Terms of Reference

A Consultancy for the regional South-to-South Learning Landscape Analysis for the East, Central, and Southern Africa Health Community (ECSA-HC)

Location: Arusha, Tanzania, ECSA-HC

Duration: 30 working days

Type of Contract: Individual Contract

Start Date: 2nd February 2026

Reporting To: Director General through the Director of Programs

1. **Background and Context**
   a. **About ECSA-HC**

The East, Central and Southern Africa Health Community (ECSA-HC) is an intergovernmental health organization that fosters and promotes regional cooperation in health among member states. Member states of the ECSA Health Community are Kenya, Lesotho, Malawi, Mauritius, Eswatini, the United Republic of Tanzania, Uganda, Zambia, and Zimbabwe. The ECSA-HC collaborates with countries and partners to enhance the standard of health for the people of the ECSA region by promoting the efficiency and effectiveness of health services through cooperation, collaboration, research, capacity building, policy development, and advocacy. Through partnerships with diverse institutions, ECSA-HC's activities also spread to other countries in Africa to address common health challenges facing the region. Within our projects, ECSA-HC supports 21 non-member states, including Sudan, Eritrea, South Sudan, Ethiopia, Somalia, Rwanda, Burundi, Comoros, Seychelles, Madagascar, Mozambique, South Africa, Botswana, Namibia, Angola, Democratic Republic of Congo, Gabon, Sao Tome, Cameroon, Niger, and Liberia.

ECSA-HC, with funding from the Gates Foundation, intends to conduct a regional South-to-South learning landscape analysis. Upon validation of the analysis findings, a proper and feasible South-South collaboration and its implementation in the region will be guided. We acknowledge that the

countries in the ECSA region are a diverse mosaic of nations, each with unique socio-economic landscapes, health systems, and governance structures. Despite substantial progress in recent decades, the region faces a spectrum of health challenges, including infectious diseases (HIV/AIDS, malaria, tuberculosis), rising non-communicable diseases, maternal and child health concerns, and the persistent threat of emerging pandemics. The burden of maternal mortality remains unacceptably high, with some exceeding 1000 deaths per 100,000 live births and neonatal mortality rates of over 26 per 1,000 live births in 2023. Inequitable access to innovations is well documented in many resource-limited settings, especially in rural areas, however, pregnant women, especially in rural settings often lack access to these services compared to those in higher-level health facilities with radiology departments and trained personnel. Existing evidence, policies, and innovations to address these challenges often lack effective implementation and accountability, and they may take longer to achieve the intended goals. Official development assistance cuts, which pose a growing threat to the region, exacerbate the situation. While individual countries have demonstrated remarkable ingenuity in addressing local health crises, South-South collaborative efforts and knowledge exchange remain insufficiently leveraged. Intergovernmental learning can accelerate the diffusion of evidence-based innovations, avoid duplication of effort, and foster resilient health systems capable of adapting to changing needs. We need stronger collaboration between governments, civil society, and communities to close these policy and practice gaps.

2. Objectives of the Consultancy

This consultancy is designed to generate evidence on innovations that have worked and those that have not in supporting South-South Collaboration (SSC) learning within the ECSA region, and to identify opportunities to strengthen regional collaboration through actionable, data-driven recommendations. The consultant will swiftly yet thoroughly analyse the landscape of innovations related to maternal, newborn, and child health, as well as infectious diseases. The analysis will catalogue disruptive technologies (e.g., digital diagnostics, point-of-care testing tools) and service delivery innovations (e.g., integrated ANC/PMTCT models, community-based outreach), as well as innovative financing mechanisms that address the challenge of declining Official Development Assistance (ODA). This activity will generate a Regional Innovation Landscape Report, which will provide the evidence base to inform adoption decisions. This analysis will not only identify evidence of innovations but also establish a basis for structured discussions between countries in need of innovations and those that serve as exemplars.

ECSA-HC has established itself as a regional hub for South-to-South learning and collaboration. By leveraging shared experiences, peer exchanges, and collective problem-solving, Member States have generated homegrown solutions to persistent health challenges. By capturing lessons on what has worked and what has not, and synthesizing opportunities for cross-border learning, the landscape analysis will provide a strong evidence base to guide effective and efficient South-South exchanges, accelerate adoption of proven interventions, and strengthen regional solidarity in addressing shared health challenges.

Scope of Work

The consultant will be expected to conduct:

1. Desk review of existing reports, evaluations, and case studies of regional and country-level to catalogue disruptive technologies (e.g., digital diagnostics, point-of-care testing tools) and service delivery innovations (e.g., integrated ANC/PMTCT models, community-based outreach), as well as innovative financing mechanisms.

2. Key informant interviews with selected stakeholders (e.g., ministries of health, regional organizations, academic institutions, and development partners) to capture lived experiences and lessons. The goal is to understand the practical barriers and enablers to adopting innovations, which include political, financial, and cultural considerations. Identify informal dynamics (e.g., power relations, negotiation processes, community perceptions) that influence policy and financing decisions. Build stakeholder ownership by involving them directly in shaping the evidence base and ensuring findings are grounded in realities on the ground.

3. Comparative analysis of successful and less effective innovations to determine enabling factors, bottlenecks, and sustainability challenges.

4. Comparative analysis of countries with high maternal mortality ratios and high burdens of malaria, tuberculosis, and HIV that would benefit from effective innovations and those that have successfully adopted innovations with positive outcomes

5. Drafting of a Final Regional Innovation Landscape analysis report

6. Facilitate regional South-to-South Exchange and validation workshop to convene early adopters and priority states, document lessons, success factors, and financing models

The expected output will be a concise, evidence-based report that provides:

1. Clear mapping of disruptive technologies (e.g., digital diagnostics, point-of-care testing tools) and service delivery innovations (e.g., integrated ANC/PMTCT models, community-based outreach), as well as innovative financing mechanisms and South-South learning opportunities in the region.

2. The report will also provide a critical assessment of the successful and unsuccessful initiatives.

3. Baseline mapping of countries in terms of disease burden (maternal mortality, HIV, TB, malaria), policy, innovation tool practice

4. Identify exemplar countries that have successfully demonstrated innovation, adoption, and implementation.

5. Recommendations for designing a future project workplan, supported by case examples and data.

Deliverables

The consultant is expected to provide the following deliverables to ECSA-HC:

- An inception report with clear methodologies, covering all the task areas
- Situation analysis report,
- Needs analysis report
- Detailed analysis of the regional disruptive technologies (e.g., digital diagnostics, point-of-care testing tools) and service delivery innovations (e.g., integrated ANC/PMTCT models, community-based outreach), as well as innovative financing mechanisms.
- An Implementation Plan for a Regional South-to-South Learning,
- Meeting Reports
- Partnership and resource mobilization frameworks for the Regional South-to-South Learning Landscape Analysis, and
- Detailed Final report of the consultancy with a minimum of:
    - Table of contents
    - Executive summary
    - Introduction, Objectives, Methodology
    - Findings of the regional disruptive technologies (e.g., digital diagnostics, point-of-care testing tools) and service delivery innovations (e.g., integrated ANC/PMTCT models, community-based outreach), as well as innovative financing mechanisms landscape
    - Best practices and challenges in the implementation of the innovations
    - Mapping of countries in terms of disease burden (Maternal mortality, HIV, TB, malaria), policy, innovation tool practice
    - Exemplar countries that have successfully demonstrated innovation, adoption, and implementation.
    - Implementation framework
    - Proposed Indicators for Monitoring and Evaluation
    - Business model for sustainability: Regional South-to-South Learning
    - Recommendations and conclusions,
- All reference documents annexed
- Soft copy of report, with all attachments (datasets etc)
- A detailed presentation summarizing findings and recommendations

Timeline: 30 working days

Consultant Qualifications

The Consultant must have at minimum, a Master's degree or equivalent in Public Health, Economics, or related field in Social Sciences, and possess over 8 years relevant work experience in partnership development and private sector resource mobilization with the following additional requirements: -

- o Expertise in conducting project/programme evaluations/assessments,

- o Expertise in conducting learning tours,

- o Expertise in drafting partnership and resource mobilization strategic plans and support their implementations,

- o Experience working with multi-stakeholder projects/programs,

- o Experience working with multi-country projects/programs,

- o Experience working with regional/ international organisations,

- o The consultant should clearly demonstrate their capacity and expertise by attaching or showcasing relevant experience from previous work, along with contactable references.

Core Expertise Required

1. Public Health & Health Systems Strengthening Expertise

- Strong understanding of health systems frameworks (WHO building blocks).
- Experience in MNCH, infectious diseases (e.g., ANC/PMTCT, TB/HIV), and community health strategies.
- Ability to assess service delivery models, scalability, feasibility, and health outcomes.

2. Digital Health & Health Technology Assessment (HTA)

- Technical knowledge of digital diagnostics, point-of-care testing, AI-enabled tools, and telemedicine.
- Experience evaluating emerging or disruptive technologies for usability, integration, cost-effectiveness, and regulatory compliance.
- Understanding interoperability standards, digital ecosystems, and data governance.

3. Innovation & Implementation Science

- Expertise in identifying, adapting, and scaling innovations across contexts.
- Knowledge of feasibility studies, pilot design, implementation bottlenecks, diffusion of innovations, and change management.

- Skills in documenting best practices, learning agendas, and innovation readiness assessment.

4. Health Financing & Innovative Financing Mechanisms

- Experience in evaluating financing models such as blended finance, outcome-based financing, insurance schemes, user-fee reforms, and domestic resource mobilization.
- Ability to conduct cost analyses, sustainability modeling, and budget impact assessments.
- Understanding donor landscapes (Global Fund, WB, Gavi, BMGF) and regional financing instruments.

5. Data Analytics, Monitoring & Evaluation

- Ability to design analytic frameworks, data collection tools, and indicator sets.
- Strong skills in quantitative and qualitative analysis, including triangulation of multiple data sources.
- Experience with digital data systems such as DHIS2, SmartCare, and regional health observatories.

6. Policy Analysis & Governance Expertise

- Familiarity with national and regional policy frameworks (ECSA-HC, SADC, AU, Africa CDC, WHO).
- Understanding regulatory pathways for health technologies and innovations.
- Experience engaging ministries of health, regulatory authorities, and intergovernmental platforms.

7. Socio-Economic & Gender Analysis

- Ability to assess equity, gender, and community-level implications of innovations.
- Experience integrating human-centered design and participation of marginalized groups.

8. Regional Experience & Stakeholder Engagement

- Practical experience working across multiple countries in Eastern, Central, and Southern Africa.
- Skills in coordinating with governments, implementing partners, private sector, and academic institutions.
- Ability to lead multi-country consultations, workshops, and field assessments.

Added advantage.

- Behavioral science (to assess the acceptability of innovations among providers and communities).
- Market shaping/supply chain expertise for diagnostic tools and essential medicines.
- Health economics modeling for forecasting scale-up scenarios.

Functional Competencies

- A strong sense of integrity is essential.
- Excellent communication and organization skills.
- Effective interpersonal skills.
- Full computer literacy and experience in working with PC-based equipment.
- Strong networking and interpersonal skills.
- Strong communication and reporting skills and ability to work in a team.

Language

Fluent in spoken and written English.

Application Process

Interested Consultants who meet the criteria above should submit their applications, attaching all relevant supporting documents listed below, to regsec@ecsahc.org and procurement@ecsahc.org

1. Brief description of why the individual considers him/herself as the most suitable for the assignment
2. Curriculum Vitae (CV).
3. Technical Proposal.
4. Financial Proposal.
5. Sample(s) of relevant/similar works conducted.

Evaluation

The award of the contract will be made to the individual consultant whose offer has been evaluated and determined as:

a) Responsive/compliant/acceptable; and

b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation;

Technical Criteria weight; 70%;

Financial Criteria weight; 30%.

Deadline

The Application deadline is **09 January 2026**

Address all applications to:

The Director General

ECSA Health Community

157 Oloirien, Njiro Road

P.O Box 1009,

Arusha, TANZANIA

Important

- Applications that have not met all of the above set criteria will not be accepted. Only candidates who have met all the requirements of the TORs and have been selected for an interview will be contacted
- Individuals engaged under an individual contract will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract.