 AFENET Secretariat

 Lugogo House, Ground Floor (Wings B&C)

Plot 42, Lugogo By-Pass

P.O BOX 12874, Kampala, Uganda

Tel: +256 417 700 650

Fax: +256 312 265 595

**September 01,2025**

**PROCUREMENT REFERENCE NUMBER: AFENET/AfCDC / RFP/2025/09/001**

# REQUEST FOR PROPOSAL : INDIVIDUAL CONSULTANCY SERVICE FOR THE DEVELOPMENT OF THE AFRICA CDC CONTINENTAL INVESTMENT CASE FOR COMMUNITY HEALTH WORKERS PROGRAMS

# BACKGROUND

Established in 2005, the African Field Epidemiology Network (AFENET) is a non-profit networking and service alliance of Field Epidemiology (and Laboratory) Training Programs (FELTPs), and other applied epidemiology training programs. AFENET is dedicated to helping ministries of Health in Africa build strong, effective, sustainable programs and capacity to improve public health systems on the continent.

Officially launched in Addis Ababa, Ethiopia, in 2017, as a specialized technical institution of the Africa Union, the Africa Centre for Disease Control and Prevention (Africa CDC) is Africa’s first continent-wide Public Health Agency. The Africa CDC envisions a safer, healthier, integrated, and stronger Africa, where member states can effectively respond to outbreaks of infectious diseases and other public health threats. The agency’s mission is to strengthen Africa’s public health institutions’ capabilities to detect and respond quickly and effectively to disease outbreaks and other burdens through an integrated network of continent-wide preparedness and response, surveillance, laboratory, and research programs.

The Division of Community Health Systems and Health Promotion is one of the technical divisions under the newly established Directorate of Primary Health Care at Africa CDC. Its mandate is to support African Union member states in building integrated, institutionalized, and financially sustainable community health systems as the foundation of primary health care and a critical pathway toward achieving Universal Health Coverage (UHC) and health security on the continent. This division plays a central role in advancing the AU Assembly Decision (Assembly/AU/Dec.649 (XXIX)) adopted in 2017, which called for the recruitment, training, and deployment of 2 million Community Health Workers (CHWs) across Africa to strengthen health systems and improve health outcomes. The division also promotes community engagement, health promotion, and demand generation strategies for improved health service delivery and resilience at the community level.

Over the past decades, Community Health Workers (CHWs) have played a pivotal role in increasing access to essential health services at the community level, particularly by bridging the gap between underserved populations and formal health facilities.

Substantial evidence about CHWs roles significantly enhances the uptake of basic promotive and preventive health services, facilitates health education, and contributes to critical public health functions such as disease surveillance and contact tracing during epidemics. Their contributions have been instrumental in reducing health disparities and improving population health outcomes, especially in low- and middle-income countries.

CHWs are also essential to achieving Universal Health Coverage (UHC) and the broader Sustainable Development Goals (SDGs). Their programs represent a cost-effective strategy for extending healthcare delivery to the most remote and marginalized communities. In Africa, CHWs are at the frontline of healthcare service delivery, ensuring continuity of care and responsiveness during public health emergencies. A robust, integrated, and community-based Primary Health Care (PHC) system—anchored by CHWs—is critical to accelerating progress toward global health targets and enhancing pandemic preparedness and response.

In 2024 Africa CDC, with support from UNICEF, launched the continental community health landscape survey in 55 AU member states. A total of 51 out of the 55 member states participated in the survey.

The preliminary findings revealed that a total of 1,361,851 Community Health Workers, crossing the two-thirds mark in meeting the continental target of 2 million CHWs, reflects a substantial increase since the AU-led survey conducted in 2022, which reported a stock of 857,663 CHWs.

To further make a compelling case for investing in CHWs programs in member states, Africa CDC leadership intends to develop a Continental Investment Case for Community Health. This initiative will articulate the economic and social value of CHWs, present scalable and costed service delivery models, and support AU Member States in advocating for increased domestic and pooled funding to achieve the 2 million CHW goal by 2030. The findings further revealed that 38 out of the 51 member states, 82% have a community health strategic plan, 47% have a costed strategic plan, and only 21% have an investment case for CHW.

Despite their proven value, CHW programs in many African countries face systemic challenges, including insufficient financing, weak governance, programmatic inefficiencies, and limited institutional recognition. Failing to invest in CHWs is not cost-neutral. Every dollar not spent today to strengthen CHW systems leads to exponentially greater costs tomorrow in health crises, economic stagnation, and lives.

To address these challenges and unlock the full potential of CHW programs, the Africa CDC is commissioning the development of a Continental Investment Case for Community Health. The investment case is expected to inform high-level decision-making by national governments, development partners, and financing institutions, and to support advocacy for increased domestic resource mobilization and strategic external financing.

**It is against this background that AFENET on behalf of Africa CDC seeks to hire individual consultant to develop Africa CDC Continental Investment Case for Community Health Workers Programs**

**MAIN OBJECTIVE OF THE CONSULTANCY**

To develop an evidence-based Continental Investment Case for Community Health that enables the Africa CDC and AU Member States to advocate for increased domestic funding, sustainable and strategic investment in Community Health Worker (CHW) programs.

**SPECIFIC OBJECTIVES OF THE CONSULTANCY**

1. To quantify the return on investment (ROI) and cost-effectiveness of CHWs in delivering primary

healthcare and preventing diseases.

1. To outline feasible and diversified financing mechanisms (domestic, donor, private sector) for long-term CHW program sustainability in a bid to address donor dependency and promote country ownership.
2. Estimate the number of CHWs needed to achieve national coverage and highlight the job creation potential of CHW programs to ensure CHWs are not treated as volunteers or temporary workers but as essential health workforce.
3. To advocate for formal recognition, training, fair remuneration, and integration of CHWs into national health systems to ensure CHWs are not treated as volunteers or temporary workers but as an essential health workforce.
4. To Model different investment scenarios (e.g., partial scale vs. full scale) and their expected health and economic impacts to help national decision-makers choose scalable, context-appropriate solutions.

**SCOPE OF WORK**

1. **Assess the current global and Continental financial landscape**: Review the global financial landscape and its impact on CHW programs on the continent, including key population health (e.g., maternal, newborn and child health, infectious diseases, NCDs, etc.);
2. **Assess Fiscal Space Feasibility:** Conduct a fiscal space analysis and identify gaps and opportunities for sustainable financing and scaling up of CHW programs at the national, regional, and continental levels.
3. **Quantify the Investment Need:** Estimate the cost of implementing a standardized CHW service package across the five AU regions (RCCs), adapted to national contexts. Provide investment estimates for sustaining the existing CHWs as well as estimates for scaling up to achieve 2 million CHWs by 2030.
4. **Demonstrate Economic and Social Returns:** Model the return on investment (ROI) of CHW programs across three time horizons (2030, 2050, 2063), including cost-effectiveness, lives saved, DALYsaverted, and economic multipliers such as employment, gender equity, and climate resilience based on available data.
5. **Develop Financing Strategies:** Explore and propose feasible financing options—including domestic budget integration, results-based financing, pooled donor funds, and public-private partnerships.
6. **Strengthen Policy and Advocacy Tools:** Produce an advocacy and policy toolkit (e.g., briefs, dashboards, and financing templates) tailored to decision-makers, including Heads of State, Ministries of Finance, and Health, to support the scale-up and long-term sustainability of CHW programs.
7. **Communication Template:** Develop an investment case communication framework tailored to key audiences (e.g., Heads of State, Ministries of Finance, Health, and Parliamentarians) with targeted messaging and strategic advocacy guidance.
8. **Final Submission:** Submit the final versions of the designed, edited, and formatted Continental Investment Case

**STAKEHOLDER CONSULTATIONS AND ENGAGEMENTS**

1. **Expert Convening:** Facilitate a technical meeting with stakeholders and subject matter experts (e.g., economists, PHC and CHW specialists, policymakers) through the Continental Coordination Mechanism (CCM) for Community Health
2. **Country Consultations:** Conduct consultations with member states with existing investment cases to receive feedback regarding implementation, leassons learnt and challenges..
3. **Validation Workshop:** Participate in the continental validation workshop with all AU 55 member states. Africa CDC will provide the platform for the two documents to be validated by AU member states. The consulting firm team will avail themselves of the validation process and finalize the document incorporating feedback.

**EXPECTED OUTCOMES**

1. A robust, evidence-driven investment case that serves as an advocacy tool for influencing policy and financing decisions across AU member states.
2. Increased commitment and mobilization of domestic and external resources for CHW programs in Africa.
3. Strengthened political leadership and accountability for community health as a core pillar of the continent’s public health systems.
4. Improved coverage of essential health services, reduced health disparities, and enhanced system resilience through community-led, people-centered care.
5. Enhances capacity of addressing emergency preparedness and responses during disease outbreaks.

**EXPECTED DELIVERABLES**

The Continental Investment Case will deliver a suite of decision-support products tailored to policy, planning, and financing audiences across the continent:

* 1. **Inception Report** outlining the methodology to be used in developing the Continental Investment Case, outline of the investment case and a work plan.
	2. **Assessment Reports:** Global financial landscape impact on community health and fiscal space analysis report.
	3. **Comprehensive Investment Case Report:**
	4. **A full technical document presenting cost estimates**, return on investment (ROI), cost-effectiveness metrics, fiscal space analysis, and financing recommendations for CHW programs at the continental, regional, and national levels.
	5. **Policy and Advocacy Toolkit:** A curated set of briefs, slide decks, and journals tailored to high-level decision-makers,including AU Heads of State, Ministers of Finance and Health, and development partners, focused on making the economic case for CHW investment.
	6. **Interactive Dashboards and Modeling Tools**: Digital tools that allow member states to generate context-specific projections on costs, health gains, and ROI—supporting real-time policy planning and resource mobilization.
	7. **Stakeholders'engagement reports:** The consultant would be required to submit a separate comprehensive stakeholders and country engagements report.

**DURATION OF ENGAGEMENT:**

The consultancy assignment shall be completed over a period of four (4) months from the date of contract signing. The consultancy shall be deemed successful upon the submission of the final, validated Continental Investment Case for Community Health Workers in Africa, inclusive of all technical reports, costing frameworks, financing scenarios, and stakeholder engagement documentation.

**DUTY STATION:**

The consultancy will be implemented through a **hybrid model**, combining virtual engagements with in-person consultations as necessary. The consultant may be required to travel to Africa CDC Headquarters in Addis Ababa, Ethiopia, for strategic meetings or validation workshops. The cost of international travel and accommodation for in-person meetings will be the responsibility of the consultant, which should be incorporated into the financial proposals unless otherwise pre-approved by Africa CDC. The consultant must comply with African Union security guidelines and the ethical code of conduct throughout the consultancy period.

**GOVERNANCE AND SUPERVISION (REPORTING LINES)**

1. The Director for the Center for Primary Health Care would have overall responsibility and oversight in the development process.
2. The consultant would be jointly technically supervised by the Africa CDC Team from the Community Health and Health Economics and Finance Divisions.
3. The consultant will work with the focal person at the Division of Community Health and AFENET, with support from the Africa CDC Supply Chain Department for the day-to-day execution of the assignment.
4. AFENET will manage the overall contract administration processes.

**QUALIFICATION AND EXPERIENCE**

1. Eligible individuals with demonstrated capacity to undertake multi-country investment in case development in the health sector.
2. The consultant should possess a master's degree in public health,a Master's degree in business administration, or a Master's degree in health economics or investment cases.
3. The consultant should have
4. Proven track record (minimum 10 years) in developing health investment cases, economic evaluations, or costing strategies in low- and middle-income settings.
5. Demonstrated experience in primary healthcare, community health systems, health financing, and health impact modeling.
6. Capacity to deploy a multidisciplinary team with expertise in health economics, public health, epidemiology, data analytics, policy analysis, and stakeholder engagement.
7. Experience working with regional and international organizations such as Africa CDC, WHO, UNICEF, or other AU bodies.
8. Evidence of successful coordination of multi-stakeholder assignments, including government ministries and development partners.

**LANGUAGE REQUIREMENTS**

• Fluency in spoken and written English is mandatory.

• Working knowledge of French is an added advantage.

**PERFORMANCE CRITERIA**

The performance of the consultant will be evaluated monthly, with the following criteria:

* Timely implementation of activities.
* Ability to meet deadlines in terms of reporting.
* Quality of the implementation of the assigned tasks.

**EVALUATION AND QUALIFICATION CRITERIA**

1. General educational qualification and relevant training (20 points)
2. Experience related to the assignment (20 points)
3. Detailed and applicable responses to the objectives and deliverables of the consultancy (40 points)
4. Detailed work plan (15 points)
5. Language skills (5 Points)

**INTERESTED CANDIDATES ARE REQUESTED TO SUBMIT THE FOLLOWING DOCUMENTS FOR AFENET and AFRICA CDC’S CONSIDERATION:**

a) Technical proposal not exceeding 10 pages on:

• Understanding and interpretation of the TOR

• Work plan, time and activity schedule for the deliverables

• Budget for the consultancy

b) Curriculum Vitae of the consultant as well as the CV of any other individuals supporting the consultant

c) Capacity statement

• Including relevant experience related to the assignment (include samples of the two most recent similar works and/or references for the same)

• Contacts of at least three organizations previously worked for

**INVITATION**

AFENET invites eligible and qualified individuals to indicate their interest in providing the services. Applicants should provide information demonstrating that they have the required qualifications and relevant experience to perform the services.

Further information can be obtained by sending an inquiry to skyambadde@afenet.net

**RESPONSE TO THE CALL**

Electronic submission of the applicant’s resume, Expression of Interest letter, and relevant documentation should be submitted to secprocurement@afenet.net and copied to skyambadde@afenet.net

Deadline for receipt of proposals is **Tuesday September 16, 2025- 17;00hrs GMT.**

**Please click the link below to access the Standard Forms**





**\*ONLY successful candidates shall be contacted for an interview.**