

## Terms of Reference

This Agreement for Performance of Work (APW) is requested by:

Initiator:	Tine Rikke Jørgensen	Reg.#:	<a href="#">HQ/AMR/GCP/2021/3</a>
Unit:	Global initiatives and research coordination (IRC)	Cluster / Dpt.:	Global Coordination and Partnership on Antimicrobial Resistance (GCP)

### 1. \*Purpose of the APW

The development of a global One Health research agenda will fill major gaps in knowledge on antimicrobial resistance (AMR). The Department of Global Coordination and Partnership on AMR (GCP) undertakes this work as part of the implementation of the Global Action Plan on Antimicrobial Resistance (GAP).

The development of a One Health AMR research priority agenda is in response to the constitutional mandate of the WHO to promote health research and promote cooperation among scientific and professional groups that contribute to the advancement of public health. To effectively counter the threat of AMR, it is essential to better understand how resistance develops and spreads within and between humans and animals and through food, water, and the environment.

The objective of the One Health priority research agenda is to direct activities and funding towards research addressing evidence gaps that may impact AMR in a public health context that exists between two or more One Health sectors.

The project aims at catalyzing increased investment in the One Health AMR research that is relevant to human health. The findings will be published and disseminated to relevant stakeholders including research funders, academia and implementers.

Under the supervision of WHO the requested task will include data collection, design and implementation of survey and Delphi methodology (including designing relevant surveys), synthesis and analyses, to inform the development of a global report, planned to be published in Q3 2022. The task includes support for the report and the development of materials for dissemination of the findings.

### 2. \*Background

The WHO Global Action Plan (GAP) on AMR was adopted by the World Health Assembly in 2015<sup>1</sup>. The GAP outlines five strategic objectives. The second strategic objective is to strengthen the knowledge and evidence base through surveillance and research. This project is grounded in that

<sup>1</sup> World Health Assembly, 68. (2015) .Global action plan on antimicrobial resistance .World Health Organization . <https://apps.who.int/iris/handle/10665/253236>

GAP strategic objective that requires WHO to develop “a global public health research agenda for filling major gaps in knowledge on AMR, including methods to assess the health and economic burdens of antimicrobial resistance, cost–effectiveness of actions, mechanisms of development and spread of resistance, and research to underpin the development of new interventions, diagnostic tools and vaccines.”

### 3. \*Planned timelines

**Start date:** 1 June 2021

**End date:** 21 Dec 2022

The work will be spread over time with the work load that may require full time for a month at the time:

- 1) During June 2021 for preparation and implementation of **the open call** as well as analysis of the open call input;
- 2) From mid-October and end November 2021 for the preparation and implementation of the **open consultation**; and
- 3) Preparation of the materials of the finding **draft report and ppt** ready for Q2 2022, with the final report to be ready Q3 2022.

Total duration: to be defined

### 4. \*Requirements - Work to be performed

**Under the supervision and management of technical officer in the IRC department in WHO perform the following tasks;**

Objective 1: Support an open call process on the WHO website to ensure a broad global input (national AMR control implementors, academia, NGO, patients, professionals of different sectors and disciplines and other related). Under the supervision of WHO, support the collection and analysis of research/evidence gaps from a global audience.

**Output 1.1:** Design of the qualitative questions/questionnaire for the open call in close collaboration with WHO and provide qualitative software for capturing and analysing the input. Currently, WHO uses Dataform as the tool for surveys, thus the software should be compatible with Dataform.

You can find an example on this webpage <https://extranet.who.int/dataform/253249?lang=en>

**Output 1.2:** Analysis of the survey input and based on the outcome of the survey support categorizing and stratifying the input by topic and which level (Member state, other) and type of organization that provided the input.

**Output 1.3:** Provide support to WHO in the presentation of findings; a) draft report of analysis b) dissemination materials (slides, infographics content)

Objective 2: Support the development of the research methodology materials (Delphi technique). This includes support of the scoring framework development and the question development and implementation of the prioritization exercise by an open consultation process with international experts within the area of One Health and AMR. The objective of the open consultation process is to (1) agree on identified research questions/gaps; and, (2) score research questions/gaps

according to priority per category by the Delphi technique. As mentioned above WHO uses Dataform as the tool for surveys like Delphi surveys.

The open consultation will host 5-6 workstreams where experts will prioritize questions within the workstream followed by prioritization between all questions. You can find an example of a recent WHO priority setting exercise on <https://www.who.int/news/item/02-02-2021-who-public-health-research-agenda-for-managing-infodemics>

**Output 2.1:** Proposal for the development of the scoring framework for the exercise

**Output 2.2:** Develop Delphi surveys materials in the internal expert group on priorities and support the process for revising and refining (as needed) the 5-6 workstreams within One Health AMR and the expert consultation

**Output 2.3:** Support the implementation of the overall process

**Output 2.4:** Develop the materials for the WHO dissemination strategy with publications and presentation of the findings; a) drafting of the WHO report, and b) PPTs on the findings.

**Output 2.5:** Develop the excel document with the findings for uploading in the WHO Global Observatory on Health R&D in 2022.

## 5. \*Requirements – Planning

Outputs of objective 1 are expected to be June 2021.

The output of objective 2 will take place along the contract period building on the findings of objectives 1 and 2. The prioritization exercise is expected to be implemented in Q3/Q4 2021. The draft report by Q3 2022.

**Deliverable 1.** Qualitative data capture by the design of an open call questionnaire with the development of software for data capture and support of question development/formulation. This will need to be compatible with DATAFORM which is a WHO survey tool.

**Deliverable 2.** Report the analysis of data and presentation of open call findings by 15 Sept 2021

**Deliverable 3.** Proposal for the scoring framework for the priority setting exercise by 1 Oct 2021

**Deliverable 4.** Report on the open consultation and presentation of priority exercise to WHO by end of 2021 (depending on the dates of the consultation)

**Deliverable 5.** Draft WHO report Q 2 2022 including ppt presentation, final version by Q3 2022

**Deliverable 6.** Excel file of findings Q3 2022

## 6. Inputs

The beneficiary will provide expertise and support the overall project. This will include expertise in research methodology, qualitative and quantitative analysis and experience with research priority setting methodologies and implementation. Please provide a budget that is specified by cost per objective or output.

## 7. \*Activity Coordination & Reporting

Technical Officer:	Tine Rikke Jorgensen, GCP/IRC	Email:	<a href="mailto:Jorgensent@who.int">Jorgensent@who.int</a>
For the purpose of:	Technical supervision and instructions – Reporting		

<b>Administrative Officer:</b>	<b>Sandra Kotur Corliss, GCP/IRC</b>	<b>Email:</b>	<a href="mailto:koturcorliss@who.int">koturcorliss@who.int</a>
For the purpose of:	Contractual and financial management of the contract		

## 8. \*Characteristics of the Provider

### Qualifications required:

- PhD or M.Sc. in public health, biomedical sciences, social sciences, microbiology, health economics, pharmacy, or another relevant area

### Experience required:

- Relevant experience in the area of cross-sector and multidisciplinary research
- At least 3 year experience in qualitative design and analysis, and prior experience in developing and implementing Delphi surveys (software and question development)
- Very good writing skills demonstrated through peer-reviewed publications; including skills for making creative ppt slides
- Experience working in an international context;
- Ability to work independently and in a team;
- Ability to work under pressure with conflicting priorities;
- Excellent interpersonal and presentation and communication skills; and
- Facilitation skills, project management skills
- Excellent computer literacy (Word, Excel, Powerpoint etc.).

### Language requirements:

- English - proficient (reading, writing, speaking)
- 1 or more additional UN official languages

## 9. \*Place of assignment

Flexible

## 10. Travel

No travel required.

## 11. Additional information

Only offers that include a detailed financial offer (days and daily rate in USD) will be considered.

**Please submit the following documents to [antibacterialpipeline@who.int](mailto:antibacterialpipeline@who.int) by 7 May 2021 at 17:00. (Geneva local time)**

- Expression of interest (cover letter);
- CV, including the list of publications