



**EAST AFRICAN COMMUNITY
EAST AFRICAN HEALTH RESEARCH COMMISSION**

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**REQUEST FOR EXPRESSION OF INTEREST (REOI) FOR THE CONSULTANCY
SERVICES TO UNDERTAKE ASSESSMENT OF DIGITAL ASSETS AND CAPACITY TO
SUPPORT THE ESTABLISHMENT OF TELEMEDICINE IN THE EAST AFRICAN
CENTRES OF EXCELLENCE
(Individual Consultant)**

REFERENCE No: EAHRC/RFPs/2024/003

1. Background and Context

1.1. Introduction

The East African Health Research Commission (EAHRC) is an institution of the East African Community (EAC). EAC is a regional intergovernmental organisation comprising the Republic of Burundi, Federal Republic of Somalia, the Democratic Republic of Congo, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the United Republic of Tanzania and the Republic of Uganda with its Headquarters in Arusha, Tanzania, www.eac.int

The East African Health Research Commission was established by the 5th Extra-Ordinary Summit of the EAC Heads of State on 18th June 2007, as a mechanism for making available to the East African Community, advice upon all matters of health, and health-related research and findings necessary for knowledge generation, technological development, policy formulation, practices and related matters. EAHRC is the principal advisory institution of the EAC on Health Research and Development (R&D).

In the framework of implementing its mandate, EAHRC led the EAC to develop the Digital Regional East African Community Health (Digital REACH) Initiative.

2. Project Background and Objectives

The Digital Regional East African Community Health (Digital REACH) Initiative is a new, ground breaking 10-year initiative within the East African Community (EAC) that will implement ICT across all dimensions of the health sector to improve service delivery in East Africa. The Strategic Plan developed for the initiative was unanimously approved by the Ministers of Health of all six EAC partner states, and officially launched for resource mobilisation and implementation on 27th March 2019. The Initiative seeks to bring together governments of EAC partner states, development partners, and private sector players to improve health services and health outcomes across the region through the creation of a robust enabling environment for digital health and the implementation of innovative regional digital health programmes. One such implementation is the Telemedicine Network for East Africa Tertiary Health Services (acronym 'Telemed NEAT') programme.

The telemedicine workstream has been selected as a priority programme because it has a direct and immediate impact on patient care, medical training, and health research. Telemedicine can adeptly illustrate the power of digital technology to extend the reach of highly specialised health services to remote settings, deliver a state-of-art medical training and collaborate effectively in health research remotely. Telemedicine has the power to improve the quality of healthcare even in remote settings, and therefore can play a key role in achieving the Universal Health Coverage (UHC) and the overall Goal 3 of the UN-Sustainable Development Goals (UN-SDG).

Telemedicine is a disruptive application of digital technology that has the ability to revolutionize the delivery of essential health services in curative, preventive, health promotion, medical training and research remotely when the provider and recipient are not physically present with each other, irrespective of the distance between them. The advancement in telemedicine has allowed specialised medical services and complex procedures (such as complex surgeries, diagnoses, interpretation of imaging procedures, etc.) to be accessible to communities living in rural and remote settings in the region where otherwise such services wouldn't have been available due to shortage of health professionals and generally inadequate investment in the health facilities.

3. Vision and Goals of Telemed NEAT Programme

The Telemed NEAT programme will link Regional East African Centres of Excellence (CoE), which are funded by the African Development Bank (AfDB) with other health and academic facilities across the EAC region. The network will provide advanced and specialised healthcare services, medical training to medical students, continuous medical education (CME) to health workers, and carry out research, and establish databases in the region. The EAC Regional Centres of Excellence (CoEs) for Skills and Tertiary Medical Education, Specialised Healthcare Services, and Research were funded by AfDB to improve healthcare service delivery and health outcomes at the time when the region is experiencing shortage of health professionals and increased burden of diseases which require specialised healthcare. Investing and operationalising the regional CoEs was a regional economy of scale that would among other reasons, avoid investment duplication in specialised health services among EAC Partner States, and would reduce the number of patient referrals for overseas treatment.

The CoEs are:

- i) East African Centre of Excellence for Nephrology and Urology – Republic of Kenya
- ii) East African Centre of Excellence for Cardiovascular Sciences – United Republic of Tanzania
- iii) East African Centre of Excellence for Oncology – Republic of Uganda
- iv) East African Centre of Excellence in Biomedical Engineering, E-Health, and Health Rehabilitation – Republic of Rwanda
- v) East African Centre of Excellence for Vaccines, Immunisation, and Health Supply Chain Management – Republic of Rwanda
- vi) East African Centre of Excellence for Nutrition Sciences – Republic of Burundi

4. Duties and Responsibilities

- To undertake assessment of digital assets and capacity in each CoE in the EAC Partner States regarding current state of telemedicine services, human resources issues, available digital assets including ICT infrastructure (teleradiology, telepathology,

tele dermatology, audio-visual equipment, digital imaging equipment, digital sensors, computer terminals etc).

- Identify solution requirements for telemedicine of the area of specialisation of each CoE and its target health facilities
- Systematically review the content and structure of existing Digital health policies for all Partner States especially on telemedicine/telehealth.
- To conduct legal and regulatory assessment on access, protect and transmission of personally identifiable data and health-related data in digital between CoEs and health facilities across the region.
- To assess the most frequently used telemedicine approaches worldwide as well as emerging.

5. Expected Outputs/Deliverables, Duration of the Work and Payment Scheme

5.1 The deliverables will be:

- Task 1: Work plan – A work plan outlining the key activities and schedule that will be undertaken as well as the inputs required from each Partner State CoE
- Task 2: Approach and Toolset for all phases– A plan describing the process that will be followed to evaluate the solutions, the requirements against which the tools will be evaluated, the criteria that will be used to determine the extent to which the solutions meet the requirements, and any supporting tools.
- Task 3: Detailed Report – A report describing the detailed findings of the assessment highlighting key requirements from each CoE.
- Task 4: Executive Report – A high-level summary of the detailed report.

The total working days will be twenty (20) days. A detailed timeline with the deliverables will be included in the inception report, which will be agreed with the EAHRC. The below table outlines the deliverables and expected working days.

Deliverables/ Outputs	No. of working days	Estimated Due Dates	Review and Approvals Required	% of payment
Development of inception report including methodology and data collection tools	5	3 working days from contract signature		25%

Data collection, analysis and draft report	12	12 working days upon approval of the inception report and data collection tools	Review and approvals required by the EAHRC	60%
Submission of a final report and approved	3	5 working days upon feedback on the draft		15%

NOTE: This is a fixed-budget consultancy. Therefore, the *maximum fee* payable for each *man-day* worked shall be Five hundred US Dollars (USD 500). The Consultant must therefore quote an all-inclusive flat-rate lower than and up to USD500 per man-day. Any Consultant quoting a figure above USD 500 for each man-day shall be disqualified at preliminary evaluation stage.

5.2 Institutional Arrangement

The consultant will directly report on a daily basis, to the EAHRC Principal Health Officer Research, Innovation and Development, as his/her supervisor. The supervisor will write an introduction letter of the consultant to the CoEs.

5.3 Commitment to Quality Work

The Consultant shall use an evidence-based approach and ensure the highest standard of work and timely deliverables at every stage of this assignment. In particular, the Consultant shall ensure clarity of objectives and process during the assessment exercise; counter-check all facts and figures cited; ensure that the content and format of the assessment report meet the highest standard for such documents; and ensure proper editing and clarity.

5.4 Payment Modality

Payments are based upon output, i.e. upon delivery of the services specified above and deliverables accepted and upon certification of satisfactory completion by the supervisor.

5.5 Duty Station

The consultant will work in collaborations with the CoEs and will report to the supervisor every two days.

5.6 Competencies

- Demonstrates commitment to EAC’s mission, vision and values.
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.
- Highest standards of integrity, discretion, and loyalty.

5.7 Functional and technical competencies:

- Demonstrate ability in managing digital health technology-related projects
- Experience in designing scalable system architecture.
- Experience working in multi-stakeholder environments.
- Experience in evaluating enterprise-level systems.
- Experience designing, conducting assessment and evaluation in the health sector
- Experience with health information systems is highly desirable.
- Experience reporting to executive-level stakeholders.
- Experience working in an international context is highly desirable.
- Strong organisation skills.
- Ability to work independently without direct supervision.
- Advanced writing, communication, and presentation skills in English.

5.8 Education:

- Master's degree in Computer Science, Information Technology, Health Informatics or equivalent qualifications in related fields. Additional or higher qualifications add value to the application.

5.9 Experience:

- Minimum of 8 years of experience working in digital technology project management, preferably in Telemedicine, digital health/e-health, or international development.
- Proven ability to write clear and effective papers and reports

5.10 Language:

- Fluency in English (oral and in writing)
- Knowledge of French is considered as added advantageous

6. Application process

With the technical and financial proposal, the consultant is expected to submit the following:

- Consultant's capacity statement, including relevant experiences related to the assignment and contacts of organisations worked with
- List of relevant previous assignments and a statement of capacity
- Detailed Curriculum vitae

Applications should reach the addressee below not later than **02nd November 2024**

The Deputy Executive Secretary
East African Health Research Commission
East African Community
Quartier Kigobe

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Please quote “**EAHRC/RFPs/2024/003**” on the subject line