

WORLD HEALTH ORGANIZATION
Regional Office for Africa (WHO AFRO)

TERMS OF REFERENCE

Regional Mental Health and Psychosocial Support (MHPSS) Consultant

Title	Regional MHPSS Consultant
Grade / Contract type	P3/P4
Duty station	Brazzaville, Republic of the Congo
Duration	3 months (with possibility of extension)
Reporting to	WHO AFRO Regional Mental Health Advisor

1. Background



The WHO African Region continues to face one of the most complex and protracted public health emergency landscapes globally, marked by the convergence of infectious disease outbreaks, armed conflict, mass displacement, and chronic health system fragility. Since May 2026, the Democratic Republic of the Congo and Uganda have been responding to an Ebola disease outbreak caused by Bundibugyo virus, declared a Public Health Emergency of International Concern (PHEIC) by the WHO Director-General on 17 May 2026 and, in parallel, a Public Health Emergency of Continental Security (PHECS) by Africa CDC.

The outbreak is unfolding against a complex epidemiological, humanitarian and security backdrop characterized by insecurity and highly mobile populations, including cross-border and conflict-affected communities—factors that have historically driven fear, stigma, misinformation, disrupted care-seeking behaviour, and significant psychological distress among affected populations, survivors, healthcare workers, and responders alike. This epidemic response is layered onto a broader regional humanitarian crisis. Eastern DRC faces escalating armed conflict and mass displacement, while the Sahel, South Sudan, Somalia, and the Horn of Africa add further strain to an already overstretched response architecture. Across these settings, MHPSS needs remain acute and consistently underserved, compounded by chronic underfunding following the 2025–2026 humanitarian funding cuts.

Within this context, regional and country-level capacity to deliver timely, quality and coordinated MHPSS as an integral component of emergency response remains constrained by limited surge capacity, multiple simultaneous emergencies, and the need for technical expertise in outbreak-specific MHPSS alongside broader interagency and multisectoral MHPSS coordination. The ongoing Ebola response represents an immediate operational priority within this broader need to strengthen MHPSS preparedness and response capacity across the Region, in line with relevant IASC MHPSS approaches and coordination frameworks.

It is in this context that WHO AFRO seeks the deployment of a dedicated MHPSS consultant to function as a **shared regional interagency MHPSS resource**, hosted by WHO AFRO and supporting nationally led, interagency and multisectoral emergency preparedness and response across the Region. The consultant will strengthen technical support, coordination and connectivity across national governments, Africa CDC, UN agencies, I/NGOs, academia, civil society, community-based organizations, the private sector, and other relevant actors and sectors. Particular attention will be given to countries where dedicated MHPSS emergency response capacity is limited, including strengthening connections between Ebola-specific response structures and broader humanitarian MHPSS coordination mechanisms, and facilitating exchange of expertise, tools and lessons learned across countries and partners.

2. Objectives and Deliverables

- **Strengthen interagency and multisectoral MHPSS coordination for preparedness and operational readiness for Ebola and other public health emergencies across the WHO African Region**, working through and strengthening linkages between country-level MHPSS Technical Working Groups (TWGs), relevant MHPSS and public health emergency pillars and coordination structures, national governments and National Mental Health Institutes (NMHIs), Africa CDC, UN agencies, I/NGOs, civil society and other relevant sectors and partners.
 - Mapping of active interagency MHPSS TWGs, relevant MHPSS and public health emergency pillars and coordination structures, and existing capacities across at-risk countries to identify strengths and gaps in MHPSS preparedness and operational readiness for Ebola and other public health emergencies.
 - Established or strengthened interagency and multisectoral communication and coordination channels and events linking MHPSS TWGs with relevant public health emergency pillars and structures, national authorities and NMHIs, Africa CDC, UN agencies, I/NGOs, civil society and other relevant partners.
 - Established or strengthened regional and country focal point networks to facilitate timely exchange of technical expertise, preparedness information, tools and operational support for MHPSS preparedness and operational readiness for Ebola and other public health emergencies.
- **Provide tailored interagency and multisectoral MHPSS technical support to strengthen preparedness and operational readiness for Ebola and other public health emergencies**, supporting national authorities, UN agencies, I/NGOs, academia, the private sector, community-based organizations and other relevant actors.
 - Interagency MHPSS technical advice and remote/in-person support provided to Member States and partners to strengthen preparedness and operational readiness for Ebola and other public health emergencies, documented through a shared technical support log focused on MHPSS and public health emergencies.
- **Strengthen interagency and multisectoral MHPSS preparedness and operational readiness for Ebola and other public health emergencies across the Region**, supporting national and regional actors to systematically integrate MHPSS into public health emergency preparedness and contingency planning.

- MHPSS components reviewed and strengthened, through interagency and multisectoral consultation, within national and regional preparedness and contingency plans for Ebola and other priority public health emergencies.
- A practical interagency resource/checklist for integrating MHPSS into public health emergency preparedness and operational readiness, drawing on existing WHO and IASC standards and tools and adapted for regional use.
- At least two field missions conducted to support two Member States in strengthening in-depth, nationally led, interagency and multisectoral MHPSS preparedness and operational readiness for Ebola and other public health emergencies, including linkages between MHPSS TWGs and relevant public health emergency pillars and coordination structures through clear standard operating procedures, with identification and strengthening of MHPSS public health emergency preparedness innovative and localized response.
- **Strengthen interagency monitoring of MHPSS preparedness and operational readiness for Ebola and other public health emergencies across the Region**, building on existing country and partner systems and avoiding parallel monitoring mechanisms.
 - Existing MHPSS TWG data collection systems, 4Ws, preparedness assessments, situation reports and other relevant interagency tracking mechanisms identified and consolidated to inform regional understanding of MHPSS preparedness and operational readiness.
 - Regular interagency regional MHPSS update consolidating preparedness capacities, gaps, activities and priorities related to Ebola and other public health emergencies.
- **Function as a shared regional interagency MHPSS preparedness and operational readiness technical reference point and resource**, connecting countries with limited capacity to regional expertise, partners, tools and lessons learned, and facilitating exchange across countries, agencies and sectors.
 - Interagency and multisectoral peer exchanges, including webinars and cross-country technical sessions, connecting Member States and partners to regional expertise and experience on MHPSS preparedness and operational readiness for Ebola and other public health emergencies.
 - Relevant WHO and IASC MHPSS guidance, tools and operational resources identified, contextualized where appropriate, and shared across countries, agencies and sectors to strengthen preparedness and operational readiness.
 - Interagency lessons-learned brief(s) documenting good practices, gaps and lessons related to MHPSS preparedness and operational readiness for Ebola and other public health emergencies across the Region.

3. Qualifications and Experience

- Advanced university degree (Master's or PhD) in Psychology, Psychiatry, Mental Health, Mental Health Nursing, Clinical Social Work, or a related field. A first-level university degree with additional relevant experience may be accepted in place of an advanced degree.
- A minimum of 5 years of progressively responsible experience in mental health and psychosocial support, including demonstrated experience in humanitarian/emergency settings.

- Prior field experience with WHO, UN agencies, or international/national NGOs in inter-agency MHPSS coordination or programming in public health emergency contexts.
- Demonstrated knowledge and experience in IASC MHPSS Guidelines such as MHPSS Minimum Service Package, MHPSS Coordination Handbook, MHPSS Monitoring and Evaluation Framework, and Multisectoral MHPSS Assessment Toolkit.
- Demonstrated knowledge and experience working within interagency coordination structures (e.g., IASC coordination architecture, public health emergency coordination structure) and engaging with UN agencies, NGOs, and Ministries of Health as part of a joint response.
- Previous on-site working experience in the African Region.

4. Skills and Competencies

Skills

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| • Teamwork | • Producing results |
| • Respecting and promoting individual and cultural differences | • Ensuring the effective use of resources |
| • Communication | • Building and promoting partnerships across the organization and beyond |

Functional/Technical Competencies

- Sound knowledge of the IASC Guidelines on MHPSS in Emergency Settings and related global/regional MHPSS standards and tools.
- Strong technical knowledge of MHPSS integration within public health emergency preparedness and response, including outbreak contexts.
- Demonstrated ability to coordinate and engage multiple stakeholders (UN agencies, I/NGOs, national authorities, academia, civil society) in complex, multi-actor emergency settings.
- Strong analytical skills, including the ability to map, consolidate, and interpret interagency data and monitoring information.
- Excellent drafting and communication skills, including the ability to produce technical guidance, briefs, and regular coordination products (e.g., bulletins, situation updates) for diverse audiences.
- Ability to work independently and under pressure, in a fast-paced, evolving emergency context, while managing multiple concurrent priorities.
- Cultural sensitivity and demonstrated commitment to human rights-based, evidence-based, and community-centered approaches to MHPSS.

5. Languages

Essential:

- Excellent knowledge of English (spoken and written).

Desirable:

- Working knowledge of French Arabic and/or Portuguese, given the linguistic diversity of the WHO African Region.
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