Dear Colleagues,

**Purpose of the Consultancy**
To support the technical work of the infection prevention and control (IPC) global unit in the context of developing implementation, training and monitoring tools and providing countries with guidance to assess and improve IPC programmes and practices, the following expertise is required: advanced technical knowledge of IPC standards and best practices and experience in country support to improve IPC programmes and their field implementation, particularly in low-resource settings; advanced technical expertise on antimicrobial resistance (AMR), in particular regarding preventive measures to be implemented in health care facilities; advanced experience in conducting training on IPC and AMR topics; technical expertise in epidemiology and clinical research to pilot tests and surveys; ability to effectively coordinate international projects and to build and manage excellent relationships with partners and key global health stakeholders; expert writing and speaking skills in English and advanced writing and speaking skills in French.

**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, in October 2015 a new IPC global unit was established within the Service Delivery and Safety (SDS) department in order to provide leadership and comprehensive technical expertise on IPC in health care and to strengthen coordination across WHO and support provided to Member States. This technical and coordination role is critical also in the context of WHO’s priorities for Universal Health Coverage, the AMR global action plan and the health security agenda.

In November 2016, the new WHO guideline on the “Core Components of IPC programmes at the national and acute health care facility level” were launched to provide recommendations on effective IPC interventions to reduce HAIs and AMR. Country implementation at the national and facility level and inclusion of the recommendations in the AMR national action plans takes the highest priority, in particular in developing countries and in low-resource settings.

To fulfill this mandate, the WHO IPC Global Unit team is currently collaborating with the IPC international programme of the US Centers for Disease Control and Prevention to launch a set of IPC assessment, implementation, and training tools and also new IPC recommendations to prevent the spread of AMR particularly in low-resource settings. The most relevant products planned to be issued during the World Antibiotic Awareness Week (WAAW, 13-17 November 2017) and by the end of 2017 are: project includes the development 1) a practical manual for the implementation of the IPC core components in low- and middle-income countries at the facility level, 3) an IPC facility self-assessment framework, 4) guidelines for the best IPC practices to prevent and control carbapenem-resistance in gram negative bacteria, and 5) a set of ten advanced IPC training modules including a series of supporting films and e-learning adaptions. These and other available tools and guidelines will be used to support Member States in conducting situation analyses of their IPC capacity and programmes and making strong plans and implementation action, including through missions in collaboration with the regional focal points.

To accomplish these goals and objectives, the following expertise is required which is currently not available within the WHO IPC Global Unit:

- advanced technical knowledge of IPC standards and best practices and experience in country support to improve IPC programmes and their field implementation, particularly in low-resource settings;
- advanced technical expertise on AMR, in particular regarding preventive measures to be implemented in health care facilities; advanced experience in conducting training on IPC and AMR topics;
• technical expertise in epidemiology and clinical research to pilot tests and surveys; ability to effectively coordinate international projects and to build and manage excellent relationships with partners and key global health stakeholders;
• expert writing and speaking skills in English and advanced writing and speaking skills in French.

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 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/

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.