Dear Colleagues,

Purpose of the Consultancy
To support the technical work of the infection prevention and control (IPC) and the Universal Health Coverage and Quality (QHC) units in the Service Delivery and Safety (SDS) Department by providing technical input to the development of key technical documents, to serve as senior lead for the WHO Taskforce on quality UHC, to provide strategic and technical input to other IPC projects led by QHC and to act as the strategic liaison between the QHC and IPC units.

Background
In the context of WHO’s priorities for Universal Health Coverage, the AMR global action plan and the health security agenda, the SDS department works with Member States and key global stakeholders to strengthen health service delivery systems that are safe, high quality, people-centred, and integrated. Among other priorities, the department has the mandate to support Member States to develop policies and implement and monitor interventions to strengthen IPC in the context of health systems; it also develops strategies and catalyses efforts from other departments for ensuring progresses in equitable access to high quality and respectful health care.

To fulfil its mandate on IPC, an IPC Global Unit was established in SDS. Among its main functions, the unit develops implementation strategies and tools to support country and facility implementation of IPC programmes, training, and best practices. It also leads on developing assessment and impact measurement methods and tools to be used at the global, country and facility level. In particular, the team is currently advancing the development of the following products to be finalized by 2017: 1) a practical manual for the implementation of the IPC core components in low- and middle-income countries at the facility level; 2) an IPC facility self-assessment framework, 3) advanced IPC training modules including the e-learning format for six of them.

Furthermore, in acknowledgement of the need to develop critical linkages between universal health coverage (UHC) and quality the QHC unit was established in SDS. The unit was created to support countries in placing quality of care at the centre of moves towards UHC, alongside related work on resilient health services. The unit supports health service delivery by focusing on stimulating change to enhance quality and resilience alongside focused attention on essential public health functions. The unit supports country-based efforts to develop national quality policy and strategy; coordinates global learning on quality UHC; and facilitates cross-cutting work on quality across the Organization through a Taskforce. The unit leads work on twinning partnerships for improvement as a way of catalysing change. Partnerships are also in place with flagship quality improvement efforts. Attention to the linguistic needs related to quality improvement is also emphasized by the unit. Through a focus on country-based experience and technical cooperation, the unit is strengthening and developing the convergence between surveillance, preparedness, disaster risk management and quality health services. This convergence work is designed to support Member States in their efforts to develop greater health service resilience, within the context of stronger health systems. Running across the unit are two cross-cutting areas. The unit supports WHO’s broader work on developing shared understanding on essential public health functions for application by Member States. Ensuring communities are engaged in the health services they receive is central to the work of the unit, with a strong focus on the development of
systematic and sustainable engagement frameworks and a coordinated community engagement network.

To support the technical work of the infection prevention and control (IPC) and the Universal Health Coverage and Quality (QHC) units in the Service Delivery and Safety (SDS) Department as well as the connections and integration between the two units areas of work and projects, the following expertise is required:

- advanced technical knowledge of IPC principles and best practices;
- expertise in implementation science and behavioural change models and theories;
- experience in IPC implementation at the country and facility level;
- knowledge about IPC assessment methods and most reliable indicators;
- excellent skills in networking and building cross-cutting connections and relationships within the organization and with partners.
- Technical knowledge of quality principles and best practices is necessary as is technical understanding on the inter-linkages between quality and UHC.

The required expertise as described above, is currently not available within the SDS department.

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 (1 page) according to the TORs
- Proposed time line (1 page maximum)
- Questionnaire for Bidders
- WHO Personal History Form

Proposals should be submitted to WHO in writing no later than 30th 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/

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.