



## **CONSULTANCY: PROJECT COORDINATOR: ENHANCING RESILIENCE AND HEALTH SYSTEMS CAPACITIES FOR EFFECTIVE EMERGENCY RESPONSE IN THE SADC REGION PROJECT**

### **1.0 BACKGROUND**

Consisting of 16 Member States with a total population of over 400 million people, the Southern African Development Community (SADC) was originally established in 1980 in Lusaka, Zambia as the Southern African Development Co-ordination Conference (SADCC). In 1992, Heads of Government of the region agreed to transform SADCC into the Southern African Development Community (SADC), with the focus on integration of economic development. SADC members are Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

SADC was established to promote sustainable and equitable economic growth and socio-economic development through efficient productive systems, deeper co-operation and integration, good governance, and durable peace and security, so that the region emerges as a competitive and effective player in international relations and the global and continental economy. In order to strengthen Emergency Preparedness and improve capacity, the SADC Secretariat, with the support of the African Development Bank, has identified the need to develop and implement a project on Enhancing Resilience and Health System Capacities for Effective Emergency Response in the SADC Region.

### **2.0 CONTEXT**

The Southern African Development Community (SADC) has advanced emergency preparedness through key regional frameworks such as the Disaster Preparedness and Response Strategy (2016–2030) and the Regional Health Policy Framework, meant to strengthen surveillance, cross-border coordination, and health system resilience. The SADC Health Protocol (1999) promotes regional cooperation to control diseases and improve health services, with Member States committed to joint strategies and resource sharing for health. Despite this strong policy environment and political will in combating disease outbreaks, **the SADC region faces multiple public health crises, including zoonotic outbreaks, the knock-on effects of extreme climatic events, and poor sanitation.** COVID-19 alone caused a 2.1% GDP contraction and a 10% rise in unemployment. On the other hand, Zoonotic

spillovers are projected by UNEP and WHO to increase by 50% by 2050 due to climate change. In 2025, 11 SADC countries had reported over 100,886 suspected cases of Mpox (a zoonotic disease) with 69 associated deaths. Between 2023 and 2025, at least 1,212 cases of Anthrax have been reported in Zambia, Zimbabwe, and the DRC, driven by drought and increased human-animal contact. The recent Foot and Mouth disease outbreak the increased risk of zoonotic spillovers and climate change that necessitate a One Health approach, which collectively addresses human, animal and environmental health.

**Poor sanitation and vulnerabilities in health facilities further contribute to the proliferation of diseases, such as cholera, after disasters.** In 2024, the SADC Member States contributed 58% of total cases (103,510) and 56% of total deaths (1,807) of the total number of Cholera cases on the continent, with Angola and DRC and Mozambique being most affected. One of the strategies emphasised by The Global Task Force on Cholera Control is enhanced surveillance, early detection and rapid response to contain cholera outbreaks<sup>i</sup>. Interrelated factors such as high malnutrition rates in the SADC region, where over 31.5% of children under five are stunted, and 60.6% of children and 40.6% of adolescent girls and women are anaemic, weaken immune systems and make individuals susceptible to infections during disease outbreaks. Furthermore, outbreaks tend to cause disruptions in supply chains and diversion of resources to treatment, thereby reducing dietary quality and impacting health outcomes. Countries with integrated nutrition programs across health, education, and social protection systems adapt better and maintain services during pandemics<sup>ii</sup>.

**In addition, Timely access to quality medical countermeasures is vital during outbreaks, yet Africa's reliance on imports and weak regulatory capacity continues to delay lifesaving interventions.** Only 9 National Medicines Regulatory Authorities (NMRAs) in Africa (4 in SADC - Tanzania, South Africa, Zambia and Zimbabwe) have attained WHO Maturity level 3 (ML3) status, signifying stable, well-functioning, and integrated regulatory systems aligned with international standards. ML3 status is a prerequisite for scaling up local manufacturing of vaccines, diagnostics, and therapeutics, as it assures global partners of regulatory reliability. Without harmonized regulations, countries are exposed to substandard and falsified medicines; manufacturers face fragmented requirements across countries, hindering scale and market access. The **African Union (AU)** has set an ambitious goal to produce **60% of the continent's vaccines locally by 2040**, as part of the Pharmaceutical Manufacturing Plan for Africa (PMPA). To achieve this goal, NMRAs will need to meet the prerequisites for local production and registration of medicines.

**The proposed Resilient Health Systems for Emergency Preparedness (RHeSEP) Project aims to build on investments by SADC to strengthen health systems, reducing the impact and cost of public health emergencies.** The project supports SADC's Strategic Partnership for Health Security and Emergency Preparedness (2021–2030) and the Disaster Preparedness and Response Strategy and Fund (2016–2030) by contributing to a coordinated regional health security architecture. At the continental level, the project aligns with the AU Health Strategy (2016–2030) and the AU–WHO Strategic Partnership for Health Security by promoting equitable access to medical technologies, integrated health information systems (One Health), and regional resilience to disease outbreaks, including climate-related shocks. Globally, it supports the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being), target 3.d, by enhancing early

warning, and management of health emergencies. Health system resilience means that health actors and institutions can effectively anticipate, prevent, prepare for, absorb and adapt in response to, and recover from a wide variety of shocks and stressors while delivering high quality health services as needed.

**The project directly contributes to regional cohesion and resilience, which are central to the Bank's Ten-Year Strategy (TYS 2024 - 2033)** by strengthening health systems to prevent induced displacement, reduce competition over scarce resources during outbreaks, and foster trust through equitable cross-border service delivery. It operationalizes the AfDB commitment to addressing fragility in line with the Strategy for Addressing Fragility and Building Resilience in Africa (2022 – 2026), while reinforcing the nexus between health security and peacebuilding in vulnerable contexts. It advances the Southern Africa Regional Integration Strategy Paper (RISP 2020–2026) by strengthening regional health infrastructure and data systems (Priority 1: infrastructure connectivity) and supports market integration by mitigating the potential impact of health emergencies on trade. It aligns with the AfDB Strategy for Quality Health Infrastructure in Africa (SQHIA 2022–2030) by enhancing diagnostic capacity and supports the High 5 on improving quality of life for the people of Africa; the Climate Change and Green Growth Action Plan (2021–2025) by reducing vulnerabilities in fragile and climate-affected settings; the Gender Strategy (2021–2025) by addressing the disproportionate impact of health crises on women, girls, and youth; the Multisectoral Nutrition Action Plan (2018-2025) to ensure malnutrition is contained during health emergencies. It contributes to the selectivity paper Strategic Priority 5.3 by investing in laboratories to improve diagnostic infrastructure for pandemic preparedness and Strategic Priority 4.1 through support to cross-border facilities. It contributes to ADF-16 commitments on number of health operations approved in ADF countries. The project was assessed and prioritized as an RPG in line with the Regional Operations Selection and Prioritization Guidelines and endorsed by OpScm in the 2025 Regional Operations Prioritization Report.

### **3.0 JOB SPECIFICATIONS**

**Reporting to the Senior Programme Officer (Health) the Project Coordinator will undertake the following responsibilities.**

- Lead and coordinate all components of the Project, including implementation and delivery of the Project in a timely manner
- Take responsibility for financial, administrative, and technical oversight of the project in line with the SADC Secretariat and AfDB policies and practices.
- Prepare and submit annual detailed work plan and budget.
- Develop project reports including other project outputs and deliverables for all project components
- Design and develop databases to support Project implementation activities.
- Coordinate recruitment of consultant(s) to support the project.
- Lead and participate in the development of standardized M&E tools for data collection, data quality monitoring, analysis and regular reporting on approved indicators and assist with the monitoring and evaluation activities as required.
- Manage the logistics and coordinate the activities/events, record and disseminate the outputs of technical and other working groups that may be formed in support of the various project deliverables.
- Organise and manage meetings, including appointments with stakeholders/consultations, logistical arrangements including for project missions.
- Serve as a Secretariat for the SADC Multisectoral Committee on the Implementation of the SADC Protocol on Health and convene health emergency related meetings

- Liaise and coordinate activities with the relevant divisions, departments and agencies of SADC, AfDB and WHO to support of the implementation of the Project and facilitate clear communication among all project stakeholders.
- Working with the SADC Project Management Support Unit (PMSU), track and monitor project progress and provide regular reports to SADC Management
- Ensure the project is properly closed out and project documentation completed and stored.
- Perform such other duties as may be assigned.

#### **4. EDUCATION**

- Master's degree or higher in public health, epidemiology, or a related field from a recognized institution.
- Bachelor's degree in Medicine or Pharmaceutical Studies will be an added advantage

#### **5. EXPERIENCE**

- At least 7 years of experience within the public sector and/or a regional/international organization, with a bias towards Health Systems Strengthening (HHS)
- Proven experience in integrated program planning and implementation, Health Systems Strengthening and policy development support in the health sector at middle management level.
- Proficiency in data management and knowledge of statistical software will be an added benefit advantage.
- Experience in managing complex Health Programs, knowledge of community interventions, including Primary Health Care services (PHCs)
- Experience in managing complex health programs at regional level will be an added advantage
- Strong presentation and communication skills in English. A knowledge of French and/ or Portuguese will be an added advantage.

#### **6. COMPETENCIES**

- Negotiation, networking and relationship building skills
- Organisational skills including planning, budgeting, time management, and work prioritisation
- Research, analytical and problem-solving skills
- Demonstrated ability to work independently and largely unsupervised, with a strong work ethic and professionalism.
- Demonstrated ability to present and win support for ideas in an international or multi-cultural environment,
- Maintain confidentiality and respectful of sensitive situations,
- Organisational awareness with an understanding of engaging Member States and other audiences including donors and development partners.
- Results and performance driven, with strong abilities to multitask.
- Team player, Team player and communication skills

#### **7. DURATION OF THE CONSULTANCY**

Three (3) years subject to funding availability.

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<sup>i</sup> Africa CDC. Policy Brief | September 2025; Enhancing Cholera Detection and Surveillance in Africa

<sup>ii</sup> [https://micronutrientforum.org/wp-content/uploads/2023/10/ST4N-GRR-Summary-Brief\\_FINAL\\_13Oct2023.pdf](https://micronutrientforum.org/wp-content/uploads/2023/10/ST4N-GRR-Summary-Brief_FINAL_13Oct2023.pdf)