CONSULTANCY

Terms of Reference

This consultancy is requested by:

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Infection Prevention and Control (IPC)</th>
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<tr>
<td>Department:</td>
<td>Service Delivery and Safety</td>
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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: 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.

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 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.

3. Planned timelines (subject to confirmation)
Start date: 04/09/2017
End date: 31/12/2017
4. Work to be performed

Output 1: to finalise, issue and promote surgical site infection prevention implementation strategy document and tools.
Deliverable 1: draft documents, revised versions according to external reviewers or technical lead input, written feedback to the designer, final designed documents.

Output 2: To provide specific technical support, including through country missions if necessary to one or two countries requesting HQ contribution to their efforts to assess and strengthen IPC capacity and activities.
Deliverable 5: written input in developing a framework for IPC country support, country situation analysis and revisions of IPC documents and plans, mission reports.

Output 3: to provide technical support to the IPC programme manager for the engagement of and communications with the Global IPC Network, the IPC Hub, WHO Collaborating Centers and other stakeholders,
Deliverable 3: written communications, technical and strategic documents to support communications and collaborations, including a new IPC newsletter.

Output 4: To provide campaigning and social media communications expertise in support of WAAW and the 5 May and injection safety campaigns.
Deliverable 4: participation in strategic discussions and written input in messages, communication tools and technical documents associated with the campaigns.

Output 5: to support the establishment and maintenance of a Private Organization for Patient Safety (POPS) for Injection Safety platform and to provide WHO input and supervision to POPS hand hygiene.
Deliverable 5: written input to the establishment and maintenance of POPS injection safety and written review of POPS hand hygiene documents and communications; participation in POPS meetings.

Output 6: To provide technical input for finalisation of IPC guidelines, and training and other documents, as needed.
Deliverable 6: written input in draft guidelines/documents

5. Technical Supervision
The selected Consultant will work on the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer:</th>
<th>Benedetta Allegranzi, Coordinator, SDS, IPC</th>
<th>Email: <a href="mailto:allegranzib@who.int">allegranzib@who.int</a></th>
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<tbody>
<tr>
<td>Manager:</td>
<td>Paul Rogers, Programme Manager, SDS, IPC</td>
<td>Email: <a href="mailto:rogersp@who.int">rogersp@who.int</a></td>
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6. Place of assignment
Partly Geneva and abroad – this requires travels for agreed dates to be part of team and other meetings and for country missions.

7. Medical clearance
The selected Consultant will be expected to provide a medical certificate of fitness for work.
8. Travel
The Consultant is expected to travel according to the itinerary and estimated schedule below:

<table>
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<tr>
<th>Travel dates: 2-3 October (tentative)</th>
<th>Location:</th>
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<tr>
<td>From Glasgow</td>
<td>To Geneva</td>
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<tr>
<td>Purpose: IPC Global Unit work planning</td>
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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.

Interim delivery of deliverables 1-4: 30%, by 15 October 2017
Interim delivery of deliverables 1-5: 40%, by 30 November 2017
Completion of all deliverables: 30%, by 31 December 2017