

# **Call for expression of interest/Terms of Reference**

## **For an Agreement of Performance of Work (APW)**

### **Communications strategy and supporting materials for the Pandemic Influenza Severity (PISA) tool, the Influenza Burden of Disease (BoD) and other work done in the Global Influenza Programme (GIP) at WHO**

#### **Background**

##### PISA

In 2011, WHO began developing a robust and standardized method for guiding countries in making timely assessments of the severity of every influenza epidemic--seasonal and pandemic--to address this aspect of pandemic preparedness. The Global Influenza Programme (GIP) developed, with a group of experts, the Pandemic Influenza Severity Assessment (PISA) framework. Influenza severity is defined in terms of three indicators: transmission, seriousness of disease and impact. Each indicator is derived from a variety of parameters collected by routine surveillance systems or special studies. Guidance for assessment of these three indicators at the country level has been developed and is under validation. A meeting was held in Geneva in March 2017 to share the experiences of pilot countries in using the guidance and to identify the next steps in launching the tool. There was consensus that the tool should be launched and put into practice as soon as possible and the group identified key priority activities, one of which was the development of a detailed communications strategy to address the need for messages tailored to specific audiences, the unique messages that would be required in a pandemic, and to familiarize the various audiences with the application of PISA and what questions the outputs of the tool help to answer.

##### Burden of disease

Influenza disease burden estimates (morbidity, mortality, economic) are often missing, especially in developing countries. WHO through the project of Burden of Influenza Disease, Partnership Contribution (PC) of the Pandemic Influenza Preparedness (PIP) Framework, aims to narrow the gap in understanding the burden of influenza disease.

Two final outputs are expected from this project (completion estimated for December 2017):

1. regionally representative influenza disease burden estimates from selected countries;
2. a global estimate of influenza disease burden derived from national estimates.

Estimates will serve to inform decisions about national influenza prevention and control programs.

WHO together with its partners has been gathering the national estimates and other burden results and is currently joining them to develop global and regional estimates. WHO, together with the US CDC, is initiating collaborative work to estimate the influenza-associated hospitalization burden. Three research groups (CDC, GLAMORII and IHME) have been working on estimates of influenza mortality. There is a need for careful communication of the status of the project around a meeting in December 2017 concerning what is known, what is unknown, what needs further work, etc.

##### Global influenza situation reporting

GIP publishes a biweekly report on epidemiology and virology of the global influenza situation. The data for the report comes from national and regional influenza situation updates. The data is reviewed by GIP colleagues and the publication for the WHO Influenza website (in pdf format, which

includes text and graphics) is formulated to be succinct and includes references to other reports for more details. GIP is open to exploring other ways of communicating the global influenza situation to its audiences.

#### Risk assessment tools for influenza

The risk of pandemic influenza is real. For influenza pandemic risk assessment, the key question is the risk (likelihood and impact) of sustained viral transmission between humans. For this, the framework of risk assessment of acute public health events is followed. The outcomes of hazard, context, exposure assessments are combined to generate an overall risk assessment. If the hazard or even is undefined, following the Rapid Risk Assessment of Acute Public Health Events is appropriate. If the hazard is known to be influenza, there are other tools that focus more specifically on the risk. For example, the Tool for Influenza Pandemic Risk Assessment (TIPRA) assesses the risk of the hazard (an influenza virus not efficiently transmitting from human to human) causing sustained human-to-human transmission, during the alert phase of a pandemic. PISA looks at the risk of an influenza pandemic once an influenza virus is already transmitting from human to human, during the pandemic phase. With several tools available to public health authorities, GIP would like to develop some clear guidance indicating which tool is appropriate and when, how the risk assessments tools compare to each other and how they are connected.

#### **Objective**

The objective of the APW is to obtain external services and expertise for development of communications strategies and supporting materials, as detailed below. Deliverables are to be produced in English.

#### **Activities for PISA**

1. Develop, in consultation with WHO staff and experts, **a comprehensive communications strategy**, specifically including the following:
  - a. Description of the current situation of communicating influenza epidemic severity
  - b. Clear expressions of the organizational objectives and the communication objectives
  - c. Identify different target groups: stakeholders, public and audiences and what they need to know
  - d. Summarize messages tailored to different target groups, including text and infographics
  - e. Provide several example press releases that could be used at different stages (beginning and end of seasonal epidemic, start of pandemic,...)
  - f. Prepare press releases, talking points and web content for the project including preparing drafts, obtaining clearances, editing copy, and finalizing texts.
    - i. For seasonal epidemics
    - ii. For pandemics
  - g. Identify key communication methods and channels for different target groups
  - h. Identify differences in target groups, messages and communications methods between the inter-pandemic (current) period and a pandemic period
  - i. A strategy for the rollout of the communications strategy, ideally aligned with the commencement (October 2017), peak (February 2018), and end (April 2018) of the northern hemisphere influenza season
  - j. Provide a method for evaluating and refining the strategy
2. Develop, in consultation with WHO staff and experts, **a training package for communications officers** (at both the global and national level), consisting of:
  - a. A communications handbook for PISA on how to report on PISA
  - b. A set of PowerPoint slides to be used for group or individual training sessions.
3. Develop, in consultation with WHO staff and experts, and in compliance with guidelines and standards used throughout the Organization, **a website** devoted to PISA, including at least:

- a. Infographics to illustrate the PISA concept and method
- b. Display of PISA outputs
- c. Key messages

### Activities for BoD

1. Develop, in consultation with WHO staff and experts, **a comprehensive communications strategy**, specifically including the following:
  - a. Description of the current situation of communicating influenza burden of disease (landscape analysis)
  - b. Clear expressions of the organizational objectives and the communication objectives
  - c. Identify different target groups: stakeholders, public and audiences and what they need to know
  - d. Provide messages tailored to different target groups, including text and infographics
  - e. Prepare press releases, talking points and web content for the project including preparing drafts, obtaining clearances, editing copy, and finalizing texts.
  - f. Identify key communication methods and channels for different target groups
  - g. A strategy for the rollout of the communications strategy
  - h. Provide a method for evaluating and refining the strategy
2. Develop, in consultation with WHO staff and experts, **a training package for communications officers**, consisting of:
  - a. A communications handbook for the Influenza Burden of Disease project
  - b. A set of PowerPoint slides to be used for group or individual training sessions.
3. Develop, in consultation with WHO staff and experts, and in compliance with guidelines and standards used throughout the Organization, **a website** devoted to BoD, including at least:
  - a. Infographics to illustrate the BoD concept and method
  - b. Key messages

### Activities for global influenza situation reporting

1. Develop, in consultation with WHO staff and experts, **a comprehensive communications strategy**, specifically including the following:
  - a. Description of the current situation of communicating influenza epidemiology and virology at a global level (landscape analysis)
  - b. Clear expressions of the organizational objectives and the communication objectives
  - c. Identify different target groups: stakeholders, public and audiences and what they need to know
  - d. Provide messages tailored to different target groups, including text and infographics
  - e. Provide press releases
  - f. Identify key communication methods and channels for different target groups
  - g. A strategy for the rollout of the communications strategy
  - h. Provide a method for evaluating and refining the strategy

### Activities for risk assessment tools

1. Develop, in consultation with WHO staff and experts, **a comprehensive document** explaining the following:
  - a. Description of the current situation of available risk assessment tools for influenza (landscape analysis), with clear expressions of the intended user and the appropriate context/situation for use
  - b. Identify different target groups: users, stakeholders, public and audiences and what they need to know
  - c. Provide messages tailored to different target groups, including text and infographics

## Required profile of the contractor

### Experience required:

- At least five years of working experience, including international work experience, in public health communications.
- Experience working on influenza communications and/or pandemic influenza risk communications and/or disease burden is ideal.
- Experience in development of media-related materials. Strategic communications development skills including all the stages of creating, implementing and evaluating public advocacy campaigns.

### Desirable experience:

- Prior working experience with WHO/UN or with an international non-governmental organization.
- Experience in providing talking points, press releases and fact sheets - preferably in a health-related field.
- Excellent interpersonal skills complemented by the ability to conceptualize ideas and advocate consensus.
- Experience training journalists and other representatives of the media.
- Ability to "think out of the box" and to make innovative proposals as related to communication.

### Language requirements:

Written and spoken fluency in English is essential. Working knowledge of other UN languages is an advantage.

### Other Skills (e.g. IT):

- Excellent knowledge of Microsoft Office applications (Outlook, Word, PowerPoint, SharePoint, and Excel).
- Familiarity with the use of graphic design, visual design, social media, website development and publishing software.

## Bidding process

Duration of contract will be 17 July to end of November 2017 (approximately 90 working days). Distance work with 5 visits to WHO HQ, Geneva of 2 to 3 days each (to be determined).

Interested service providers should submit the following documents to [WHOinfluenza@who.int](mailto:WHOinfluenza@who.int) by 7 July 2017, 23.59h (Geneva time):

- CV (for individual contractors) or Company Profile (for institutional applications)
- Expression of interest (cover letter) that includes a financial proposal with the following breakdown:
  - Contractual fee 90 working days (submit your expected daily rate)
  - Airfare/transportation (as stated above)
  - Per-diem (for Geneva)
  - Miscellaneous (if any, please specify)
  - Total

## Deliverables and due dates

| <b>Deliverables</b>  | <b>Expected deliverable date<br/>/Anticipated payment %</b>                                |
|--|--|
| Signature of contract  | July 17, 2017/0%   |
| Workplan with milestones and deliverables submitted and accepted | 31 July 2017/20%   |
| Deliverables according to workplan milestones                    | 31 August 2017/20%<br>30 September 2017/20%<br>30 October 2017/20%<br>30 November 2017/20% |