CONSULTANCY

Terms of Reference

This consultancy is requested by:

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<tr>
<th>Units:</th>
<th>Infection Prevention and Control (IPC) and Quality Health Care (QHC)</th>
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<td>Department:</td>
<td>Service Delivery and Safety</td>
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1. 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 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.

2. 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 fulfill 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. It is apparent – both at global and national levels – that quality is now seen as a necessary part of UHC. Building on this foundational effort, a renewed focus on specific areas of technical work is now being taken forward through the unit. 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 accomplish these goals and objectives, the required expertise as described above, is currently not available within the SDS department.

3. Planned timelines
11 September 2017 – 31 December 2017
50% FTE with IPC
30% FTE with QHC

4. Work to be performed

Output 1: To lead the development of the technical content of the practical manual for the implementation of the IPC core components at the facility level and provide input for its writing.
Deliverable 1: written directions for the manual technical content and visual representation, and its review process, and input for the writing.

Output 2: To lead the e-learning adaptation of 5-6 advanced IPC training modules.
Deliverable 2: notes of discussions with the University of Washington, written directions to the University of Washington, written directions to team members for the adaptation of the modules technical content and written review.

Output 3: To provide technical IPC input for assessment tools produced by the IPC Global Unit or other departments.
Deliverable 3: Written input in assessment tools

Output 4: To lead the writing of a paper on the WHO multimodal implementation strategy
Output 4: Final paper draft

Output 5: To provide technical support and supervision to the IPC projects led by QHC (e.g. partnerships)
Deliverable 5: notes of calls/discussions with partnership teams/leaders, written input in technical projects.

Output 6: To serve as senior lead for the WHO Taskforce on quality UHC to include execution of TORs, implementation of the 2017 activity plan, including the knowledge pulse, and supervision of junior project support workers.
Deliverable 6: Project reports and agreed outputs (with a focus on quarterly “knowledge pulse”), including QHC Taskforce notes.

Output 7: to provide strategic inputs to a range of other work streams of the QHC unit, including lead for the IPC/WASH Learning Pod for the Global Learning Laboratory for Quality UHC; and ensuring alignment of the GLL work with the taskforce on QHC; support Communications and Advocacy development for QHC; Twinning Partnerships for Improvement
Deliverable 7: Updated Comms and Advocacy Package for the QHC unit; functioning learning pod on IPC/WASH; associated products, visual materials, publications and presentations (as relevant).

Output 8: To support the collation of existing tools & resources related to national quality policy and strategy (NQPS) as part of the overarching WHO NQPS project.
Deliverable 8: Compendium of NQPS tools & resources.

Output 9: To act as strategic liaison between the QHC unit and IPC unit to facilitate cooperation and understanding across both units in support of inter-unit planning/operational effectiveness and identify potential areas for joint collaborative projects.
Deliverable 9: Notes of IPC-QHC meetings/presentations and report of activity and outputs.