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**Expression of Interest:** SACIDS FOUNDATION FOR ONE HEALTH (SACIDS)

**CONSULTANCY SERVICES TO STRENGTHEN EVENT BASED SURVEILLANCE AND ESTABLISH A DISEASE SURVEILLANCE NETWORK IN THE EASTERN AND SOUTHERN REGION (Reference No.: ET-AUC-239854-CS-QCBS)**

SACIDS Foundation for One Health (SACIDS) wishes to express its interest to support the Africa Centres for Disease Control and Prevention (Africa CDC) to strengthen event-based surveillance (EBS) and establish a disease surveillance network in the eastern and southern region.

We present a description of our qualifications and experience, relevant experience and technical organization and management of SACIDS to improving health information exchange and development of community of practices (COPs). We highlight on how we will transfer our experiences to the Eastern and Southern regions to support Africa CDC to strengthen continental and regional infectious disease detection and response systems.

1. **Qualifications and experience of SACIDS**

* The SACIDS, founded in 2008, is made up of founding member institutions located in Tanzania, Zambia, Mozambique, Democratic Republic of the Congo (DRC) and South Africa and recently established collaboration with the Uganda Virus Research Institute, the Gondar University in Ethiopia and the Kenya Medical Research Institute
* SACIDS links academic and research institutions in the public and animal health sectors of African Union Member States in East, Central and Southern Africa.
* Since its foundation, it has been focusing on disease surveillance systems, with special emphasis on viral epidemic diseases and more recently on anti-microbial resistance (AMR) using a One Health (OH) approach, with syndromic and genomic surveillance as the core business.
* SACIDS member and associated institutions have played key roles in supporting national COVID-19 response actions in the DRC, Zambia, Mozambique, Tanzania, South Africa and Uganda, in provision of expertise in a variety of ways, including digital technology supported surveillance within country and Ports-of-Entry, diagnostics, including genomic sequencing and participation in national and regional scientific advisory teams.
* SACIDS has experience in managing multi-centre programmes with sub-awardees in African countries and to partners beyond Africa.
* SACIDS has operated uninterrupted for 12 years, attracting project funding of more than USD 2.5 million per annum, from various sources.
* SACIDS has managed a portfolio of such projects with a value of over USD 32 million over the last 12 years from various external sources, including the Wellcome Trust, Rockefeller Foundation, Ending Pandemics, Skoll Foundation, Fleming Fund Country and Regional Funds, the United Kingdome Medical Research Council, the Canadian International Development Research Centre, the National Research Foundation of South Africa, the Korea National Institute of Health, the World Bank and the European and Developing Countries Clinical Trials Programme, the Africa CDC as well as Tanzania and Zambia Governments.

***SACIDS regional networking experience include the following:***

* In Tanzania, Zambia, Mozambique and DRC, the SACIDS member institutions operate as a SACIDS National Chapter for the purpose of, not only coordinating inter-institutional research and training activities, but also to provide interaction with and expert support to national authorities and sector ministries. The SACIDS institutional membership in each country includes also the national public health or medical/biomedical research institutions as well as public and private universities. All this helps to develop interaction and collaboration between academics and research on the one hand and national authorities on the other.
* SACIDS is a founder member of the international surveillance network for infectious diseases i.e. Connecting Organizations for Regional Disease Surveillance (CORDS) <https://endingpandemics.org/projects/connecting-organizations-for-regional-disease-surveillance-cords/>. CORDS is made up of six regional members networks working in 28 countries in Africa, Asia, the Middle East and Europe, from Tanzania to Thailand and from Myanmar to Montenegro, to detect and contain outbreaks at source and keep communities safe from the spread of infectious diseases in animals and humans. In addition to SACIDS, the other networks are (i) The Southeast European Centre for Surveillance and Control of Infectious Diseases; (ii) Middle East Consortium on Infectious Disease Surveillance; (iii) Mekong Basin Disease Surveillance; (iv) East African Integrated Disease Surveillance Network; and (v) Asia Partnership on Emerging Infectious Disease Research.
* SACIDS is a member of the Pan-African Network for Rapid Research, Response, Relief and Preparedness for Infectious Disease Epidemics (PANDORA ID-NET). This is a multidisciplinary 'One Health' initiative that supports broad themes addressing response to emerging infections in Africa. PANDORA ID-NET is an multidisciplinary Europe-Africa consortium of 24 partner institutions (15 African and 9 European) in 9 African and 4 European countries.

***Partnerships***

SACIDS has been working collaboratively with many groups, including the community, to promote the concept of One Health community level security as a fundamental basis for national and global health security

* At the **National Level in East and Southern Africa countries**, it works with Ministries and related agencies, including and Local Government Authorities (LGAs) responsible for human health, animal health
* At the**regional level,**SACIDS contributes to the objectives of the Southern African Development Community and the East African Community and collaborates with the implementing agencies such as the East, Central and Southern African Health Community and Amref Health Africa
* At the **Africa Continental Level**, SACIDS collaborates with the Africa CDC and the Inter-African Bureau for Animal Resources (AU-IBAR) both of the African Union

1. **Relevant experience related to the assignment**

Since its establishment in 2008, SACIDS has been operating as an African-led smart partnership between institutions in Southern-East Africa and University of London Colleges associated with London International Development Centre (LIDC) (i.e. London School of Hygiene and Tropical Medicine, Royal Veterinary College and School of Oriental & African Studies) and The Pirbright Institute. This model has evolved into an Africa-led South-South-North smart partnership, collaborating with research and training institutions in Africa, Europe, Asia, Australia-New Zealand, North and South America. This helps us develop internal capacity and unique access to world-class expertise and facilities for vital One Health research for impact on the health and livelihoods of communities in Africa. For the past 13 years, SACIDS has focused on developing One Health based research capacity for detecting, investigating and monitoring infectious diseases of humans and animals, including antimicrobial resistance.

Working through its members and partnerships, through funding from a number of sources, SACIDS has not only developed and institutionalised research capacity in Southern Africa, but also delivered a series of research outcomes that have assisted in the risk management of infectious diseases in the region. In 2016-2017, the SACIDS programme activities at two of its Member Institutions (Sokoine University of Agriculture in partnership with the Muhimbili University of Health and Allied Sciences and University of Zambia) were selected by the World Bank as Africa Centres of Excellence for Infectious Diseases of Humans and Animals in Eastern and Southern Africa, funded jointly by the World Bank and national governments. These two Centres share a common scientific programme and governance structures as part of the SACIDS Foundation for One Health.

SACIDS has strong track of records in developing and operationalizing theme-based Community of Practices (CoPs) involving its network institutions in Eastern and Southern Africa. Through CoP approach as its core strategy for community-level health security, SACIDS has fostered exchange of best practices and solution to challenges among and across the CoP members.

Thorough CoP approach, SACIDS has expanded and extended the communication of programmes into a multi-media and multi-faceted platforms for effective engagement with the communities and policy markers. This include adoption of technology-driven EBS, development and dissemination of policy briefs and research summaries, and evaluation of innovative approaches such as value of music in policy and community engagement with public health.

SACIDS is experienced in the design and development of the training modules and tailored training programmes to meet country-specific requirements. For instance,

* Since 2019, SACIDS has been collaborating with Africa CDC to implement its EBS framework and guidelines and supported its adaptation in the Africa Union member states. We have supported the countries in the Africa region with tailored training programmes to enhance their efficiency to rapidly detect and timely report signals of public health importance for effective early warning and response. Through this initiative, SACIDS has:
  + - Conducted EBS situation analysis in the Eastern and Central Regional Collaborating Centres of the African Union (RCC) to document best practices and gaps that should be addressed to strengthen EBS in the region. This work was conducted in collaboration with East, Central and Southern African Health Community and other partners.
    - Developed four types of EBS training modules for all levels of health systems in Africa i.e. community, health facility, media scanning and Hotline.
    - Developed COVID-19 training module specific for community-based surveillance including contact tracing for the African Union Member States
    - Coordinated validation of developed EBS training modules by the subject matter experts from the Eastern and Central RCC
    - During the validation exercise, SACIDS initiated development of an EBS Community of Practice (CoP) involving the members from Eastern and Central RCC
    - Provided technical support to the Member States to establish EBS coordination and collaboration mechanism at national level including formulation of Multi-sectoral Technical Working groups
    - Provided technical support to the Member States to adapt the third edition of Integrated Disease Surveillance and Response including customization of list of priority diseases/events to country-level environments
    - Provided technical support to the Member States to develop list of priority signals and list of EBS sources for enhanced early warning and response systems
    - Provided technical support to the Member States to develop standard operating procedures to enhance operationalization of EBS
    - Provided technical support to Members States on risk assessment of public health events for effective response and containment of potential diseases epidemics
    - Developed EBS monitoring and evaluation framework to help the Member States monitor implementation of EBS
    - Created the country-level cohorts of Trainer of Trainers to accelerated EBS implementation in in Eastern and Central RCC
    - Coordinated and supervised EBS training to officials from the national and sub-national levels and community health workforce in Eastern and Central RCC
* Since 2019, SACIDS has been collaborating with the Africa CDC to implement its framework on AMR among Africa Union members, through advocating for policies and regulations to enable long-term prevention and control of AMR and civil society engagement. We have carried out:
  + A systematic review of antimicrobial resistance, antimicrobial use and existing policies in agriculture/ food production systems in Africa
  + A review of antimicrobial use and resistance in food-producing animals and the environment in Africa
  + We have organized workshops on Legal Framework for Infection Prevention and Control in Healthcare Facilities and in engaging civil society organizations in promoting public awareness on AMR –curbing inappropriate use of antimicrobials.
  + In 2020, SACIDS Partnership for AMR Surveillance Excellent (PARSE) conducted a mapping and gap analysis of Antimicrobial Resistance and Surveillance Systems in Kenya, Uganda, Tanzania and Zambia, aiming to develop a clear AMR data sharing protocol for quick comparability of the data across the region.
* During the COVID-19 pandemic, its scientists were able to provide diagnostic, epidemiological, surveillance, digital and genomics expertise to the national preparedness and response activities of the National Authorities in the DRC, Mozambique, Tanzania and Zambia
* Since 2010, one of the SACIDS research themes has been on developing tools to facilitate syndromic surveillance from community to national level

SACIDS has been employing digital and genomic-based technologies at community level for EBS to capture disease-signals and related events early (in humans, livestock, wildlife and environment) in East and Southern Africa. Through CORDS, we have worked with the governments of East Africa to assess best practices and challenges related to disease surveillance, including information and data sharing, in the cross-border ecosystems.

Building on experience in technology-driven EBS and that of our work with Africa CDC in operationalizing the EBS framework, we have digitized the Point of Entry disease surveillance systems, trained the users and provided continuous monitoring and technical backstopping in Tanzania, with plans to transfer the technology to other countries in Africa region. *AfyaData* (a digital disease surveillance and data collection tool) has been designed not only as a One Health disease surveillance, but also as one designed for the needs of community health workers. We are currently using *AfyaData* in the surveillance of multi-drug resistant bacteria causing community acquired urinary tract infections in Tanzania.

To support the Member States with activities to strengthen cross-border referral, integrated disease surveillance capacities, we will map out the existing health data and information sharing systems and tools to document best practices that can be adapted in the region. Building on our experience, we will strengthen within- and between-country health data and information sharing systems to promote timely detection of health events. This will be achieved through consultative and collaborative (with authorities of the Members States) planning and adaptation of relevant existing information communication technology-supported tools and systems. We will coordinate meetings within and between countries to discuss and agree on strategies and approaches that could be used to promote timely sharing of health and disease data and information including those of endemics diseases and that of epidemic potential.

We will build on our experience to develop EBS CoP using One Health approach in Eastern and Southern Africa regions. To enhance operationalization of an EBS CoP, we will support development of terms of references and adapt different strategies/mechanisms that will be endorsed by the Member States. We will build on our membership of CORDS and our smart partnership with Ending Pandemics to adapt the Epicore platform to design an Africa CDC bespoke Epicore Variant  to support the Africa CDC Virtual Community of Health Professionals. The EpiCore platform uses innovative surveillance methods to extract insights about  outbreaks of infectious diseases and/or public health events from self-registered members (CoP members).

We will extend our experience in EBS situation analysis implemented in the Eastern and Central RCC to facilitate a similar exercise in the Southern RCC. Depending of the outcomes of situation analysis, we will provide technical support in the development/strengthening of open-source data and information sharing platform that can be adapted by the Member States. We will build on our experience in the EBS implementation in selected Members States of the Eastern and Central RCC to support the remaining Member States in the Eastern and those of the Southern RCC adapt the Africa CDC EBS and One Health frameworks. We will leverage on experience on communication engagement strategy with the media and non-academic public; community engagement through information and risk communication; engagement with national and regional policy makers; informed opinion at national, regional and international levels; collaborating with or participating in policy shapers/knowledge brokers at national, regional (including Africa CDC and WHO Africa Region) and globally.

We will support the Member States in the Eastern and Southern RCC adapt the developed Africa CDC EBS monitoring and evaluation framework. The programme will be translated into a detailed results framework to guide monitoring of progress and performance of EBS implementation. While in Africa there are now One Health networks by One Health scientists in academia and research and several countries have set up official One Health National Platforms, regional, National Public Health Laboratories and their animal health equivalent have not, so far, been great protagonists for One Health. The proposed EBS One Health CoP will therefore respond to an obvious demand. This way, in future, it will be possible to strengthen partnerships between national official systems and the expertise from academia and research into coherent national and regional expertise, working with and supporting national and regional authorities in a science-policy-public community-of-practice synergistic collaboration. The experience from the COVID-19 Pandemic is showing the necessity and effectiveness of such approaches.

We feel, that SACIDS, has the experience and capacity to coordinate and align the Africa CDC EBS and One Health frameworks with the Eastern and Southern Africa Member States to (i) improve health information exchange, and (ii) support development of an EBS CoP.

1. **Technical Organization and management of SACIDS**

SACIDS Foundation for One Health is headed by its Executive Director, who is responsible to both the University and the SACIDS Governing Board and the SACIDS International Scientific Advisory Board (ISAB) for unbiased responsibility across all the SACIDS Members Institutions in Africa and the external Smart Partnership of SACIDS. In terms of Programme Management, the Executive Director is assisted by a dedicated Secretariat comprising a Programme Operations Manager plus dedicated units for Finance, Procurement and administration, which also respond to the university Chief Finance Officer, University Procurement Manager and Chief Personnel to ensure consistency with university policy, regulations and practices. Associated with the SACIDS leadership is a Senior Scientists that acts as a Programme Development Manager that works closely with the Executive Director to identify new funding opportunities and to liaise with Research Group Leaders and senior scientists across SACIDS Member Institutions to develop funding proposals. In terms of liaison with the University Governing Bodies (e.g. Committee of Principals and Directors, Senate and Council), the Executive Director is assisted by a senior tenured academician (Professor) of the university for the interface/liaison responsibilities. SACIDS Foundation for One Health has had an independent International Scientific Advisory Board (ISAB) since January 2011, which regularly scrutinizes and reviews progress of the research and training programmes of SACIDS

On financial management, the following are in place: a functional internal finance control system, a computerized Vote Book Financial Management system which ensures that every operation is documented and traceable for matter of compliance with the Financial Regulations and audit requirements and a Procurement Management System.