**Terms of Reference**

**Consultancy Services to Establish the Africa CDC Regional Integrated Surveillance and Laboratory Network (RISLNET) in Southern Africa**

**UNDER THE AFRICA CDC REGIONAL INVESTMENT FINANCING PROJECT (P167916)**

**IDA-D5260 WORLD BANK GROUP**

**Ref. No.: ET-AUC-225259-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: The Project Development Objective is to support Africa CDC to strengthen continental and regional infectious disease detection and response systems.

1. **Background**

The Africa Centres for Disease Control and Prevention (Africa CDC), officially launched in Addis Ababa, Ethiopia, on 31 January 2017, is the African Union’s specialized technical agency with the mandate of promoting the prevention and control of diseases in Africa. 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’s mission is to strengthen the capabilities of Africa’s public health institutions 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.

In order to achieve its mission, the Africa CDC works in all geographic regions of Africa and has instituted five technical divisions to focus on the following priority areas:

1. Surveillance and disease intelligence;

2. Preparedness and response;

3. Laboratory systems and networks;

4. Disease Control and Prevention; and

5. Public health Institutes and research.

The African Union’s Agenda 2063: The Africa We Want is its strategy for the development of the continent, details several key public health 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 12 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, African countries have insufficient public health assets including surveillance systems, laboratory networks, competent workforce and research expertise, that hinder timely, evidence-based decision-making.

To address these concerns, as part of a cross-divisional collaboration, Africa CDC initiated the Regional Integrated Surveillance and Laboratory Network (RISLNET) initiative to integrate regional laboratory and surveillance network capacity in all five African Union regions in order to rapidly identify and respond to public health threats across the continent.

The goal of the Southern Africa RISLNET is to leverage experiences on health systems strengthening and collaborative research and build collective, region-wide capacity for disease surveillance, preparedness and response. This will allow better cooperation among countries in times of need, makes it easier to identify experts to call on, and contribute to preventing outbreaks. The Southern Africa RISLNET will focus on diseases most prevalent and/or endemic in the region to foster specialized expertise in disease control and prevention on particular diseases, becoming hubs to share across the region while similarly receiving expertise from other regional hubs, thus maximising the limited resources available.

In carrying out its goal, the Southern Africa RISLNET will pursue the following strategic objectives:

1. To ensure that each Member State under the Africa CDC Southern African RCC has adequate access to laboratory capacity to rapidly identify outbreaks.
2. To support the strengthening of public health capacities to improve national and international readiness to detect, verify, investigate, and control disease outbreaks that have the potential to spread regionally and internationally.
3. To develop operational and technological communications and trust across countries in Southern African Region as central tenets of regional cross-border surveillance networks collaborations for communicable diseases as well as non-communicable diseases.
4. To leverage partner networks across the region for the overall good of public health impact.
5. To act as catalysts for the introduction and uptake of new technologies to facilitate laboratory networking in the sub-region.
6. To develop public health workforce competencies, which entails appropriate training of qualified workers and maintenance of necessary skill sets, such as applied epidemiology, bioinformatics, and laboratory methods.
7. To support the advancement of policies and harmonization of surveillance and laboratory systems in Southern Africa RCC Member States.
8. To create linkages or synergies with Centres of Excellence for specific activities and mandates
9. To support Member States implement the Africa CDC Antimicrobial Resistance (AMR) framework
10. To support Member States implement the Africa CDC Event Based Surveillance (EBS) framework.
11. To support Member States implement the Africa CDC Framework for One Health Practice in National Public Health Institutes
12. **Objective of the Assignment**

The overall objective of the assignment is to support Member States with activities to strengthen cross-border referral and surveillance and laboratory capacities and enhance efficiencies of existing public health assets to effectively prevent, rapidly detect, and resolutely respond to current and emerging public health threats, including potential outbreaks and the spread of infectious diseases.

1. **Scope of Work**

The Consultant is expected to undertake the following

1. Coordinate and align RISLNET support with Africa CDC’s technical divisions (Surveillance, Laboratory, etc.) and Member State priorities, existing Africa CDC frameworks (e.g. Event-Based Surveillance, One Health, AMR, etc.) and existing Africa CDC initiatives (e.g. Pathogen Genomics Initiative, etc.);

* Ensure familiarity with all Africa CDC developed and published guidelines and frameworks pertaining to the activities to be implemented, including but not limited to, the Africa CDC Framework for Antimicrobial Resistance, Africa CDC Event-based Surveillance Framework, the Framework for One Health Practice in National Public Health Institutes.
* Ensure regular consultative meetings with the relevant Africa CDC divisions and RCCs to ensure alignment of implementation of activities with MS priorities.

1. Assisting the Southern RCC to develop a framework defining the function and operations of the Southern African RISLNET

* Conduct meeting with identified subject-matter experts and all stakeholders to finalise and adopt the Southern African RISLNET framework (draft has been developed and finalised internally);
* Dissemination of finalised governance framework to public health partners.

1. Support regular functioning of RISLNET Bureau in Southern Africa Region

* Selection of Bureau members
* One meeting for five (5) bureau members conducted within six months
* Regular updates on activities being implemented communicated to bureau members.

1. Support RISLNET Bureau in the Southern region to conduct workshops on key technical issues of cross-country priority (Lab, surveillance, or public health emergency management

* One workshop conducted and public health experts from 10 MS trained on regional priorities in one key area (lab, surveillance, or public health emergency management).

**Methodology**

1. **Evaluation and Qualification Criteria – Firm** 
   1. **Past experience**

**The consultant should demonstrate the following experience requirement**

* The assignment will be carried out by a consulting firm with a multidisciplinary team with experience in implementing cross-border sample referral systems, cross-border surveillance activities, developing training curricula in these areas and particularly with documented experience in implementing these activities for over 10 years.
* Africa CDC expects the consulting firm to be well-versed in results-based management and to develop an annual work plan that incorporates the main components of results-based management, including process and outcome indicators to facilitate the monitoring and evaluation of activity implementation and impact.
* Consulting firms should have demonstrable experience working in African countries and with other public health partners such as the WHO and the Global Fund to Fight AIDS, Tuberculosis, and Malaria; Bilateral agencies such as the Government of China, the, United States Centers for Disease Control and Prevention, Department for International Development (DFI); multilateral agencies such as the European Commission and the SADC; multilateral Development Banks, e.g., the World Bank and African Development Bank; RECs, and other donor organizations such as the Bill & Melinda Gates Foundation (BMGF).
* Reference letters recognising experience in these areas in similar programmes/projects implemented by the firm from at least two countries from the Southern Region.
* Proven experience in developing training curricula and implementing cross-border surveillance and specimen transfer in other African countries.
* Consulting firm should provide excerpts from annual reports, publications, abstracts of conference, or similar documents clearly demonstrating that the organization has the needed capacity.
  1. **Financial Statements and relevant documentations**
* The consulting firm should provide a 1-2 page executive summary from three consecutive audit years,
* Audits should have occurred recently (e.g. within the last 3 years)
* Firms should also submit a copy of national registration, incorporation or other documentation showing legal status of operation in a Member State within the African Union

1. **Key Experts Qualification and Experience**

The Consulting firm will propose a highly qualified project manager as Team Leader. Specifically, the Consultancy team will include the following key personnel:

1. **Project Manager** 
   1. **Education and work experience:** 
      1. The project manager should have a Ph.D + MPH with 3 years of experience or MD + MPH/MSc in epidemiology with 5 years of experience in managing/coordinating projects and personnel activities.
      2. should demonstrate managerial/supervisory experience, in particular in building a multi-disciplinary team and putting systems in place to deliver technical assistance across multiple fields and managing team performance, particularly with proven track record of developing high performance within project teams.
      3. Experience of managing large and complex, multidisciplinary consultancy projects is essential and previous experience in supporting implementation of public health programmes with emphasis on programme management, coordination, monitoring and evaluation, or other related activities is essential.
      4. should have experience in conducting similar projects on the African continent, and in particular,
      5. Expertise in monitoring and evaluation and programme administration is essential. They will be responsible for ensuring the quality of the reports submitted to Africa CDC.
      6. Fluent in English; working knowledge of Portuguese is an advantage. Sound interpersonal and communication skills and excellent presentation skills are required.
2. **Senior epidemiologist with expertise in surveillance**
   1. **Education and work experience:** 
      1. The key expert should have MPH or MSc in field epidemiology, with 5+ years’ experience related to public health disease surveillance programs in African countries that involve significant partnership and collaboration across multiple partners including host country national programs.
      2. Expertise in development of training curricula to be disseminated via the ECHO platform is required.
      3. The senior epidemiologist will be responsible for implementing surveillance activities as listed in the section “Scope of Work”.
      4. English language proficiency, written and oral capability is required.
3. **Senior laboratory expert**
   1. **Education and work experience:** 
      1. The key expert should have a minimum of a Master degree in Laboratory Science, biomedical Science, laboratory management, other health sciences or any other related field, and with 5+ years’ experience combined and continuous experience in supporting implementation of laboratory programmes, with emphasis on management of laboratory systems, training of laboratory workforce, logistics management system, laboratory biosafety and biosecurity, specimen transport, laboratory based survey and surveillance programs, and laboratory information systems.
      2. Expertise in development of training curricula to be disseminated via the ECHO platform is required.
      3. The senior laboratory experts will be responsible for implementing lab-related activities as listed in the section “Scope of Work”.
      4. English language proficiency, written and oral capability is required.
4. **Deliverables, Duration of the Project, Timeframe and Payment Schedule**

Coordinate and align RISLNET support with Africa CDC’s technical divisions (Surveillance, Laboratory, etc.) and Member State priorities, existing Africa CDC frameworks (e.g. Event-Based Surveillance, One Health, AMR, etc.) and existing Africa CDC initiatives (e.g. Pathogen Genomics Initiative, etc.);

* Minutes of regular consultative meetings with the relevant Africa CDC divisions and RCCs to ensure alignment of implementation of activities with MS priorities.

Assisting the Southern RCC to develop a framework defining the function and operations of the Southern African RISLNET

* Report from the meeting to finalise and adopt the Southern African RISLNET framework (reporting template to be shared by Africa CDC);
* Finalised Southern African RISLNET framework that has been adopted by 10 MS and published on the Africa CDC website and shared with public health partners.

Support regular functioning of RISLNET Bureau in Southern Africa Region

* Reports of meetings between Bureau members;
* Monthly updates (via email is acceptable) on activities being implemented to bureau members;

Support RISLNET Bureau in the Southern region to conduct workshops on key technical issues of cross-country priority (Lab, surveillance, or public health emergency management

* Curriculum on cross-country priority areas (lab, surveillance, and public health emergency management) as developed by subject-matter experts for use on ECHO platforms;
* Links to recordings of training webinars conducted (to be made available for wider dissemination on platforms such as Africa CDC YouTube channels);
* Training material for workshop on a key technical issue that is a regional priority
* Report on workshop conducted on a key technical issue that is a regional priority;

More generally, the consulting firm will need to submit quarterly and monthly progress reports including information on indicators and milestones achieved.

**Indicative Time Frame**

The service will be completed within a period of six (6) calendar months from the date of signing the contract (effective date). The following time frame/schedule (in months) is proposed for the key deliverables (please note that several of these activities can overlap):

* Signing/Effective Date of Contract M
* Submission of Inception report M+0.5
* Finalised RISLNET framework M+3
* RISLNET bureau meeting M+4
* Workshop on key regional priority area M+5
* Submission of Final report M+6

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| **SN** | **DELIVERABLES** | **PAYMENT** | **ANTICIPATED DATE** |
|  | Submission of Inception report | 10% | M+0.5 |
|  | Finalised RISLNET framework | 40% | M+3 |
|  | Workshop Report on key regional priority area | 40% | M+5 |
|  | Submission of Final report | 10% | M+6 |

**Reporting Content**

Inception report: The inception report will include the work plan with the objectives/activities, anticipated timelines, expected outcomes, indicators, and responsible authority as approved in the proposal.

**Workshop/Meeting reports:** A template for these reports will be shared by Africa CDC to be completed after each workshop and key meetings

**Monthly progress report:** This report will include an executive summary of the achieved deliverables understandable to non-technical readers with annexes with all the technical details of activities. A section on milestones and monitoring and evaluation will be included and cover all indicators as indicated in the project proposal. All achievements, feedback on implementation, and share lessons learnt, challenges, and best practices.

**Training Materials:** All training materials will be available in English and translated to Portuguese. Soft copies of all curricula and training materials (including SOPs, PPT, etc.) will be made available to workshop participants. In the case of in-person workshops, hard copies of the training material will also be made available to participants. These training materials will be handed over to Africa CDC after completion of the assignment.

**Final Report:** The final report will include an executive summary of the study understandable to non-technical readers with annexes with all the technical details of achieved deliverables.

Language: The reporting language for meetings and reports will be in English. However, training materials will be made available to participants in English and Portuguese. Workshops/Webinars will have Portuguese interpretation.

**Submission/comments timing:** The timeline for report submission follows the calendar described in section IV (indicative Time Frame).

**Number of report(s) copies:** All reports will be submitted in electronic version to the Head of Division of Disease Control and Prevention, Africa CDC, the RISLNET project coordinator at Africa CDC HQ, and the RISLNET focal person in the Southern RCC.

The minimum time input for each of the experts within the duration of the project is indicated below.

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| --- | --- | --- |
| **#** | **Key Experts** | **Time Input** |
| 1 | **Project Manager** | **132 man-days** |
| 2 | **Epidemiologist with expertise in surveillance** | **132 man-days** |
| 3 | **Laboratory expert** | **132 man-days** |

1. **Transfer of Knowledge**

Under the assignment the Consultant is require to provide a well-tailored training to stakeholders. The Consultant under this assignment is required to provide a detailed plan on how to transfer the knowledge to ACDC, Members States and other stakeholders. The consultant is required to provide a detailed methodology on preparation and provision of trainings as indicated in the scope of work.

1. **Services and Facilities to be Provided by ACDC**

The Consultancy firm will be supervised by the Division of Disease Control and Prevention with support from the Division of Laboratory Systems and Networks and the Division of Surveillance of Africa CDC solely for the purpose of delivering the above outputs, within the agreed time frame.

ACDC will provide to the Consultant the following documents and facility

1. The ACDC will identify, agree and assign the relevant participants in implementation process.
2. ACDC will provide the necessary documentation and information required for the assignment.
3. Maintain regular follow-up of the activities done by the consultants, review and comment on the submitted deliverables and work done.
4. Assist in organizing workshops, meetings and consultative forums with Member States and other stakeholders
5. 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.
6. Provision of office room and internet facility during visit to ACDC facilities.
7. **Intellectual Property**

All information pertaining to this project (documentary, audio, theme song, digital, cyber, project documents, etc) belonging to the client, which the Consultancy firm may come into contact with in the performance of his/her, duties under this consultancy will remain the property of the Client who will have exclusive rights over their use. Except for purposes of this assignment, the information will not be disclosed to the public nor used in whatever without written permission of the Client in line with the national and International Copyright Laws applicable.