

## Initial Terms of Reference

This consultancy is requested by:

Unit:	Preparedness, Readiness and Core Capacity Building
Department:	Country Health Emergency Preparedness and IHR

### 1. Purpose of the Consultancy

Support the strengthening of national public health surveillance systems for IHR implementation.

### 2. Background

1. The International Health Regulations (IHR) are a legally binding agreement revised in 2005 and endorsed by 196 countries (IHR State Parties). Through the IHR, State Parties obliged themselves to develop, strengthen and maintain a set of minimum core capacities for surveillance and response at all levels of the country.
2. The World Health Organization has the mandate to support IHR State Parties in strengthening and maintaining their IHR core capacities.
3. There is a global acknowledgement that too much burden is put on healthcare staff for health data collection in most resource-limited countries. The national public health surveillance system serves two main objectives at country level: a health planning and monitoring function, and an early detection and response function. IHR surveillance core capacities are related to the early detection and response function.
4. In many countries, many diseases and conditions for which data is immediately and weekly collected do not trigger immediate verification and risk assessment. To achieve early detection and response, it is imperative to prioritize and limit the number of diseases and conditions that are of immediate and weekly interest to avoid overburdening the system.
5. The requesting unit is part of the WHO's Health emergencies programme. A major part of the programme's work is to ensure preparedness for the detection of, and rapid response to, outbreaks of infectious diseases that may cause an international public health impact, according to the International Health Regulations requirements. The unit is therefore supporting Member States in achieving the International Health Regulations (2005) core capacities for surveillance and response.
6. The proposed consultancy contract is aiming at providing direct support to Member States in achieving their IHR core capacities for public health surveillance, and in developing generic guidance and tools in doing so, especially for the prioritization of diseases and conditions of immediate and weekly interest for the surveillance system.

### 3. Planned timelines (subject to confirmation)

Start date: 11/06/2018

End date: 10/12/2018

### 4. Work to be performed

**Activity 1: Provide on-site technical assistance to a maximum of four vulnerable and resource-limited countries in IHR core capacities for surveillance, upon request from WHO country or regional office(s). This output may not be delivered if no request is received by the requesting unit during the course of this consultancy contract.**

This can consist in organizing or participating in assessment missions, organizing and/or facilitating workshops, planning, budgeting and supporting capacity building activities with national and WHO country offices counterparts, among other tasks.

Deliverable 1: one mission report per on-site technical mission performed.

## **Activity 2: Develop guidance and tools to provide on-site technical assistance to achieve IHR core capacities for surveillance.**

Identify, adapt or develop guidance and tools (e.g. training materials) to support countries in achieving IHR core capacities for surveillance, notably to prioritize diseases and conditions of immediate and weekly interest for the public health surveillance system.

Deliverable 2.1: a repository of guidance and tools to support prioritization of diseases and conditions of immediate and weekly interest for the public health surveillance system.

Deliverable 2.2: a repository of other guidance and tools to support countries in achieving IHR core capacities for surveillance.

## **5. Specific requirements**

### **- Qualifications required:**

- Advanced degree in public health and epidemiology.

### **- Experience required:**

- At least 3 years of experience in public health and epidemiological activities, including 1 at international level.
- Experience in low and/or middle-income countries (as per World Bank classification).

### **- Skills / Technical skills and knowledge:**

- Experience in developing and monitoring work plans.
- Experience in developing technical reports and guidance documents.
- Proven capacity in networking sensitively, co-operatively and productively with multiple stakeholders.
- Proven analytical and data presentation skills.
- Excellent written and verbal communication skills.
- Knowledge in public health surveillance.

### **- Language requirements:**

- Excellent knowledge of English and working knowledge of French.

## **6. Place of assignment**

The assignment is preferably based in WHO Lyon Office, France.

However, consideration will be given to offers from consultant willing to work from another place of work/residence and commuting on a regular basis (at least monthly) to Lyon for face-to-face coordination with the technical unit.

## **7. Working time**

The consultant will be expected to work as a full-time equivalent (40 hours per week), consideration may be given to consultants willing to work at least 80% full-time equivalent.

## **8. Medical clearance and travels**

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

Travels from the place of work (Lyon Office or other place of work/residence) will be required to Geneva Headquarters (at least 2 travels) and to resource-limited countries (see activity 1 above). These travel costs will be covered by WHO.

*These **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.*

If the selected consultant works from another place of work/residence and has to commute on a regular basis to Lyon for face-to-face coordination meetings with the requesting unit, WHO's financial support to these coordination travel costs will be discussed on a case-by-case basis, depending on the place of work and the proposed frequency of the travels.

*Visas requirements: it is the consultant's responsibility to fulfil **visa requirements** and ask for visa support letter(s) if needed.*

## **9. Application process**

Before 1 May 2018 included: send your CV to [rodrigueze@who.int](mailto:rodrigueze@who.int), mentioning "Consultant\_Surv\_Nat" as subject.

From 7 May 2018: three to five preselected applicants will be contacted to undertake a written test followed by an interview by phone.

End of May 2018: end of the selection process.