TERMS OF REFERENCE (TOR) TO RECRUIT TWO SENIOR EPIDEMIOLOGISTS FOR CROSS-BORDER EBOLA BUNDIBUGYO PREPAREDNESS AND RESPONSE.

Organization	Healthy People Rwanda KK 466 ST, Kigali, Rwanda, Tel: +250788752426 Email: programs@hprwanda.org www.hprwanda.org
Release date	August 25, 2026
Closing date	August 28, 2026 at 17:00
Duty station: Epidemiologist 1	Rubavu-Goma corridor/North-Kivu
Duty station: Epidemiologist 2	Rusizi-Bukavu corridor/South-Kivu
Duty Period	September 01- November 09, 2026

1. About HPR

Healthy People Rwanda (HPR) is a registered Rwandan Non-governmental organization founded in 2013 committed to improving the health and well-being of communities through health promotion, disease prevention, research, capacity building, and professional development. HPR works in collaboration with government institutions, international organizations, communities, and other stakeholders to design and implement evidence-based interventions that address key public health challenges with a focus on generating sustainable and locally driven solutions that contribute to improved health outcomes in Rwanda and the wider region.

2. Context and Background

The 17th Ebola outbreak in the Democratic Republic of the Congo (DRC), caused by Bundibugyo ebolavirus and officially declared on 15 June 2026, continues to expand across Ituri, North-Kivu and South-Kivu provinces of the DRC. The outbreak is being managed in a complex operational environment marked by insecurity, population displacement and high cross-border mobility, with continued risk of importation into neighbouring countries including Rwanda.

Rwanda shares an extensive and dynamic border with the DRC and has activated a comprehensive preparedness and response framework covering traveller screening, PoE and PoC surveillance, quarantine site management, contact tracing, laboratory readiness, IPC and risk communication. On the Rubavu-Goma corridor (entry point: Rubavu (La Corniche and Poids Lourds Points of Entry)), as well as the Rusizi-Bukavu corridor (entry point: Rusizi (Rusizi I and Rusizi II Points of Entry)), the adjacent DRC province is Nord-Kivu and South Kivu respectively. Sustaining and continuously refining the surveillance architecture on these corridors, while ensuring coherent bilateral coordination with the DRC response, requires dedicated senior epidemiological expertise.

To that end, HPR in collaboration with International Organization for Migration (IOM) and Rwanda Biomedical Center (RBC)

wishes to recruit two Senior Epidemiologist who will be deployed to lead epidemiological support for the Rubavu-Goma Corridor and Rusizi-Bukavu Corridor, working with RBC, WHO, IOM and district health teams on the Rwandan side and engaging bilaterally with the counterparts of DRC Nord-Kivu and South Kivu respectively.

3. Objectives of the Assignment

- Strengthen surveillance operations at Points of Entry and Points of Control along the Rubavu-Goma corridor and Rusizi-Bukavu corridor.
- Support alert detection, verification, investigation and response, including contact tracing initiation at PoE.
- Reinforce bilateral coordination with the DRC North-Kivu and South-Kivu response counterparts.
- Produce operational guidance, SOPs and field tools tailored to the specific corridor.
- Provide mentorship and capacity building for district-level surveillance teams.

4. Scope of Work

- **Surveillance systems strengthening.** Optimise event-based and indicator-based surveillance at Rubavu (La Corniche and Poids Lourds Points of Entry) and along the Rubavu-Goma corridor; and Rusizi (Rusizi I and Rusizi II Points of Entry) and along the Rusizi-Bukavu corridor; strengthen alert flows from PoE, PoC, health facilities and communities.
- **Epidemiological analysis.** Daily situational analysis, cross-border movement analysis, and rapid production of situation reports and briefs.
- **Bilateral coordination.** Facilitate technical exchanges with DRC North-Kivu and South-Kivu counterparts on alert sharing, contact tracing across the border, and joint response planning.
- **Preparedness beyond the acute phase.** Post-response after-action review; contribution to sustainability of the cross-border architecture.

5. Duty Station

Epidemiologist 1: will be based on the Rwandan side of the Rubavu-Goma corridor (primary duty station in the vicinity of Rubavu (La Corniche and Poids Lourds Points of Entry)) with periodic missions to Kigali (RBC Surveillance Division) and coordination engagements with DRC Nord-Kivu counterparts as authorized by IOM.

Epidemiologist 2: Will be based on the Rwandan side of the Rusizi-Bukavu corridor (primary duty station in the vicinity of Rusizi (Rusizi I and Rusizi II Points of Entry)) with periodic missions to Kigali (RBC Surveillance Division) and coordination engagements with DRC South-Kivu counterparts as authorized by IOM.

6. Chronological Workplan and Deliverables

The following workplan sets out the deliverables and activities for the both senior Epidemiologist across the ten-week engagement (50 working days (01 September - 09 November2026)). The Gantt layout follows the IOM template.

Item	Deliverable / Activity	1	2	3	4	5	6	7	8	9	10
Literature review	Inception report and rapid situational and epidemiological review of the North-Kivu / Rubavu-Goma corridor and South-Kivu / Rusizi-Bukavu corridor and adjacent DRC North-Kivu and South-Kivu respectively.	■									
Mapping and consultation	Document summarizing identified actors and their work (WHO, IOM, MSF, RBC Rusizi-Bukavu team, DPS, district health teams).	■	■								
	Document summarising best practices and lessons learned from previous EVD responses in the Great Lakes region.		■								
	Document proposing key informants and consultation methodology.		■								
	Report on consultations held with health zones, PoEs, PoCs, army command, transporter cooperatives and community leaders along the Rubavu-Goma and Rusizi-Bukavu corridor.		■	■							
	Document summarizing best practices assessed at Points of Entry) and the associated PoCs.			■							
Drafting	Draft SOPs and coordination guidance tailored to the Rubavu-Goma corridor for Epidemiologist 1 and to the Rusizi-Bukavu corridor for Epidemiologist 2 (traveller screening, alert management, cross-border contact follow-up, quarantine site management).			■	■						
	Draft field tools (screening registers, alert notification forms, cross-border information-sharing template, corridor-level surveillance dashboard).				■	■					
Field testing	Document detailing proposed methodology for field testing of SOPs and tools at the Points of Entry) and associated PoCs.					■					
	Report on field testing (feasibility, usability, correction log).						■				
Revising	Final SOPs and coordination guidance for the Rubavu-Goma corridor for Epidemiologist 1 and for the Rusizi-Bukavu corridor for Epidemiologist 2.							■			
	Final field tools and corridor-level surveillance dashboard.							■	■	■	■
	End-of-mission technical report (achievements, epidemiological analysis, lessons learned, recommendations for sustainability).								■	■	■

Weeks 1-4 = September 2026; Weeks 5-8 = October 2026; Week 9-10=November. Shaded cells indicate weeks during which the corresponding activity or deliverable is expected to be worked on.

7. Duration, and Modality

Duration. The consultancy is scheduled to run from 01 September 2026 to 09 November 2026, corresponding to an 50 working days engagement covering the acute phase of preparedness and the immediate post-response consolidation window.

Modality. The consultancy will be delivered on a full-time basis over the agreed period. Duty station and field deployment arrangements are defined in Section 5 above.

8. Reporting Lines and Governance

The consultant will report technically to the Rwanda Biomedical Centre (Surveillance Division) and administratively to HPR and IOM Rwanda. Weekly progress updates and a fortnightly written progress note will be shared with the joint RBC-IOM

technical coordination group.

9. Required Qualifications and Experience

- Advanced university degree in public health, epidemiology, health informatics or a directly related discipline (for the epidemiologist roles), or in computer science, health informatics or software engineering (for the DHIS2 role).
- Minimum of five years of demonstrable experience in outbreak response, cross-border public health surveillance or DHIS2 development, as applicable to the specific role.
- Prior operational experience in the East African / Great Lakes region and familiarity with viral haemorrhagic fever preparedness are strong assets.
- Excellent written and spoken English; working knowledge of French and/or Kinyarwanda is an asset.

10. Core Competencies

- Integrity, professionalism and respect for diversity.
- Strong analytical and communication skills.
- Ability to deliver under pressure and against tight operational timelines.
- Demonstrated ability to work in multi-cultural and multi-agency settings.

11. Data Protection and Ethics

The consultant will comply with Rwanda's data protection framework, the WHO Framework for Ethical Behaviour and the IOM Data Protection Principles. All personal data handled during the assignment will be treated as confidential and used exclusively for the purposes of the outbreak response.

12. Application and Selection

Interested candidates should submit a technical curriculum vitae, a short cover letter (maximum two pages) outlining relevant experience and availability, and contact details of at least two professional references to programs@hprwanda.org. Selection will be based on technical merit, prior relevant experience and availability to start on 01 September 2026. Only shortlisted candidates will be contacted.

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