

CONSULTANCY

Terms of Reference

This consultancy is requested by:

Unit:	Infection Prevention and Control (IPC)
Department:	Service Delivery and Safety

1. Purpose of the Consultancy

To accomplish the current goals and objectives of the IPC global unit, including in relation to donor contributions/expected deliverables, the following expertise is required: high level technical expertise in IPC implementation (including understanding of antimicrobial resistance; start-up program development, execution and evaluation; implementation science and behaviour change and sustainability for IPC; technical expertise in patient safety and quality and communications/marketing approaches); a strong experience to develop and deliver IPC training; ability to work across all three levels of WHO; ability to build and manage excellent relationships with key global health stakeholders (in line with WHO rules and recommendations), and to effectively coordinate global efforts to ensure IPC improvement. Given all of the commitments of the IPC global unit in pursuit of very specific technical expertise is now needed, which is not available readily within the department or organization at present.

2. Background

Given the high burden of health care-associated infections (HAIs) worldwide as one of the most frequent complications of health care delivery and the many gaps and inefficiencies in IPC programmes, infrastructure and practices in many countries, the WHO IPC global unit within the SDS department has the mandate to provide leadership and comprehensive technical expertise on IPC in health care and to strengthen the support to Member States.

The unit is in charge of providing advice on IPC to all three levels of WHO, Member States, external stakeholders and users. The unit delivers its work based on five main functions: 1) playing a leadership, connection and coordination role; 2) organizing campaigns and advocacy actions; 3) developing technical guidance and implementation strategies; 4) supporting capacity building; 5) measuring and learning. The technical areas of work span from technical support to countries to strengthen or establish effective IPC programmes, to establishing the epidemiological burden of HAIs, and implementation of best practices for hand hygiene in health care, injection safety, and the prevention of infections associated with invasive devices and procedures and of health care-associated sepsis.

3. Planned timelines (subject to confirmation)

Start date: 13/03/2017

End date: 31/08/2017

100% FTE

4. Work to be performed

Output 1: To finalise, issue and promote surgical site infection prevention implementation resources by August 2017

Deliverable 1: notes from meetings, virtual and face to face, with other experts to finalise the resources, input to final draft resources, and with WHO colleagues to seek approvals and budget required to execute the strategy draft and final dissemination strategy

Output 2: To support issue of an implementation guide and associated resources for infection safety policy adherence the establishment of a Private Organization for Patient Safety (POPS) for Injection Safety platform by August 2017

Deliverable 2: written input to the draft and final guide and dissemination strategy, meeting attendance and advice on POPS engagement

Output 3: Collation of engagement exercise/queries, preparation and issue of communications including a newsletter, creation of a draft and final synthesis summary, desk exercise to outline options for new IPC newsletter

Deliverable 3: A short synthesis summarising the support provided to Member States and others on hand hygiene improvement strategies including in support of 5 May campaign and recommendations for a new IPC newsletter

Output 4: To contribute to the development of training materials, assessment tools and pilot testing in support of WHO core components for IPC implementation including field missions (at ICPIIC conference and in Liberia)

Deliverable 4: written technical input the practical guidance materials, meeting attendance and field mission reports

Output 5: to provide technical support to and lead on coordination for communications and collaborations with WHO colleagues involved in IPC activities (at all three WHO levels), with external stakeholders including Global IPC Network and WHO Collaborating Centers, including on hand hygiene campaigning, by August 2017

Deliverable 5: written communications, technical and strategic documents to support communications and collaborations

Output 6: Two publications on WHO work related to hand hygiene improvement progress by August 2017

Deliverable 6: Draft and final publications

Output 7: To provide support for finalisation of IPC guidelines and other documents, including literature critiquing

Deliverable 7: Draft guidelines/documents by August 2017

5. Technical Supervision

The selected Consultant will work on the supervision of:

Responsible Officer:	Benedetta Allegranzi, Coordinator, SDS, IPC	Email:	allegranzi@who.int
Manager:	Benedetta Allegranzi, Coordinator, SDS, IPC	Email:	allegranzi@who.int

6. Specific requirements

- Qualifications required:

Masters level degree (and studying towards a doctorate degree if not already possessed) and IPC and/or infectious diseases qualification.

- Experience required:

At least 10 years experience in IPC including holding a senior leadership position at national level and at least five years at international level with some field experience in developing countries . Previous experience of resource mobilisation also an advantage .

- Skills / Technical skills and knowledge:

Knowledge of and ability to independently lead and manage the development, implementation and evaluation of quality improvement IPC projects/programmes at the global level.

In-depth knowledge on the applied evidence base for IPC.

Evidence of guideline development, global reports and publication writing.

Negotiation skills, including with contractors and non-state actors.

High level communication and IPC skills that support country capacity building, including novel education and training techniques.

Social marketing campaign applied knowledge and evaluation skills.

Meeting management including effective engagement of member states to ensure successful outcomes.

Ability to work under pressure and demonstrable flexibility in managing multiple tasks simultaneously .

Knowledge of innovative e.technologies and skills in using these to engage a global audience .

Demonstrable knowledge of how to work across the three-levels of WHO.

- Language requirements:

English - expert

7. Place of assignment

Mainly Geneva and abroad – this requires travels for agreed dates to be part of team and other meetings and for country missions.

8. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

9. Travel

The Consultant is expected to travel according to the itinerary and estimated schedule below:

Travel dates			Location:
From		To	
Purpose:			

Travel dates			Location:
From		To	
Purpose:			

*All **travel arrangements** will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**.*

*Visas requirements: it is the consultant’s responsibility to fulfil **visa requirements** and ask for visa support letter(s) if needed.*