Terms of Reference

Assessment of infection prevention and control practices at renal hemodialysis facilities in Viet Nam

This consultancy is requested by:

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<tr>
<th>Unit:</th>
<th>Communicable Disease and Health Emergency Team</th>
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<tr>
<td>Division:</td>
<td>WHO Representative Office for Viet Nam</td>
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1. Purpose of the Consultancy

The consultants will work with Viet Nam Administration for Medical Services (VAMS) and WHO Viet Nam Country Office to provide technical assistance in the area of infection prevention and control at renal dialysis facilities (IPC). The potential consultant is expected to conduct a field assessment to hemodialysis facilities at three levels national, provincial and district health facilities and discuss with stakeholders at a stakeholder meeting to review the current situation of IPC implementation at renal dialysis facilities. From the assessment findings, the consultant is expected to propose recommendations for development of actions to reduce transmission of hepatitis viruses in the stakeholder consultation meeting and also support finalizing a meeting report.

2. Background

Viet Nam is one of three countries in the Western Pacific region with high prevalence of hepatitis B virus (HBV) and hepatitis virus (HCV) infections. It was estimated nearly 8 million people infected with HBV and 1 million people infected with HCV in Viet Nam in 2017\(^1\). Although hepatitis C infection prevalence is low in general population, it is very high among high risk populations including people who inject drugs and people with renal haemodialysis. Prevalence of HBsAg and anti-HCV among male who inject drugs were 14.1% and 53.8% respectively\(^2\). Similarly, a number of recent published papers described high prevalence of HCV and HBV infections among renal dialysis patients in Viet Nam. HCV prevalence among hemodialysis patients was reported from 12%-26%\(^3,4\). An outbreak of HCV infection was also reported in one renal dialysis facility at district hospital in Viet Nam in 2016. These studies mentioned the persistence lack of implementation of standard and evidence based infection prevention control (IPC) practices to prevent cross infection due to blood borne infections such as HCV and HBV infections.

In 2016, a mission from WPRO came to assess the national response to viral hepatitis in Viet Nam and one of the recommendations from the mission is “carry out systematic assessment of IPC practices at haemodialysis settings to inform development of actions to reduce transmission of hepatitis viruses”.

WHO has discussed these recommendations from assessment report with VAMS and it is agreed that an assessment of “real” IPC practices at renal dialysis facilities is necessary to develop recommendations/tools in order to assure good IPC practices all the time in an effective manner in all hemodialysis units in Viet Nam and to prevent cross infection not only with blood borne viral infections but also other pathogens. Viet Nam Administration for Medical Services (VAMS) requested WHO to support for this assessment.
Planned timelines (subject to confirmation)
Start date: 10 Aug 2018;
End date: 10 Sep 2018
In-country assessment date: 19 – 25 August, 2018

3. Work to be performed

a. Specific objectives of the consultancy activity:
   • Develop assessment tools to apply in the field visit to selected hemodialysis facilities
   • Conduct field visits to selected hemodialysis facilities at national, provincial and district level to assess and document the current practice of IPC including both SPO and actual practice at the sites to identify potential factors that may induce cross infections of HCV and HBV.
   • Present the findings and facilitate discussion in the stakeholder consultation meeting on implementing infection control measures at renal hemodialysis facilities and discuss the challenges and solutions for improve IPC practice at renal hemodialysis facilities.
   • Propose recommendations to improve IPC practices in hemodialysis units to prevent HCV and HBV transmission in dialysis settings in Vietnam
   • Support finalizing a meeting document in coordination with epidemiology consultant

b. Method(s) to carry out the activity:

Working with WHO team and MOH to understand the scope of consultancy and discuss regularly the progress of tasks. Under the supervision of WHO technical officers, carry-out the proposed activities and provide deliverables.

c. Outputs:
   • Output 1. Conducted field assessment and consult the findings with stakeholder meeting
      - Deliverable 1.1 Final report on the assessment including literature review (from other consultant), findings from field visits, discussion with stakeholders and recommendations for improvement

Description of the tasks/process involved in carrying out the activity:

- To conduct the assessment of IPC practices at renal haemodialysis facilities including national, provincial and district facilities. This assignment includes:
  o Develop the assessment tools
  o Conduct field visit for IPC assessment at renal dialysis facilities
  o Present field assessment findings at the stakeholder consultation meeting and lead the discuss
- Work with an epidemiology consultant to develop a final meeting report including literature review, assessment finding and recommendations and tools (if relevant) for improvement.

Tasks to be carried-out:

- Develop assessment tools
- Conduct field visits to renal dialysis facilities at selected national, provincial, and district hospitals.
- Present findings from field assessment at the stakeholder consultation meeting and lead discussion.
- Support an epidemiology consultant to finalize the report
4. Expected deliverables

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<tr>
<th>Deliverables</th>
<th>Expected date of delivery</th>
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<tr>
<td>1. A mission report on overall assessment results and recommendations for improvement</td>
<td>10 Sep 2018</td>
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5. Specific requirements

a. Qualifications required:
   - Medical doctor from a recognized university with postgraduate training on infection prevention and control.

b. Experience required:
   - At least 10 year of experience in relevant areas including healthcare associated infection management and infection prevention and control in healthcare facility

c. Skills / Technical skills and knowledge:
   - Expert knowledge in healthcare associated infection and infection prevention and control

d. Language requirements:
   - Fluent in written and spoken English.

e. Competencies:
   - Excellent interpersonal and communication skills
   - Ability to plan and prioritise challenging workloads
   - Demonstrated ability to work as part of a team
   - Fostering integration and teamwork
   - Ability to lead and manage the team work

6. Place of assignment

Consultant will be required to work in Hanoi from 19 – 25 Aug in Hanoi with 1-2 days travel to another province.

7. Medical clearance

Medical certificate is required