

Deutsche Stiftung Weltbevölkerung (DSW) is a global development organisation that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services and supplies, and to securing their right for a brighter future. We achieve this by engaging in advocacy, capacity development, and family planning initiatives, which make sure the youth of today are empowered to lead healthy and self-determined lives. DSW also advocates for investment in research and innovation to fight poverty-related and neglected tropical diseases – diseases that continue to disproportionately affect women and girls.

With our headquarters in Hannover, Germany, DSW maintains three country offices in Ethiopia, Kenya and Tanzania, and a preferred partner in Uganda, as well as liaison offices in Berlin and Brussels.

For more information, please see www.dsw.org

Terms of Reference

Expert consultant for a scoping exercise of policies, funding trends, advocacy entry-points and stakeholders on global health research and development in the African Union

DSW seeks an expert consultant to develop and lead a scoping exercise on the actual and potential advocacy opportunities to raise awareness and interest in global health research and development (GH R&D) in general, and poverty-related and neglected tropical disease (PRND) R&D in particular, among African Union (AU) decision-makers.

The study shall include a mapping of the current state of the AU policies and initiatives that aim to tackle GH and PRND-related challenges through R&D: e.g. basic and clinical research, product development, medicines regulatory strengthening and harmonisation, etc. The study will build on and complement a previous study commissioned by DSW to PATH on [‘The case for European Union partnership with Africa on regulatory harmonization’](#). This study shall develop in detail the procedural aspects of the negotiation, adoption, implementation and monitoring of these policies; provide concrete examples of AU initiatives or projects on GH/PRND R&D managed and implemented by the AU directly, the East African Community (EAC), the Southern Africa Development Community (SADC) or EAC/SADC member states; identify the bodies and officials involved in this legislation, including their coordination mechanisms and contact details where possible; and identify relevant public and private stakeholders consulted in the process elaborating the procedures for stakeholder engagement. Considering DSW’s GH/PRND R&D advocacy mandate, the report will include a final chapter with time-bound recommendations on advocacy entry-points, opportunities and risks to shape policies and funding instruments in each decision-making level (AU, REC, country) per thematic area.

The report shall serve as a guidance for DSW’s advocacy to create demand from AU decision-makers for increased EU investments and political cooperation on GH/PRND R&D.

Objective

To develop and lead a study that can inform DSW advocacy towards the AU and the bilateral relations between the EU and AU, particularly with a view to upcoming AU funding or policy milestones on GH/PRND R&D.

Output:

The study will include:

- A report of the study’s process and results (maximum of 30-40 pages) which assesses the AU policy the and funding tools or mechanisms on GH R&D in general and PRND R&D in particular and a set of time-bound recommendations for DSW to advocate towards and create demand in the AU.
- A 2-page summary of the findings and recommendations.

Expert Profile

- Expert knowledge of the political landscape and dynamics of the African Union; and on AU research and innovation and development cooperation policies.
- Expert knowledge on EU-Africa research and innovation, and development cooperation policies.
- Good knowledge of the political context of the AU-EU relations.
- Good interpersonal skills and experience working in multicultural environments.
- Excellent writing and communication skills in English; working knowledge of French will be an asset.
- Prior experience of conducting research on GH if possible at AU or other regional bodies' level.
- Professional background on Global Health.

Logistics

During the study, the consultant is required to travel to Addis Ababa and Brussels, and if necessary to Geneva (justification will be provided in this case). Two face-to-face meetings with DSW in Brussels will be required: one at the beginning and another at end of the project.

Budget

25,000 EUR, which shall cover all costs, including travel.

Period of execution

The study will be developed from January-July 2019, and presented to DSW staff in August.

Language

The report will be written in English.

Proposed methodology

Desk research and semi-structured interviews by phone or in person with at least 20 relevant officials from the African Union – and potentially the European Union – and stakeholders. The consultant will submit a preliminary list of interviewees to DSW and seek pre-approval for interview questions. Summaries of all interviews conducted will be required as well as digital copies of all referred sources.

The consultant will be required to regularly liaise and update DSW. Progress calls will be scheduled every month to assess the level of execution and propose corrections if needed. The consultant will submit monthly progress reports. First draft report shall be submitted three months before the deadline of the project at the latest.

Application procedure

Interested firms or individuals are requested to submit their bid proposal and any inquiries **by January 15th 2019, 23:59 CET**, with subject line: "Expert Consultant for AU Scoping Exercise" to agustin.martin@dsw.org.

The bid proposal should, among other things, contain the following elements:

Technical section:

- Understanding and interpretation of the Terms of Reference.
- Methodology to be used in undertaking the assignment.
- Total working days required, time and activity schedule.

Financial section:

- Consultant's daily rate in EUR.
- Other logistics costs, e.g. material, travel or printing.

Organizational and Personnel Capacity Statement:

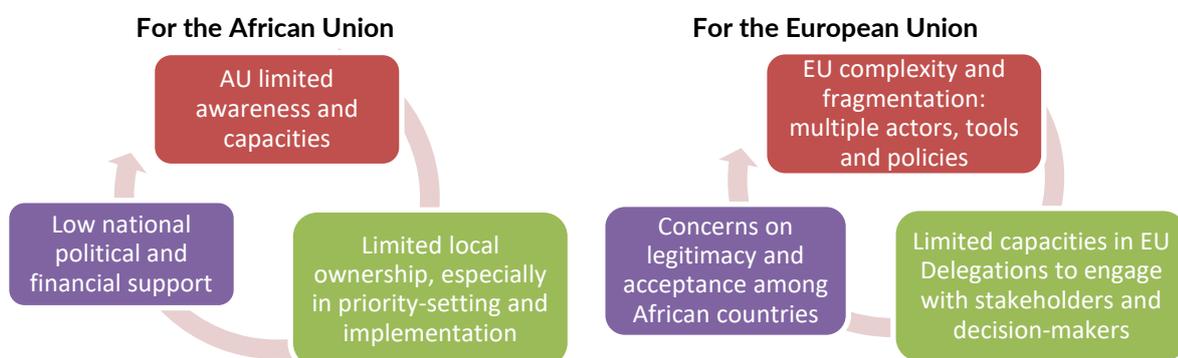
- Relevant experience related to the assignment (including financial scope)
- Contacts of organizations previously worked for.
- Detailed Curriculum Vitae including relevant projects implemented.

Rationale

Africa bears the highest global disease burden compared with any other region in the world. It suffers from [high morbidity and mortality from poverty-related and neglected tropical diseases \(PRNDs\)](#) such as HIV/AIDS, tuberculosis, malaria, lower respiratory tract infections, neglected tropical diseases and diarrhoeal diseases. Most of these diseases lack effective vaccines, point of care diagnostics, and even effective or available treatments, hence there is an urgent need for research and development (R&D) of new and improved tools to cure and treat them. At the same time, many parts of Africa suffer from weak health systems, limited biomedical R&D capacities and poor regulatory environments for health technologies and products. SMART policies and investments¹ in science, technology and innovation (STI) and global health research and development (GH R&D), especially PRNDs, are crucial to reduce Africa's disease burden and foster the development of the continent. The African Union (AU) has untapped potential to support African countries' collaboration on GH/PRND R&D and to harness its relationship with the European Union to advance the fight against PRNDs in the continent.

The AU operates with different policies and funds in these fields. The [AU Health Strategy 2016 - 2030](#) aims to strengthen health systems performance and increase investments in health systems and health R&D to reduce the burden of priority diseases such as PRNDs: a Technical Secretariat is responsible for monitoring its implementation and advocating for Member States' prioritisation of investments in these areas. The [Science, Technology and Innovation Strategy for Africa 2024 \(STISA\)](#) aims to increase Africa's STI capacities and resources on priorities such as the Prevention and Control of Diseases. STISA contributed to the establishment of the African Scientific Research and Innovation Council (ASRIC) or the African Observatory for Science, Technology and Innovation (AOSTI). However, the implementation of GH/PRND R&D policies has been slow and the financing efforts insufficient: only a few number of African countries have developed national STI plans and meet their [funding commitments in health](#). Additionally, African Union member states have committed to devoting one percent of their national GDP to STI, but the investments only amount to [0.3 per cent on average](#). Similarly, the commitments to earmark at least [15 percent of national budgets for health](#), and 2 percent of national health expenditure and 5 percent of external aid for health research, [have not been reached by most countries](#). Finally, the regulation of health R&D remains weak and inefficient, making it difficult for researchers and innovators to navigate approval processes.

The European Union has been a long-standing supporter of African policies on these issues, providing funding and technical support. Yet, there is a need and much more potential for increased EU-AU collaboration on the matter. GH/PRND R&D is still underfunded and faces increased competition with other political priorities. Other factors to the de-prioritisation of GH R&D are:



¹ Following the [OECD definition](#) of SMART: specific, measurable, attainable, relevant and time-bound.

Scope of the work

DSW seeks an expert on AU GH R&D policy and funding to identify opportunities for DSW's advocacy towards the African Union on improved policies and increased investments in GH R&D in general, and PRND R&I in particular. The consultant will prepare a 30-40 page report and a 2-page summary with a jointly agreed outline, including the below listed elements:

The study shall identify and take stock of key AU policies and initiatives on GH/PRND R&D detailing all relevant procedural steps (from negotiation to implementation), as well as the funding streams to support these. It shall also contain a mapping of the relevant stakeholders involved detailing their different roles and contact details where possible, and briefly describe the state of play of the AU medicines regulatory frameworks. Finally, the exercise shall include a chapter with recommendations on advocacy entry-points, opportunities and risks tailored for DSW's mandate.

1. African Union policies and initiatives:

- **Identification and description of key policies** dealing with GH/PRND R&D, and the strengthening or harmonisation of medicines regulatory systems, such as the [Catalytic Framework](#) to End Aids, TB and Eliminate Malaria in Africa by 2030, or the Strategic Framework for AIDS Africa Watch 2016-2020².
- **Identification of existing or planned AU initiatives and projects** in the relevant fields, and detailing when possible the scope, budget and implementation (e.g. activities, outputs, etc.), such as the launching of the African Medicines Agency.
- **Identification and description of commitments** of member states in implementing AU policies, strategies and directions on GH/PRND R&D.
- **Description of procedural and practical aspects of the legislative negotiations.**

2. African Union institutional architecture and political dynamics on GH/PRND R&D:

- **Agenda-setting and political steering:** the AU Assembly, AU Commission, AMCOST and other Ministerial configurations, the Pan-African Parliament, the Economic, Social and Cultural Council (ECOSOCC), etc.
- **Policy inception and development, technical assistance and resource mobilisation:** the New Partnership for Africa's Development (NEPAD), the African Academy of Sciences (AAS), the African Science Research and Innovation Council (ASRIC), the AUC Division of AIDS, TB, Malaria and Other Infectious Diseases (OIDS), etc.
- **Funding programmes and initiatives:** Alliance for Accelerating Excellence in Africa (AESA & AAS), external donors and development partners whose funding is co-managed by AU institutions (e.g. Bill and Melinda Gates Foundation, Wellcome Trust, European Commission, USAID), etc.
- **Policy implementation, monitoring and reporting:** NEPAD, Pan African Intellectual Property Organization (PAIPO), the African Observatory in Science Technology and Innovation (AOSTI) and Regional Economic Communities (RECs), etc.
- **Advisory, coordination, capacity-building and other activities** from stakeholders such as the United Nations Regional Coordination Mechanism for Africa, UNESCO, WHO-AFRO African Advisory Committee on Health Research and Development, the Africa-EU High-Level Policy Dialogue on STI, the Council on Health Research for Development (COHRED), the Research and Innovation Network for Europe and Africa (RINEA), civil society and private organisations such as IAVI, PATH, etc.

3. Recommendations on advocacy entry-points for DSW towards the AU on GH/PRND R&D:

- **Setting up a legal and institutional advocacy landscape:** basic rules and procedures for advocacy towards the AU and practice examples from relevant stakeholders.
- **Identifying key challenges** (e.g. regulatory barriers, limited funding or capacities, political indifference...) impeding GH/PRND R&D progress in the AU.
- **Identifying key champions** (e.g. researchers, CSOs etc.) on GH/PRND R&D that could be empowered for advocacy towards the AU.
- **Identifying key events and other milestones** on GH/PRND R&D that could be utilised for advocacy towards the AU, such as the next Biennial Scientific Conference on Medicines Regulation in Africa.

² First progress report expected in 2020