TERMS OF REFERENCE

TECHNICAL CONSULTANT FOR FINALIZATION OF POINT PREVALENCE SURVEY REPORT 2023& DISSEMINATION WORKSHOP

1. *Purpose

Antimicrobial resistance (AMR) poses a significant global health threat, diminishing the effectiveness of antibiotics and resulting in higher rates of illness, death, and healthcare expenses. Pakistan has the second-highest rates of antibiotic consumption in the EMRO region, with less developed stewardship strategies. The World Health Organization (WHO) has devised a method for evaluating antimicrobial usage patterns through Point Prevalence Surveys.

One of the key activities under AMR National Action Plan objective is conduct Point Prevalence Survey (PPS) on Antimicrobial Use & Healthcare-Associated Infections (HCAI to measure the prevalence of HAIs and estimate the extent of antimicrobial usage in hospital settings, providing valuable evidence for enhancing antimicrobial use and a standardized tool for monitoring usage patterns. So far with WHO support three rounds of PPS have been conducted aiming to assess current antibiotic usage trends in public hospitals in Pakistan.

In 2023, WHO conducted PPS in Pakistan, revealing high rates of antimicrobial usage. The survey, following WHO's methodology, involved 34 team members surveying sample of wards in 11 hospitals across various regions of Pakistan from October 5-29, 2023.A primary report developed for inputs of WHO regional and WHO Headquerts has in collaboration with NIH team.

To further this initiative guiding improvement actions, the objective is to engage a consultancy to conduct review the findings of the Point Prevalence Survey and support in developing policy recommendations and hospital-specific interventions to improve antibiotic prescription and usage. This consultancy will align with facility-specific action plans and organize a dissemination workshop focusing on practical implementation strategies and promoting responsible antimicrobial use.

2. *Background

The purpose of this assignment is to analyze the Point Prevalence Surveys report to create a comprehensive overview of antibiotic use, estimate the total prevalence of Healthcare-Associated Infections (HAIs) and antimicrobial use in acute care hospitals. This includes describing patients, invasive procedures, infections, microorganisms, antimicrobials prescribed, and key structures and processes for preventing HAIs and antimicrobial resistance at the hospital and ward levels in hospitals. Additionally, the goal is to coordinate and plan a dissemination meeting for the sites that participated in the PPS survey.

The consultant will work with NIH, WHO and PPS sites to develop an action plan to improve antibiotic use in healthcare facilities, foster collaboration, and evaluate the impact of PPS interventions. The results of this analysis will be disseminated to relevant stakeholders at facility /provincial and national level to raise awareness and advocate evidence-based measures.

3. *Planned timelines (subject to confirmation)

Duration: approximately 2 Weeks

Date: 02 Dec-15 Dec. 2024

4. Deliverables - Work to be performed

1. Collaborate with the National Institute of Health, WHO and PPS participating facilities, to review PPS2023 results and analyze report to create a comprehensive overview of antibiotic use for guiding health policies under AMR NAP objectives, epidemiological trends estimating optimal timing to balance data collection and burden on healthcare systems.

2. Revise the PPS report based on feedback from consultations and incorporate findings to improve quality of report along with Define key structures and processes for the prevention of HAIs and antimicrobial resistance at the selected samples of Wards in the hospitals/ facility.
3. Draft annual/action plans with sites to improve antibiotic use, plan and conduct PPS dissemination meetings in in December after coordination with, WHO, NIH, and DRAP relevant teams to share findings and way forward.

5. *Activity Coordination & Reporting

Responsible Technical Officer:	Dr Naveed Asghar	Email:	masghar@who.int
	Immediate technical supervision and guidance		

6. *Requirements –

Essential: University degree in public health or any related University degree. Preference given to candidates with working experience in implementing AMR & IPC capacity and working experience with WHO.

7. Experience

At least 7 years of relevant experience in implementing clinical/hospital AMR, Infectious diseases and environmental programs and WASH.

8. Skills/technical skills and knowledge

Advanced expertise in public health and microbiology IPC with proven experience. Essential understanding of WHO AMR components, facility assessment & surveillance tools, strategies and government working. The incumbent must have excellent interpersonal and communication and writing skills. A practical, hands-on and results oriented approach is required along with sense of responsibility, strong organizational skills and commitment for improving AMR in the demonstration sites. Ability to work both independently and in a team setting with the government and WHO.

Advanced computer literacy (Word, Excel, Power point, etc.)

9. Language requirements:

English & Urdu expert proficiency (Read - Write – Speak)

10. Place of assignment

WHO Country Office

11. Medical clearance

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