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 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.

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, 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.

3. Planned timelines
04 September 2017 – 31 December 2017

4. Work to be performed

Output 1: To lead the final steps for the clearance and designing of the “WHO Infection Prevention & Control Guidelines on Best Practices and Procedures to Prevent and Control the Spread of Carbenpenem-resistant Enterobacteriaceae (CRE), Acinetobacter baumannii (CRAB) and Pseudomonas aeruginosa (CRPsA) in health care” and the submission of a scientific paper describing the results of the systematic review conducted for these guidelines.
Deliverable 1: final Guidelines document and final submitted paper.

Output 2: To provide technical support to the preparation and roll out of activities organised for the WAAW with focus on IPC.
Deliverable 2: participation in collective discussions and written input in the IPC messages, documents and tools developed for WAAW.

Output 3: To provide technical expertise for collecting and analysing data for the pilot testing and validation of the IPC self-assessment framework.
Deliverable 3: Written input for stakeholders and participants’ engagement, data submission instructions, analysis and interpretation and written input to the finalization of the IPC self-assessment framework

Output 4: To lead the writing of the practical manual for the implementation of the IPC core components at the facility level.
Deliverable 4: draft and final document.

Output 5: To provide technical support and training expertise to the pilot of the advanced IPC training in Senegal with a group of francophone African countries.
Deliverable 5: Written contribution to the development of training plan, release of training sessions in French and collation of participants’ feedback.

Output 6: To coordinate and contribute technical expertise to the e-learning adaption of the advanced IPC training modules.
Deliverable 6: specific written instructions for work execution and written technical input informing the e-learning adaption process.

Output 7: 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 7: written input in developing a framework for IPC country support, country assessments and revisions of IPC documents and plans, mission reports.
5. **Timeline**
   - Interim delivery of deliverables 1, 2 and 4: 30%, by 2 October 2017
   - Completion of deliverables 2, 4 and 5, and interim delivery of deliverable 3: 40%, by 17 November 2017
   - Completion of deliverables 1, 3, 6 and 7: 30%, by 31 December 2017

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

| Responsible Officer | Benedetta Allegranzi, Coordinator, SDS, IPC | Email: | allegranzib@who.int |

7. **Place of assignment**
Geneva and abroad – this requires travels for agreed dates for country missions.

8. **Medical clearance**
The selected Consultant will be expected to provide a medical certificate of fitness for work.

9. **Travel**
The Consultant is expected to travel according to the itinerary and estimated schedule below:

<table>
<thead>
<tr>
<th>Travel dates: 4-21 October</th>
<th>Location:</th>
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<tbody>
<tr>
<td>From Geneva</td>
<td>To Senegal</td>
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<tr>
<td><strong>Purpose:</strong></td>
<td>Multi-country IPC training</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.