

## Terms of Reference

### PACIFIC TECHNICAL ASSISTANCE MECHANISM 2 (PACTAM2)

Adviser Title	<b>Infection Control Practitioner</b>
PACTAM2 Partner Organisation	Tuvalu Health program, DFAT and the Pacific Security, Maritime and Climate Change Branch  Ministry of Health Tuvalu (MoH)
Duration	Over 12 months – approximately 6 x 1 month visits - Up to 132 days total for implementation, training and mentoring,
Location	Funafuti, Tuvalu
Adviser Type (LTA or STA)	STA
Adviser Remuneration Framework (ARF) level	C3
Aid Investment Plan or Partner Government's national/sectoral priority	Aid Investment Plan Tuvalu Priority 2: Improve basic service delivery, particularly in the education and health sectors DFAT Health for Development Strategy 2015-2020 Te Kakeega III: National Strategy for Sustainable Development 2016-2020
Primary capacity development role (check appropriate box, with reference to below)	<input type="checkbox"/> In line <input checked="" type="checkbox"/> Supplement capacity <input type="checkbox"/> Facilitate capacity
<p><b>Capacity Development Emphasis:</b> <i>Minor / Indirect - the Adviser will be substituting for an existing or proposed <b>in-line</b> position, with minimal expectation of direct capacity building activities.</i></p> <p><i>Moderate – the Adviser will be directly supporting in-line staff member/s or team as well as helping the individual/s to increase their own job skills, knowledge and awareness - there is an expectation of <b>supplementing</b> capacity</i></p> <p><i>Major – the Adviser's primary purpose is to work with staff/teams in a training, mentoring, and/or <b>facilitating</b> way – there is significant expectation of implementing capacity building activities.</i></p>	

## Purpose

The Infection Prevention and Control Adviser will provide technical and managerial support to Tuvalu MoH leadership, stakeholders and the Tuvalu health workforce in improving Infection Prevention and Control (IPC) at PMH. This role will focus on supporting the local clinical (medical, nursing, laboratory and allied health) team with technical mentoring, support and advice. A key aspect of this role will be the review of current IPC resources and the development and implementation of evidence-based standard protocols, guidelines and training materials for IPC in liaison with the MoH and key stakeholders. The adviser will establish a close working relationship with the MoH and clinical staff at PMH to develop an agreed work plan for IPC health system strengthening and workforce support, including the monitoring of progress.

PACTAM2 is an Australian Government initiative funded through its official aid agency, the Department of Foreign Affairs and Trade (DFAT), and managed by Scope Global. It places highly skilled Technical Advisers in Partner Government organisations across 8 Pacific Island countries.

## Background

In October 2017, the Minister for Foreign Affairs launched the Indo-Pacific Health Security Initiative to contribute to the avoidance and containment of infectious disease threats with the potential to cause social and economic harms on a national, regional or global scale. The Initiative is funded at \$300 million over five years and aims to: promote global and regional cooperation; catalyse international support; capitalise on Australia's strengths; and accelerate access to new products.

The Initiative is implemented by the **Indo-Pacific Centre for Health Security**. Based in the Department of Foreign Affairs and Trade, the Centre brings together expertise from relevant Australian government agencies on infectious diseases of humans and animals, public health research, and international development.

Public health security is defined by WHO as the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of national populations. Global public health security widens this definition to include acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.

Tuvalu, like many Pacific Island countries (PIC), is vulnerable to threats to health security, given its small size and limited capacity of the health work force and health system to respond to acute public health events of any significant scale. Improved air links mean that Tuvalu is no longer shielded from emerging regional and global health threats by its relative geographic isolation. Pacific Leaders have identified climate change as the single most serious threat to the livelihoods, security and wellbeing of its people. Climate change and climate variability are likely to increase the frequency and severity of extreme weather events in the Pacific, and these are commonly associated with outbreaks of climate-sensitive infectious diseases. Outbreaks of diarrhoea as a result of water-borne (and potentially food-borne) pathogens occur regularly in Tuvalu during drought seasons or after heavy rain. Tuberculosis (TB) is endemic in many PICs and poses a threat to health security. Research in other PICs has demonstrated that diabetes (which is also prevalent in Tuvalu) increases the risk of acquiring TB by more than one-third. Outbreaks of multi-drug resistant tuberculosis (MDR-TB) have been recorded in Papua New Guinea, the Marshall Islands, Chuuk in the Federated States of Micronesia and in Kiribati. Tuvalu is currently experiencing a Dengue fever outbreak, with the last outbreak recorded in 2013.

In February 2018 a DFAT adviser undertook a health security scoping mission working with the Tuvalu government and Ministry of Health (MoH). The country visit also included a review of clinical

facilities, practices and isolation facilities in Princess Margaret Hospital (PMH). An Aide Memoire was prepared which includes recommendations for strengthening IPC and health security preparedness. A key recommendation was for DFAT to support capacity building for Infection prevention and control (IPC) in Tuvalu and at PMH with the initial placement of an Infection Control Nurse Practitioner (in Tuvalu – based in PMH – for 3-6 months to help guide the IPC Committee in inception of the IPC Policy, provide technical support to the IPC Committee and review and update hospital infection control procedures and waste flows. This role would include developing or adapting materials for training and orientation of ward and public health department staff.

IPC is undeveloped in Tuvalu and many challenges exist. PMH has a two-room, four-bed isolation area that is accessed through the hospital and is unsuitable for managing highly infectious patients. There are no ante room facilities for gowning-up and preparation prior to patient care; clinical procedures are likely generate infection hazards. There are plans to re-purpose a former paediatric ward behind the main PMH building as an isolation facility. There are also no dedicated quarantine facilities where patients with possible exposure to highly contagious conditions may be kept under observation. An Infection Prevention and Control (IPC) Committee exists and is keen to strengthen IPC practices; it is yet to fully operationalise. IPC policies and guidelines that were developed with SPC support in 2016 require revision and implementation. A recommendation contained in the Aide Memoire would be to continue IPC capacity building by placement at least one (preferably two) Tuvaluan nurses for selection selected for postgraduate IC training through a regional institution in Australia, New Zealand or Fiji.

Placement objectives	Core functions
<p><b>1. Transmission based precautions may include any combination of the following:</b></p>	<ul style="list-style-type: none"> <li>• continued implementation of standard precautions;</li> <li>• appropriate use of PPE (including gloves, apron or gowns, surgical masks or respirators, and protective eyewear);</li> <li>• patient-dedicated equipment; allocation of single rooms or cohort of patients;</li> <li>• appropriate air handling requirements;</li> <li>• enhanced cleaning and disinfecting of the patient environment and restricted transfer of patients and visitors within and between facilities.</li> </ul>
<p><b>2. Provide operational and technical IPC support to the MoH.</b></p>	<ul style="list-style-type: none"> <li>• Working with local partners at the MoH to undertake a baseline review of IPC risks at PMH hospital. This should be done by working side-by-side with PMH nurses, doctors, allied health staff and ancillary staff, to gauge where best and poor practises lie.</li> <li>• The review will include evaluation of existing standard precautions and transmission-based precautions, with a focus on clinical areas, cleaning, patient flow, isolation facility, PPE, laboratory operations, health information and detection, surveillance, alert, response systems as well as workforce capacity and procurement processes.</li> <li>• Following the baseline review, develop an agreed locally contextual work plan with the MoH and key stakeholders to strengthen the capacity of IPC</li> </ul>

	<p>systems and individuals within Tuvalu MoH to reduce infection risk.</p> <ul style="list-style-type: none"> <li>• Assist Tuvalu MoH to review, finalise and implement the 2016 IP&amp;C Manual, and other evidence-based protocols and guidelines.</li> <li>• Assist the strengthening of the IPC committee and workforce and provide mentoring and capacity building support for key clinical and MoH staff to meet IPC best practice for standard and transmission.</li> <li>• Develop and implement a train the trainer package to deliver training to new staff and refresher training to all staff annually, both at PMH and in public health.</li> </ul>
<b>3. Provide technical advice and mentoring on IPC risk reduction</b>	<ul style="list-style-type: none"> <li>• Assist Ministry of Health, and other key Ministries to review existing policies and advocate for IPC, procurement, antibiotic guidelines and other policy actions to create an enabling environment for reducing IPC risk. This may include preparing technical briefings, facilitating training sessions, developing a training schedule for continued medical and nursing education and participating in strategic forums with collaborating organisations and partners and liaison with other technical advisers.</li> <li>• Facilitate capacity building activities to Ministry of Health in assessing, designing, implementing and evaluating evidence-based approaches to reducing IPC risk.</li> </ul>
<b>4. Provide technical support to the Ministry of Health to develop and implement an IPC monitoring and evaluation framework.</b>	<ul style="list-style-type: none"> <li>• Undertake a baseline survey of basic infection prevention and control practises (to identify good and poor practises) during the 1<sup>st</sup> month of the assignment and another comparative study in the last month.</li> <li>• Use the results from above to Assist Tuvalu MoH design an IPC M&amp;E framework with relevant indicators and monitoring tools</li> <li>• Provide M&amp;E training to Tuvalu MoH staff specific to IP&amp;C</li> <li>• Assist Tuvalu MoH implement and monitor the plan</li> </ul>
<b>5. Provide reports to the Director Medical Services and DFAT including</b>	<ul style="list-style-type: none"> <li>• Provide an activity report to DFAT every two months and at the end of the assignment, outlining activities and deliverables.</li> <li>• Regular updates on key results areas</li> <li>• Adviser six month work plan by the end of the first month of the assignment</li> <li>• Submit key documents as evidence of achievements</li> </ul>

- Provide regular monitoring briefing of progress on implementation of Tuvalu IPC work plan to DFAT
- Submit other documentation as required by Tuvalu MoH or DFAT

### Accountability and working relationships

The Infection Prevention and Control Adviser will be accountable to and managed by Director of Medical Services, Tuvalu Ministry of Health

### Key selection criteria

*All PACTAM2 Advisers are expected to*

- Demonstrate effective interpersonal skills and the ability to work and communicate effectively and respectfully across cultures
- Foster empowerment and sustainability
- Adhere to Scope Global and DFAT policies

#### Essential

##### Qualifications

- IPC accreditation and/or Registered general nurse or allied health qualification, with post-graduate qualification, or equivalent experience in IPC.

##### Skills, experience, knowledge

- Demonstrated experience (5-10 years) working as an accredited IPC specialist/ IPC registered nurse or nurse practitioner in health facilities.
- Excellent understanding of risk management in infection prevention and control.
- Experience in supporting successful change in practice through training and mentoring of clinical and allied health professionals.
- Experience developing IPC guidelines and protocols.
- Experience working in the Pacific region or other resource constraint setting.
- Demonstrated skills and experience in training, mentoring and coaching
- A preparedness to work with limited resources within a challenging environment.
- Well-developed written and oral communication, interpersonal skills and cultural sensitivity.
- Excellent record of developing and maintaining respectful and productive cross-cultural relationships, including with persons in senior positions in government and nongovernment agencies, middle managers, technical staff and front-line health workers.
- Fluency in English and demonstrated ability to express verbally and in writing complex ideas in clear and simple language.

#### Desirable

- Experience of living and working in a challenging, resource constraint environment.
- Certificate IV in Training and Assessment

### Special conditions

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Scope Global recruitment practices operate under equal employment opportunity principles and laws. We encourage all appropriately qualified and experienced people to apply regardless of their sex, age, race, ethnicity, physical ability or beliefs.

We require all Advisers to:

- (a) comply with the terms and conditions of the PACTAM2 Adviser Service Agreement including completing a police check, undergoing a medical examination, and attending a pre-departure briefing.
- (b) comply with DFAT safeguard policies and any other policies specific to their placement.

<b>Date Terms of Reference Finalised</b>
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<b>10/04/2019</b>
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