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|  | **CONSULTANCY** |

***Draft* Terms of Reference**

This consultancy is requested by:

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| Unit: | Innovation, Access and Use (IAU) |
| Department: | Essential Medicines and Health Products (EMP) |

1. **Purpose of the Consultancy Roster**

To support the IAU team in the implementation of the *Global Action Plan* on Antimicrobial Resistance, through supporting national, regional and global initiatives to optimize the use of antimicrobials across the antimicrobial value chain from research and development to antimicrobial stewardship and awareness raising.

1. **Background**

Antimicrobials resistance is a global public health threat, acknowledged through the endorsement of the Global Action Plan on antimicrobial resistance (AMR)[[1]](#footnote-1) by the World Health Assembly (resolution WHA68.7) in May 2015, the Political Declaration of the high-level meeting of the General Assembly on AMR[[2]](#footnote-2) in September 2017 as well as the report of the UN Interagency Coordination Group (IACG) on Antimicrobial Resistance[[3]](#footnote-3). Objective five of the Global Action Plan is to increase research and development (R&D) for new antibacterial treatments and optimize the use of existing and new antibiotics. Further political commitments to implement the global action plan and foster R&D of new antibiotics was shown at the United Nations General Assembly at its Seventy-First Session in 2016 at a high-level meeting on antimicrobial resistance and more recently in 2017 at the meeting of the Group of 20. In response, in September 2017, WHO released the priority pathogens list including TB to prioritize R&D efforts for new. Coupled with this report, the WHO undertook the first global analysis of antibacterial agents in clinical development. The analysis, that is being undertaken on an annual basis identifies that the current pipeline as being insufficient to combat AMR. There is an urgent need to optimize the use of existing antimicrobials in the human and animal sectors.

Objective four of the Global Action Plan is to foster appropriate use of antimicrobials. Optimizing the use of antimicrobial requires behaviour change and the implementation of antimicrobial stewardship (AMS). AMS is defined as actions to promote the responsible use of antibiotics[[4]](#footnote-4), and an AMS programme is the coordinated implementation of evidence-based stewardship interventions to promote the responsible use of antibiotics[[5]](#footnote-5). Globally, many countries have developed and are implementing National Action Plans on AMR, in which AMS is often a key priority. To meet the increasing need for practical guidance on how to establish and implement effective AMS programmes especially in LMICs, the WHO has developed a practical toolkit for AMS programmes in hospitals in LMICs which will need to be rolled out in countries through international, regional and country initiatives.

1. **Planned timelines:** 6 months full-time

Start date: 16/09/2019

End date: 15/02/2020

1. **Work to be performed**

Under the supervision of the IAU unit in WHO headquarters, the consultant will perform the following functions:

* Support the work of the unit in implementing the global action plan on antimicrobial resistance in the area of awareness, behavioural change and education, research and development and optimizing the use of antimicrobials through a One-health approach.
* Liaise between WHO headquarters and WHO regional offices in the organization of regional and country workshops on an integrated approach to optimizing the use of antimicrobials through implementing EML AWaRe categories, antimicrobial stewardship programmes and antimicrobial consumption surveillance.
* Support the unit in the preparation and delivery of the first WHO partners forum on implementing antimicrobial stewardship programmes to be held in quarter 1 of 2020.
* Identify gaps and develop additional education and training resources to implement the WHO toolkit on AMS in hospitals in LMICs.
* Support the unit in research and development priority setting to combat antimicrobial resistance.

1. **Technical Supervision**

The selected Consultants will work on the supervision of:

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| Responsible Officer: | Sarah Paulin, Technical Officer, EMP, IAU | Email: | [paulins@who.int](mailto:paulins@who.int) |
| Manager: | Peter Beyer, Senior Advisor, EMP, IAU | Email: | [beyerp@who.int](mailto:beyerp@who.int) |

1. **Specific requirements**

Qualifications required:

* M.Sc. in biomedical sciences, microbiology, medicine, pharmacy or another relevant area specific to antimicrobial resistance

Experience required:

* At least 3 years of relevant experience in the area of antimicrobial resistance, antimicrobial stewardship, rational use of medicines or another related field.
* Experience working in an international context desirable
* Good knowledge of antimicrobial resistance and its risk factors
* Ability to work independently and in a team
* Ability to work under pressure with conflicting priorities
* Excellent interpersonal and communication skills
* Computer literacy (Word, Excel, power point etc.)

Language requirements:

* English – proficient (reading, writing, speaking)

1. **Place of assignment**

Geneva, Switzerland

1. **Medical clearance**

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

1. **Travel**

Dependent on the specific assignment of the consultancy

If travel is required, 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 a 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 a visa support letter(s) if needed.

1. **Additional information**

The consultant daily rates will be based on the WHO consultant rates for P2/P3.

**Please submit the following documents to** [**iauinfo@who.int**](mailto:iauinfo@who.int) **by 19 July 2019 17.00 Geneva time.**

* Expression of interest (cover letter) that includes proposed consultancy fee (per day) and availability
* WHO Stellis profile or CV
* Please note that the application may be closed before the indicated closing date if a sufficient number of applications are received
* Only the successful candidates will be contacted

1. Global Action Plan on Antimicrobial Resistance. Geneva: World Health Organization; 2015 [↑](#footnote-ref-1)
2. Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance. New York: United Nations; 2016 [↑](#footnote-ref-2)
3. https://www.who.int/antimicrobial-resistance/interagency-coordination-group/en/ [↑](#footnote-ref-3)
4. Dyar et al. What is antimicrobial stewardship? Clin Micorbiol Infect 2017; doi: 10.1016/j.cmi.2017.08.026 [↑](#footnote-ref-4)
5. Dellit TH et al. IDSA/ SHEA Guidelines for developing an institutional program to enhance antimicrobial stewardship. Clin Infect Dis 2007 [↑](#footnote-ref-5)