Dear Colleagues,

**Purpose of the Consultancy**

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 at the global level and to collaborate with regional and country offices to support Member States in their efforts to improve IPC.

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. In particular, over the last year a range of global guideline documents have been developed and launched to provide directions and standards on IPC best practices. As a natural follow-up, implementation tools and approaches are now being developed in particular in the field of injection safety and surgical site infection prevention. These resources will support Member States’ requests for technical expertise to advise on implementation and adaptations. Furthermore the IPC global unit continues to promote campaigning approaches to improve hand hygiene and IPC worldwide, which this year will be particularly the World Antibiotic Awareness Week (WAAW) and 5 May 2018.

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:

- senior technical expertise in IPC implementation including experience in providing support to Member States requesting technical input for strengthening IPC programmes and work plans and integrating them with other priorities such as antimicrobial resistance (AMR) national action plans and patient safety and quality;
- experience in developing implementation tools and approaches for IPC; a strong experience to lead national and global campaigning efforts in the field of IPC, including communications/marketing and social media approaches; expertise and experience in developing and delivering 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).

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.

Please follow the instructions set forth in the Annex below in the submission of your proposal to WHO. The Annex forms an integral part of this RFP.

The proposal should be prepared and submitted in the English language and should include the following information:

- Proposed approach/methodology (1page) according to the TORs
- Proposed time line (1page maximum)
- Questionnaire for Bidders
- WHO Personal History Form
Proposals should be submitted to WHO in writing no later than **16 August 2017 at 17:00 hours** (Geneva) [CEST] time, by email at the following address: delauzunj@who.int
Simultaneously with submitting a proposal, please enter or update (as appropriate) your details in our new e-recruitment system Stellis: [http://www.who.int/careers/en/](http://www.who.int/careers/en/)

WHO, a public international organization consisting of 194 Member States, is dependent on contributions it receives for the implementation of its activities. You are therefore requested to propose the best and most cost-effective solution to meet WHO’s requirements.

**Annex: Additional provisions applicable to the RFP**

*WHO may extend the closing date for the submission of proposals by notifying all bidders thereof in writing.*

Any proposal received by WHO after the closing date for submission of proposals may be rejected.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

*WHO may request any bidder in writing to provide clarification of any part of its proposal. Bidders shall not be entitled to change the price or substance of the proposal during this exchange.*

In its review of proposals received, WHO will give due consideration to the principles of economy and efficiency, and the responsiveness of the proposals to the needs of the project concerned. As such, **WHO does not bind itself in any way to select the bidder offering the lowest price.**

In addition, WHO reserves the right:

* a) To award separate contracts for parts of the work or services to one or more bidders of its choice;*

* b) To cancel the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to provide reasons for WHO’s action;*

* c) To award a contract on the basis of WHO’s particular objectives to one or more bidder(s) whose proposal(s) is/are considered to be the most responsive to the needs of the Organization and the activity concerned;*

* d) Not to select any bidder and not to award any contract.*

**WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.**

**NOTE:** WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work or the provision of any services.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work or services called for under this RFP.

Bidder(s) who is/are selected by WHO to provide the services will be required to sign WHO’s consultant contract. Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract, and return it to WHO according to the instructions provided at that time. If the selected bidder does not accept the contract terms without changes, WHO has the right not to proceed and instead contract with another bidder of its choice.