

Template for Short-term Opportunities

Stellis CVs of interested applicants must be sent to: [danovaroc@who.int with cc to zangafoej@who.int]

1. Division/Dept/Unit UHL/IVB/IAI	2. Supervisor Dr Carolina DANOVARO
3. Contract dates 1 November 2021 – 30 June 2022	4. Contract type Non-staff (Consultancy)
5. Location Please specify where the staff / non-staff will work: On site: _____ (please indicate office and duty station) Off site: The Selected Consultant home address _____ (please indicate location/address). Acceptable time difference if in off-site location: _____ +/- 8 hours	
6. Travel Travel to Geneva to test the tools might be considered only if the pandemic situation allows it. No travel has been planned to date.	
7. Remuneration and budget (travel costs excluded) – to note that a retiree cannot be offered a contract at a level higher than the grade held upon retirement For consultant contract: USD – Band USD 12,000 Band C For staff contract: indicate only grade	
8. Purpose of Temporary appointment/Consultant contract Objectives of the Programme: Existing methodologies to estimate vaccination coverage and those to identify unvaccinated communities and children (“zero-dose children”) are imperfect. While household surveys tend to be considered the best option to estimate coverage, particularly in settings with weak administrative systems, they are still subject to sampling and information bias, and other limitations, and can be expensive and time-consuming. “Targeted surveys” is a relatively new concept in the immunization landscape and it can be interpreted in two ways: 1) A survey where the eligible respondents are a targeted subset of everyone who should receive vaccination services – e.g., a survey focuses on respondents who live in slums; who are nomadic; who have been displaced; who have never been vaccinated. It could also mean restricted to respondents in a specific geographic domain. And 2) Summarizing performance among everyone but employing a targeted effort using a modest and agile research methodology. i.e., a rapid assessment or a “dipstick survey”: “The needs for technical assistance are not extensive; advance planning is brief, and analysis is prompt and simple” (Serfling, 1960). Given new advances in the field of geospatial sampling and population estimates and user-driven sampling, as well as growing experience with rapid assessments used by polio, neglected tropical diseases and others, this work seeks to develop a toolkit of monitoring methodologies, including targeted surveys, and related materials related to the identification and follow-up of unvaccinated persons (“zero-dose children”) and vulnerable communities. It will include algorithms to support decision-making, and tools to facilitate the adoption and adaptations of what already exists. It will use a user-centred design approach, including assessment of user needs and feedback, with agile “testing” of the material using networks of local-level immunization practitioners that have been engaged with WHO distance-based courses in the last 4 years. The process will build on recent literature reviews (commissioned by Gavi, The Vaccine Alliance) and will identify synergies with existing work in the areas of coverage and equity, demand, project PHISICC (Paper-based Health	

Information Systems in Child Care), electronic immunization registries (EIR), immunization monitoring and data use, including data triangulation, surveys, GIS/GPS, polio, neonatal tetanus, neglected tropical diseases and urban immunization.

In order to inform the development of operational guidance establishing or strengthening platforms for vaccination of health workers, WHO is documenting experiences from countries where health worker vaccinations are routinely provided or have been provided in specific instances. Costa Rica has been selected as a focus country for a case study to document the multi-pronged approach the country has taken to ensure the vaccination of health workers.

The objectives of the case study are to document history of, and processes for, development of recommendations, law or policy, and implementation of programmes for vaccinating health workers in Costa Rica and to understand the design, best practices and lessons learned about the policies and practices.

To provide a comprehensive picture of the health worker vaccination platform in Costa Rica, the Consultant will produce a case study report which includes sections on each of the following strategies, including any coverage monitoring or evaluation done for each aspect:

- A. Pre-service screening and vaccination (e.g. included as part of medical/nursing school, as a prerequisite for practicum training, or as part of the hiring/onboarding process for new employees)
- B. Vaccination programmes for current HWs (e.g. annual vaccination drives for influenza or catch-up vaccination for staff against other VPDs)
- C. Engagement with the private sector to ensure HWs in private clinics are also protected.

Descriptions of Duties (staff contract) or Deliverables (consultancy)

The purpose of this consultancy is to produce a toolkit of monitoring methodologies, including targeted surveys, and materials related to the identification and follow-up of unvaccinated persons (“zero-dose children”) and vulnerable communities.

To develop a case study to document history of, and processes for, development of recommendations, law or policy, and implementation of programmes for vaccinating health workers in Costa Rica and to understand the design, best practices and lessons learned about the policies and practices.

REQUIRED QUALIFICATIONS:

Education:

Essential: Advanced degree in medicine, public health, epidemiology or other health related area

Desirable:

Experience

Essential:

At least 15 years of experience combining:

- Experience working for an international organisation and/or conducting international guidance development projects
- Experience of having written or edited policy and scientific documents related to monitoring tools (ideally related to immunization)
- Experience implementing health programmes and/or monitoring activities in the field
- Understanding of complexities in designing and implementing surveys and monitoring activities across WHO member states, with a particular focus on low and middle-income countries
- Experience related to vaccination or health programmes targeting health workers

Desirable:

Use of Language Skills

Essential: Expert level of English.

Desirable: Knowledge of a second UN Language will be an asset.

Others

Skills/Knowledge

Excellent editorial, writing, reviewing and editing skills in English.

Date : 11 October 2021