AGREEMENT FOR PERFORMANCE OF WORK (APW)

Terms of Reference

This APW is requested by:

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1. Purpose of the APW
   **Objectives**
   1. To assist teams working on antimicrobial resistance (AMR) in low- and middle-income countries to explore the scope to scale up delivery of AMR activities through existing programmes and projects and those that are under development.
   2. To identify how development partners respond to requests at country level and consider the implications for WHO’s engagement on funding issues at regional and global level.

2. Background
Antimicrobial resistance (AMR) is now widely accepted as a global health threat. The inability to treat infections will increase mortality and morbidity and raise the costs of health care and livestock production. The impact will be greatest in low-resource countries with a high existing burden of infectious disease. Despite this, and good analyses of the impact and cost implications of AMR on long-term development undertaken by the World Bank and the independent review on AMR by Jim O’Neill, AMR is still not seen as a mainstream development issue.

There has been good progress in developing national action plans to address AMR (82 countries have plans, and a further 53 are in the process of developing them). Not surprisingly, progress has been faster in developed countries, but even low-resource countries have worked hard to develop their plans. There is however a substantial risk that these will stay on the shelf and not be implemented unless resources can be leveraged to support them. To leverage resources, AMR needs to be incorporated into existing programmes, as well as being built into future programmes, national policies and budgets.

AMR containment cannot be seen as a transient project, but will require sustained investment over decades. Ideally, all the key elements should be incorporated into government budgets, but this takes time, and many countries, particularly low-income countries with limited resources, are still very reliant upon funding from donor projects and international development agencies.

In the short term, to sustain interest and momentum, and because a rapid scale-up of action is urgently needed, it will be important to build upon and leverage existing projects and programmes to deliver results. Action and results now, particularly if covering several areas of the plan, (and ideally across the human and animal sectors) is likely to build confidence, sustain interest and make it easier to make the case for support to more AMR-related activities.

The Global Action Plan on AMR, which is mirrored in countries’ national action plans, sets out clearly what needs to be done in human and animal health and agriculture. Its’ objectives are:
   1. Raising awareness of AMR and strengthening educational provision
   2. Strengthening the evidence base through surveillance and research
   3. Preventing infection, through improved water, sanitation & hygiene (WASH), immunization and Infection prevention and control activities
4. More appropriate use of antibiotics and other antimicrobials
5. Sustained investment in programmes and in R & D of new drugs, vaccines and diagnostics

In the draft strategy for national action plans, WHO is suggesting that although there are many activities that countries could support in their national action plans, there is a shorter list of priority actions, from which countries are likely to select their initial key activities. These include:

- Awareness raising and campaigns.
- Educational materials for in-service and pre-service training of healthcare workers, and curriculum development.
- Laboratory and surveillance capacity building for antibiotic sensitivity testing and reporting.
- Studies on the consumption/use of antibiotics in the human and animal sectors.
- WASH provision in health facilities.
- Infection prevention and control in health facilities, including hand hygiene campaigns.
- Antibiotic stewardship programmes in hospitals, and programmes to support appropriate antibiotic use in primary care.
- Antibiotic regulation through national-level stewardship, for both human and animal use.
- Antibiotic supply chain management.

In addition, as a part of national action plan implementation, there should be advocacy to support ‘AMR-sensitive activities’ that will further the aims of the action plan. These are activities that reduce infection risk and improve medicines use. Examples include:

- Community-level water, sanitation & hygiene;
- Immunization in humans (especially Pneumococcus, Rotavirus and Haemophilus influenza type b);
- Immunisation in animals; and
- Improved access to essential antibiotics for those in need.

At country level, those with responsibility for taking forward AMR work have sound technical expertise, but are often lacking in confidence and experience in engaging with planning and budgeting processes, in reaching out to different teams, or in making the case for AMR to appeal to the relevant individuals in the Ministry of Finance or development partners. For this reason, the consultant(s) would be expected to work with them, and assist them to reach out to national bodies and development agencies that may be able to support implementation of national action plans.

The information gained from this piece of work will provide a greater understanding of the challenges and options for seeking investment in AMR in developing countries. It will also inform discussions that WHO will be having with development agencies at headquarters and regional level with the objective of increasing their interest and commitment to supporting AMR across sectors. Development agencies are increasingly centrally managed and results focused, and therefore WHO, more generally, is trying to understand the levers and incentive structures in different agencies that will encourage the scale-up of activity and investment at different levels in each agency.

Development budgets are under pressure. The downturn in global economies, growing numbers of refugees and increasing nationalism in some high-income countries have all placed restrictions on the budgets of many donor agencies. National governments are also always facing conflicting pressures for additional resources, so there is intense competition for resources, and politically and practically, the more that synergies with other agendas can be demonstrated, the more successful resource mobilisation is likely to be. The United Nations General Assembly demonstrated high-level political commitment, but challenges remain in convincing technical and operational levels, where AMR is seen as yet another pressure, and the niche for particular agencies is not always clear. These attempts will be more successful if it can be clearly shown how
investment in AMR is building on existing programmes and projects, and how these programmes can be adapted to generate better AMR results. There is an aspiration that this work will demonstrate practical ways that country teams can utilize to mainstream AMR into existing programmes and seek additional funding to support implementation.

3. Planned timelines (subject to confirmation)
Start date: 1 September 2017
End date: 30 November 2017

4. Deliverables
Deliverable 1: Two case studies from low- and middle-income countries that review the scope for scaling up action related to AMR through existing and future projects and programmes. This should be accompanied by a presentation for use by country staff.

Deliverable 2: Two Guidance Notes that use the evidence gained in these studies, and other available work, to provide:
(i) A guidance note for people leading AMR work in other low- and middle-income countries on practical issues that should be considered and suggestions for the incorporation of AMR interventions into national plans and budgets, and into proposals and plans of development partners.
(ii) A guidance note for WHO on the implications and opportunities from country work that might encourage key development partners acting at a global level to engage more seriously.

5. Approach
The AMR Secretariat is not prescriptive, and one of the key discriminators on which bidders will be judged is the quality of their approach and how likely it is to address the challenges. The Secretariat will be happy to discuss and refine the TORS and approach with the bidder that is finally selected.

The bidders will negotiate with the Secretariat to identify the case study countries. Choice will be based upon interest and demand from countries to be a pilot for this approach, and the experience, knowledge and networks that the consultant will have of those countries. Selection will be from low- and middle-income countries with an AMR plan that has been approved, or is in the later stages of development. Information on countries status is available at https://extranet.who.int/sree/Reports?op=vs&path=%2FWHO_HQ_Reports/G45/PROD/EXT/amrcsat_Menu and from the AMR Secretariat. The countries should have substantial investment from a range of donors in multiple sectors.

It is expected that the consultant (or consultants) will review the national action plan, sector plans and other relevant documentation relating to AMR and Government and donor plans and priorities. They will then plan a visit in conjunction with the national team, to meet with key Government and donor stakeholders, and discuss their current and future investments and programmes, and the scope for scaling up investment in AMR.

The consultant(s) will attempt to develop options for the country for scaling up investment in the AMR plan, and report on the issues and interests of the stakeholders that have been met. This will be in the form of a brief written report and a presentation that could be used by national staff with donors and Government.

On the basis of two country studies, and other knowledge that the consultant may have about planning and financing issues such as AMR in developing countries, the consultant(s) will develop two brief guidance notes:
- One for WHO on the interests and opportunities for engagement with key development agencies, including the World Bank, USAID/US Government, GFATM GAVI DFID, GIZ/KFW, Sid, KNCV, JICA, DFAT, Danida etc.
- One for similar countries on approaches to Government and development partners.

**Critical attributes** for a successful bidder will be a demonstrated ability in:

1. Communicating an understanding of the political and practical challenges of incorporating AMR within national budgets.
2. Recognising the differences between countries, and developing guidance that is likely to be sensitive to this, rather than a “one size fits all” approach.
3. Incorporating AMR into a crowded and complex development agenda, particularly when it is not explicitly referenced in the Sustainable Development Goals.
4. Understanding and engaging with the different priorities and policies of different donors.
5. Some knowledge and willingness to engage in sectors wider than health

6. **The proposal will be judged against the following criteria:**
   - Understanding of the TORs, and a demonstration of knowledge of AMR and the *global action plan on antimicrobial resistance* to address it (30%)
   - Quality of the personnel working on this issue (30%)
     - Demonstrated knowledge and experience of planning and budgeting processes in low- and middle-income countries (health and ideally agriculture)
     - Demonstrated knowledge and experience of development agency plans, politics and practices (health and ideally agriculture)
     - Experience of undertaking similar work, or work in a related area
   - Quality of the approach proposed (innovation, adaptability and responsiveness) (40%)

7. **Timing**
   This work should be completed, including the provision of a report by November 2017.

8. **Background Resources**
   - Review on antimicrobial resistance [https://amr-review.org/](https://amr-review.org/)

For further details and clarification, please contact **whoamrsecretariat@who.int**

9. **Technical Supervision**

| Responsible Officer: | Dr Elizabeth Tayler, Technical Officer, HQ/DGO/AMR Secretariat |

10. **To apply:** Please submit your CV and a proposal of less than ten pages by **13 August 2017** to **whoamrsecretariat@who.int** and put “Call for proposals : investment in national action plans” in the subject line.