



Terms of Reference for Individual Senior Consultant

Consultancy Service to undertake the Joint Emergency Action Plan Mid-Term Evaluation (MTE)

1. Background

The African continent has been severely affected by several disease outbreaks such as cholera, yellow fever, Ebola, and COVID-19 and now mpox; as well as health emergencies generated and exacerbated by conflicts, floods, droughts, and other natural disasters. While progress has been made in strengthening Health Emergency Prepared and Response (EPR) systems of African countries, significant gaps remain. The collective efforts and resources of EPR actors at all levels are needed to bridge these gaps and strengthen health emergency responses across the continent. Africa CDC and WHO have engaged in a pioneering collaboration (the Partnership) to strengthen the EPR systems of African States. Africa CDC and WHO have since joined forces to form a united front to better support the EPR goals of Member States (MS). Operating under the guidance and leadership of Member States, the Partnership will harmonize their efforts to deliver a cohesive EPR offering and minimize the duplication of efforts. As leading institutions for EPR, Africa CDC and WHO seek to build on their complementarities and fill capacity gaps by leveraging their comparative advantages.

In May 2023, Africa CDC and WHO launched the Joint Emergency Action Plan (JEAP) to support the African Union Member States enhance their health system capacity to early detect and respond to disease outbreaks. This unprecedented continental initiative is coordinated jointly by Africa CDC and WHO. The JEAP partnership has established governance and operational mechanisms to support its implementation. Eight technical Working Group (TWGs) representing the key collaboration areas of the JEAP (1/Country assessment, 2/Workforce development, 3/surveillance and laboratory, 4/Logistics, supply chain and stock-piling, 5/Response readiness and Coordination, 6/Digital Health, 7/Climate change, 8/Risk communication and Community engagement). These activities have the purpose to enable the continent to reach the outstanding goal of “*More vulnerable population in Africa are protected from public health emergencies*”.

In 2024, the partnership embarked on the development of the partnership framework to welcome new partners into the platform. During the same year, the mpox epidemic was declared by Africa CDC for the first time as a Public Health Emergency of Continental Security. WHO also declared mpox as a Public Health Emergency of International

Concern. To address this crisis, Africa CDC established the Continental Incidence Management System and Team (IMST) which is now co-chaired by Africa CDC and WHO.

Within this context the Africa CDC and WHO plan to conduct a mid-term evaluation of the JEAP partnership and recommend improvements for programme delivery and ensure efficient resource use. The mid-term evaluation will cover the implementation period from May 2023 to September 30, 2025.

The Mid-Term Review aims to comprehensively evaluate the implementation of the JEAP after 2 years of implementation. The Mid-term evaluation will emphasize on JEAP Strategic Plan 2023–2027, focusing on four core objectives. First, it will assess progress and milestones by examining the extent to which programmes have achieved their intended outcomes between January 2023 and June 2025, highlighting both accomplishments and shortfalls. Second, the MTE will evaluate accountability and operational efficiency, including how resources have been allocated and whether Africa CDC has effectively delivered on its mandate to stakeholders and partners. Third, it will review the relevance of the current strategic plan considering recent shifts in the global health financing landscape, determining whether its goals and strategies remain fit for purpose. Finally, the review will provide actionable recommendations to refine and recalibrate the strategy to better align with Africa's evolving health architecture and emerging public health challenges. The review process will also result in an updated organisational learning agenda, incorporating key learning questions across JEAP priority areas and strategic enablers to guide continuous improvement, informed decision-making, and adaptive implementation of JEAP Strategic Plan (2023-2027).

Scope of Mid-Term Evaluation: The MTE will gear of a comprehensive evaluation that will focus on five key areas: governance, effectiveness, operational efficiency, partnership engagement and resource mobilization, communication.

- a) **Governance:** This area will examine the interaction between Africa CDC and WHO within the governance structure of the JEAP to determine how and to what extent this framework is still relevant and accountable enough to guide the overall implementation and lead for strategic decisions that influence progress towards expected results.
- b) **Effectiveness:** This part will seek to (a) determine if progress is being made towards the targeted results, (b) identify gaps, challenges, and lessons, (c) make recommendations to ensure that the JEAP continues to achieve its intended outcomes overtime.
- c) **Efficiency:** This scope will examine how Africa CDC and WHO have managed to deploy resources efficiently to attain the result; if and to what extent the current progress on results correspond to resources deployed.

- d) **Partnership Engagement and Resource Mobilisation:** This scope will assess how effectively Africa CDC and WHO have engaged in multisectoral collaboration including Member States, technical working groups, third-party stakeholders, and funders to support the implementation of the JEAP. The mobilisation of necessary resources (financial and technical) to achieve results will be examined further, the degree and sufficiency of technical support provided to the Partnership implementation will be analysed, and the extent to which feedback from partners, particularly donors and Member States is considered in the overall governance structure and implementation strategy.
- e) **Communication:** in this area, the mid-term evaluation will seek to determine if and to what extent key achievements are well captured and communicated as advocacy materials where relevant to contribute to resources mobilisation

2. Objectives of the MTE:

Objectives of the Mid-term evaluation: The global objective of the MTE is to comprehensively assess the implementation of the JEAP.

The specific objectives are breakdown below:

1. **Relevance & Adjustment:** To re-examine the governance framework and content of the partnership project plan and determine to what extent it is still relevant and correspond to the need of both organisations, donors and Member States.
2. **Effectiveness (progress on objectives and indicators):** To assess the achievements and bottlenecks across the objectives of 6 critical collaboration areas¹ and measure progress on indicators in regards of baselines and targets from May 2023 to June 30th, 2025. It will also seek to measure progress made on cross-cutting functions like governance and management, resource mobilisation, communications, MEAL and partner management.
3. **Efficiency:** To evaluate resource allocation and operational efficiency across collaboration areas.
4. **Recommendations to improve implementation:** To formulate clear recommendations based on key findings that can be translated as roadmap for strategy refinement and/or adjustment regarding emerging challenges.
5. **Way forward to sustainability:** to identify actionable lever that can lay the groundwork for durability to such an initiative.

¹ The 5 five critical collaboration areas are: Country assessment, Workforce development, Surveillance including laboratory, Supply chain, Genome sequencing and stock piling, Response readiness and coordination, Risk communication and community engagement.

Africa CDC and WHO FP and Steering Committee will oversee the MTE process with defined roles to ensure strategic guidance, effective implementation, and clearing the barriers that might hinder its success.

3. Objectives of the Consultancy:

The objective of this consultancy is to design and implement the Mid-Term Review (MTR) of the JEAP Strategic Plan (2023–2027). The consultant will be responsible for developing and reviewing the methodology, guiding data collection, analysis and report writing, dissemination of findings, and providing technical leadership to ensure the process is inclusive, evidence-based, and aligned with the JEAP objectives and goals. The consultant will also collaborate with internal teams and regional stakeholders to ensure the delivery of high-quality outputs that inform strategic decision-making.

4. Scope of Work:

The Consultant's primary role will be to design, manage, and deliver a high-quality, independent Mid-Term Evaluation (MTE) of the Joint Emergency Action Plan (2023–2027), ensuring technical rigor, timely coordination, and high-quality deliverables.

The successful consultant will develop and deploy a robust methodology for conducting the JEAP Mid-Term Evaluation. This will ensure the exercise responds to the intended objectives and review questions while arriving at solid recommendations to improve the implementation for the remaining period. The following responsibilities will be carried out in close collaboration with the other PMO:

- a) Undertake the development of an appropriate, mixed-methods evaluation framework matching the JEAP (2023-2027) project Plan, MEAL framework and plan, and in alignment with the different collaboration areas objectives.
- b) Develop and share an inception report to Africa CDC and WHO
- c) Develop data collection tools to gather information for the different collaboration areas.
- d) Perform data collection including desk reviews, interviews, surveys, and focus group discussions in collaboration with JEAP PMO.
- e) Engage stakeholders, Africa CDC and WHO Offices, Donors and other partners in responding to the MTE objectives.
- f) Proceed data triangulation and comparative analysis against baseline and current progress on targets to draw robust and evidence-based insights as per the MTE objectives and scope of work.

- g) Develop and submit a draft report to Africa CDC, WHO, key Member States consulted, Donors and other partners (GHS, Dalberg) to gather inputs.
- h) Finalize the MTE report and organize a meeting to share key findings, lessons learnt, challenges and recommendations for validation.
- i) Submit a deck summarizing the evaluation results including brief methodology, findings, lessons learnt, challenges and key actionable recommendations.
- j) Provide key strategic insights based on the MTE findings to refine strategies and adjust where necessary for implementation improvement in the second half of the project.

5. Key Deliverables:

Key deliverables of the Consultant will include the following:

- a) Validated inception report with detailed methodology and work plan in collaboration with Africa CDC and WHO.
- b) An MTE framework, which includes methods, data collection tools (interview guides, surveys, questionnaires) based on the scope, objectives and broad questions for the review and an outline of the final report.
- c) Draft MTE report with key findings, lessons, learnings and recommendations.
- d) Validated final MTE report with key findings, lessons, learnings and recommendations.
- e) Develop notes for the meeting to summarize the meeting to share the evaluation results
- f) Documents used for analysis.
- g) Summary presentation for validation and dissemination (deck).

6. Duration of Consultancy:

- a) In line with the Donors requirements and the Partnership ongoing implementation stage, the expected duration of the consultancy service is thirty opening days (30 days) after the starting date (contract signature). The service's accomplishments will be the successful completion of the key deliverables and submission of all deliverables approved by Africa CDC and WHO.

7. Consultancy Fee and Payment Schedule:

With the available budget, Africa CDC shall pay the consultant an overall amount of 25,500 USD over the 8 weeks, specifically 40 working days, subject to performance on expected deliverables. This cost includes all the Consultant's fees but not air tickets and ground transportation which will be provided in cash as DSA during travel. Visa fees also are provided separately to the Consultant's fees. This is a lump sum contract,

and payment will be against the following deliverables as stated under the Payment Schedule below:

S/No	Deliverables	Fees
a)	Submission of an inception report with detailed methodology and work plan	15%
b)	Submission of an MTE framework, which includes methods, data collection tools (interview guides, surveys, questionnaires) as needed based on the scope, objectives and broad questions for the MTE and an outline of the final report.	25%
c)	Submission of draft report with key findings, lessons, learnings and recommendations	30%
d)	Submission of final MTE report with key findings, lessons, learnings and recommendations, documents used for analysis and summary deck presentation for validation and dissemination.	30%

8. Qualifications and Experience of Consultant

The consultant should possess the following qualifications and experience:

- Advanced University degree in public health, epidemiology, monitoring and evaluation, or a related field with a minimum of 10 years of experience in evaluating health project or programme.
- Strong understanding of Result-Based Management and evaluation methodologies.
- Experience in conducting Mid-Term evaluations or endline evaluations, preferably within public health international. Experience with Donors Grant evaluation like Gates Foundation or FCDO will be an asset
- Excellent communication and interpersonal skills. Proven capacity in analytical, impact evaluation, research and report writing skills.
- Familiarity with the African public health emergency context is an advantage.
- Familiarity with multi-stakeholder consultation processes.
- Demonstrated experience in developing and evaluating organizational strategies for continental and regional institutions.
- Proven diplomatic skills with global health diplomacy exposure.

9. Services and Facilities to be provided by Africa CDC and WHO

Key services and facilities identified are listed below:

- a) The JEAP PMO will collaborate to provide the necessary documents in relation to the project.
- b) Technical divisions of both organizations will provide support in data collection, provide feedback, and link with necessary institutions or authorities at the country or stakeholder level.
- c) The Focal Point, Steering Committee and Technical Working Group will offer technical guidance and validation of different steps in the process.
- d) The Communications team of both organizations will ensure clear messaging with all stakeholders.
- e) Regional Coordination Centres (RCCs) and WHO Offices in Member States, and Regional Public Health Institutes will support data collection and validation.
- f) The consultant reports to the JEAP PMO who will escalate to Focal Point, Steering committee and TWG for the purpose of delivering the above deliverables within the agreed time frame.

10. Intellectual Property

All intellectual property rights derived from executing this assignment shall be vested in Africa CDC and WHO. Any reproduction, dissemination or other use not approved by Africa CDC and WHO is strictly prohibited.

11. Qualified and interested consultants should submit the following:

- a) A cover letter with a detailed understanding of the assignment (not exceeding 4 pages) addressing the TOR.
- b) Curriculum Vitae detailing relevant experience.
- c) At least 3 samples of the most recent related evaluation work.
- d) Three professional references and written contacts from at least three organizations previously worked with

TECHNICAL EVALUATION CRITERIA

This section outlines the criteria that will be used to assess and score the technical proposals submitted in response to the TOR:

- a) Education, qualification and relevant training – 20
- b) Experience and relevance to the assignment – 80

NB: The standard template of Africa CDC supply division will be used to select the Consultant.

12. Invitation

Africa Public Health Foundation is now inviting 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 Procurement Regulations of Africa Public Health Foundation.

Further information can be obtained at the address below during office hours 8:00-13:00hrs and 14:00-17:00 hours, Nairobi 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 24th October 2025.

Africa Public Health Foundation,

Sanlam Kenya PLC HQ, 1 Waiyaki Way, Nairobi, Kenya

6th floor, Sanlam Tower, Westlands, Nairobi Kenya

Email: recruitment@aphf.africa and cc: procurement@aphf.africa