reports
- Costed Somalia national viral hepatitis strategic and operational plans 2024-2025 with rationale and justification of the cost estimates
- Compiled consultancy report including both Somalia hepatitis policy and strategy development report

Deliverables	Payment
Inception report	20%
Hepatitis policy consultation report	40%
Somalia Hepatitis strategy development consultation report and final consultancy assignment report	40%

8. DURATION OF CONSULTANCY

The consultancy service duration is two (2) months after signing the contract. The consultancy service's accomplishment will be the successful completion and submission of the final consultancy report to the Ministry of Health of Somalia and Africa CDC.

9. CONSULTANCY FEES

Payments will be a fixed rate of **\$500** per day for 42 working days amounting to a total of **USD 21, 000**. This amount includes all the Consultant's fees, reimbursable and profits as well as any tax obligation that may be imposed on the Consultant. This payment will be made against deliverables. If there is any travel related to the assignment, Africa CDC will cover the cost of the Travel ticket and DSA.

10. DUTY STATION

The consultant will be deployed to Mogadishu in Somalia. The consultant must comply with the African Union rules and procedures related to security and code of conduct.

11. QUALIFICATION AND EXPERIENCE OF THE CONSULTANT

Academic Qualification:

- Master's degree (Medicine, infectious diseases, Public Health, Epidemiology, or any other related field). A PhD is desirable.

Required Experience:

At least 15 years of experience in the field of public health, especially control of communicable diseases, health systems management, health policy and planning experiences.

Preference will be given to candidates possessing:

- Relevant experience in policy and strategy formulation within the context of Somalia or similar settings in EMRO countries and a track record of proven knowledge and research publications in hepatitis and other related infectious diseases
- Excellent diplomatic, representational, interpersonal and communication skills, and ability to interact with stakeholders and decision-makers in technical and other professional settings
- Experience in working with international organizations such as AU, WHO, UN agencies, etc...

12. LANGUAGES

Proficiency in spoken and written English is essential. A good working knowledge of Somali languages would be an added advantage.

13. REQUIRED DOCUMENTATIONS

- a) Cover letter
- b) A detailed and updated curriculum vitae (CV)
- c) Two (2) referees with good knowledge of the candidate's work, furnishing full contact details, telephone, fax and e-mail addresses.

14. EVALUATION AND QUALIFICATION CRITERIA

- a) General Education Qualification and Relevant Training (20 points)
- b) Experience Related to the Assignment (70 points)
- c) Language (10 Points)

15. 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.

A Consultant will be selected in accordance with the Individual Selection method set out in the Africa CDC 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 Local Time on November 07, 2024.

Africa Centres for Diseases Control and Prevention,

Attn: Director of Administration

Africa CDC Office Complex, Haile

Garment Area Ababa, Ethiopia

E-mails: tender@afriacdc.org and tigistb@afriacdc.org