Consultant Contract

Terms of Reference

This Consultancy is requested by:

Unit:	Office of the Assistant Director General for Antimicrobial Resistance
Department:	HQ/ADGO AMR DIVISON

1. Purpose of the Consultant contract

This consultant function will be situated in in Office of the Assistant Director General for the Antimicrobial Resistance Division (AMR).

The purpose of the function is to provide both the AMR division, and the Infection Prevention & Control Hub (IPC) (part of the Integrated Health Services Department, UHC/Life Course Division) with advanced level infection prevention and control expertise and to participate in the following:

1. Manage the establishment of a strategy and prioritization plan for the implementation of the IPC core components in countries, through collaborative work with the IPC Hub and Country Offices and Focal Points.
2. Build upon the Global IPC Network to solicit and gather support from the proper expertise globally to assist in this programme.
3. Coordinate the design of a proper education program for IPC in countries.
4. Lead the development of relevant guidance, standards and tools that are needed to strengthen IPC measures to combat AMR spread.

To be considered for this function the following expertise is required:

An advanced technical knowledge of IPC principles and best practices; strong expertise in implementation science and behavioural change models and theories; robust experience in IPC implementation at the country and facility level; advanced knowledge about IPC assessment methods and most reliable indicators; excellent skills in networking and building connections and relationships within the organization and with partners. Technical knowledge of quality improvement principles and best practices is also necessary.

Reporting Lines:

The first level supervisor will be the Coordinator of the IPC Hub and the second level supervisor will be the Assistant Director General of the AMR Division. In addition to working with both the AMR Division and the IPC Hub the function will require close collaboration with other WHO departments involved in IPC related work.

2. Background

i. Antimicrobial resistance (AMR) in a wide range of infectious agents is a growing public health threat of huge concern to countries and to many sectors. Especially alarming is the rapid global spread of multi-resistant bacteria that cause common infections and that resist treatment with existing antimicrobial medicines.

ii. AMR has its largest impact on hospitalized patients, increasing the economic, social and psychological burdens on patients with enhanced rates of morbidity and death.

iii. In May 2015 the World Health Assembly approved a global action plan to combat AMR. This action plan reflects a global consensus of countries, organizations, multiple sectors including key partners such as the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE) and civil society, was adopted at the sixty-eighth World Health Assembly in May 2015. It sets out five strategic objectives: (1) to improve awareness and understanding of AMR; (2) to strengthen knowledge through surveillance and research; (3) to reduce the incidence of infection; (4) to optimize the use of antimicrobial agents; and (5) to ensure sustainable investment in countering AMR.

iv. Highlighted in the Global Action Plan on Antimicrobial Resistance, improved infection prevention and control is an essential component of national action plans on AMR. Infection prevention and control works to limit the spread of infections and resistant bacteria in health care facilities, congregate settings, and in the community. Poor IPC increases the risk for spread of drug-resistant infections, which can result in prolonged illness, hospitalization, and increased costs of health care. Effective infection control practices reduce the need for antibiotics, prevent the spread of infections caused by multidrug-resistant bacteria, and help to curb the emergence of antibiotic resistance.

v. The IPC Hub (former IPC global unit) has developed and implemented a robust IPC programme (including IPC guidelines, related implementation resources and a comprehensive IPC training package and programme) and has developed a strong IPC network; in addition the unit has identified the challenges in fully implementing effective IPC programmes.

vi. However, AMR is a current and real threat to modern medicine and human health, risking implementation of the SDGs if not appropriately addressed. Even in the event of identifying new agents to combat the various resistance modalities, we are quickly to lose the effectiveness of these medicines without properly emphasizing IPC practices.

vii. Enhanced support to countries in technical implementation of IPC programmes as well as the national leadership mandate for IPC is needed at a very wide scale. Focusing on local capacity building and establishing local training programmes while emphasizing the importance of clearly defined career paths for trained IPC personal is also needed to sustained efforts of education and training in this field.

3. Planned timelines (subject to confirmation)

Start date: As soon as possible
End date: 31 December 2019

4. Work to be performed

Output 1:
To coordinate the development of a team of IPC trainers to launch at a wide scale, IPC programmes to improve the awareness and understanding of antimicrobial resistance and knowledge of the infection prevention practices/strategies through effective communication, education, and training to effectively (measurable) reduce in the incidence of AMR.

Deliverables:
- Coordinate the implementation of the educational strategy with available WHO training materials that can be adapted and implemented in countries.
- Manage the development and implementation of guidance, policies and tools to strengthen hygiene and IPC practices, particularly to prevent AMR, and promote the engagement of civil society and patient groups.
- Oversee the production and updating of core communication materials and tools that can be adapted and implemented by groups/teams in the regions for emerging infections for which no such guidelines exist.
- Manage the development of a competency audit tool to demonstrate knowledge to practice, behavioral change.

Output 2:
Coordinate the development of WHO strategy defining the systematic approach to prevention, detection and control of emerging AMR threats.

Deliverables:
- Oversee and manage the review of existing strategies for preventing transmission of MDRO in healthcare settings, congregate settings and the community.
- Supervise the development of draft scope and outline of the framework defining the systematic approach to prevention, detection and control of emerging AMR threats.

Output 3:
Coordinate with the IPC Hub, other teams at HQ and Regional Offices to define collaboration and capacity building in countries.

Deliverables:
- Manage needs assessment.
- Engage stakeholders through working teams, meeting, schedules, and agendas.
- Lead discussions with teams/groups for collaboration on the implementation of communication programs and campaigns, including an annual world antibiotic awareness campaign, building on existing regional and national campaigns and in partnership with other groups.
- Evaluate the capacity development activities and address gaps and challenges.

5. Technical Supervision

Responsible Officer:	Dr Hanan Balkhy	Email:	balkhyh@who.int adgamr@who.int

This function will have dual reporting lines. The first level supervisor will be Dr Benedetta Allegranzi, Coordinator of the Global Infection Prevention & Control Unit (IPC) and the second level supervisor and responsible officer will be the Dr Hanan Balkhy, Assistant Director General of the AMR Division.

6. Specific requirements

Education:
Essential:

- Advanced level university degree in one of the following: Advance level university degree in one of the following: Microbiology, Medicine, clinical pharmacology or Public Health. Or an equivalent of level of experience (10 years) in a clinical setting in one or a combination of these areas.

Preferred:

- First level degree or certificate in IPC.

Experience:
Essential:

- At least 10 years relevant work experience at national and international level in one or a combination of the following: IPC, centralised sterilisation and decontamination of invasive instruments.
- Experience in low and/or middle income (as per World Bank classification) countries.
- Proven experience in the field of IPC at a tertiary care hospital with at least 800 bed capacity.

WHO Competencies:

- Communicating in a credible and effective way
- Producing results
- Knowing and managing yourself
- Moving forward in a changing environment

Languages:
Essential: Expert knowledge of English
Desirable: Working knowledge of at least one other UN language

7. Place of assignment

The consultant will be based in Geneva, with travel as required.

8. Medical clearance

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