

**Strengthening evidence-based and data-informed suicide prevention in the Western Pacific Region
Agreement for Performance of Work
Terms of Reference**

This APW is requested by:

Unit:	Mental Health and Substance Use (MHS)
Division:	Division of Programmes for Disease Control (DDC)

1. Purpose

The Mental Health and Substance Use (MHS) unit of the World Health Organization Regional Office for the Western Pacific (WHO WPRO) seeks to contract a company or institution to support the strengthening of evidence-based and data-informed suicide prevention strategies in the Western Pacific Region.

The company /institution will be expected to:

- Map suicide health information systems, such as national and/or subnational registries and surveys, across different jurisdictions in the Region;
- Undertake a scoping review of evidence examining risk and protective factors related to suicidality and suicide mortality in the Region;
- Develop a case study of an effective multi-sectoral suicide prevention strategy; and,
- Support the establishment of a sentinel surveillance system for suicidality and suicide mortality in the Region.

2. Background

One in four suicides globally occur in the Western Pacific Region with approximately 200 000 people intentionally taking their own lives each year. These figures do not include suicide attempts and deliberate self-harm, which can be 20 times more frequent than suicide. Some Western Pacific countries have experienced significant increases in suicide rates in recent years, particularly among young in the Pacific. Although traditionally suicide rates have been highest among elderly men, suicide behavior among young people and among women has become a major concern in the Region.

Suicides can be prevented through multi-sectoral suicide prevention strategies, restricting access to means of suicide (e.g. pesticides, firearms, certain medications), incorporating suicide prevention into health-care services, and mobilizing communities and engaging with the media to overcome stigma and raise public awareness and understanding of this issue. However, access to up-to-date evidence and reliable data on suicide, which are essential to effective suicide prevention strategies, remains poor in many settings.

Globally, only 80 Member States have good-quality vital registration data that can be used directly to estimate suicide rates. This problem of poor-quality mortality data is not unique to suicide, but given the

sensitivity of suicide – and the illegality of suicidal behaviour in some countries – it is likely that under-reporting and misclassification are greater problems for suicide than for most other causes of death.

Improved surveillance and monitoring of suicide and suicide attempts will strengthen suicide prevention strategies potentially saving thousands of lives in the Region. Cross-national differences in the pattern of suicide, and changes in the rates, characteristics and methods of suicide, highlight the need for each country to improve the comprehensiveness, quality and timeliness of their suicide-related data. This includes vital registration of suicide, hospital-based registries of suicide attempts and nationally-representative surveys collecting information about self-reported suicide attempts.

3. Planned timelines

Start date: 15 January 2021

End date: 30 April 2021

4. Work to be performed

Output 1: Mapping of suicide health information systems, such as national and/or subnational registries and surveys, across different jurisdictions in the Region.

- Deliverable 1.1: Technical brief summarizing different approaches to suicide health information systems across the Region, including a description of gaps and opportunities across the different typologies.

Output 2: Evidence review of risk and protective factors on suicidality and suicide mortality in the Region.

- Deliverable 2.1: Technical brief, with a summary in PowerPoint comprised of key messages and infographics, describing risk and protective factors related to suicidality and suicide mortality in the Region.

Output 3: Engagement with regional experts for the development of a case study on a multi-sectoral strategy for suicide prevention.

- Deliverable 3.1: Case study describing approaches and interventions as part of a multi-sectoral strategy for suicide prevention.

Output 4: Regional network of experts, centers or institutions to support a sentinel surveillance system for suicidality and suicide mortality in the Region.

- Deliverable 4.1: Technical brief describing: 1) feasible indicators for mental distress, suicidality (e.g. self-harming behaviour, suicidal ideation, suicide attempts) and suicide mortality in the population, and 2) approaches to collecting data on feasible indicators.
- Deliverable 4.2: Concept note for a regional sentinel surveillance system on mental distress, suicidality and suicide mortality, describing its feasibility, practicality and other operational considerations.

- Deliverable 4.3: Directory and liaison with experts, centers or institutions, to support the establishment of a regional sentinel surveillance system on mental distress, suicidality and suicide mortality.

5. Deliverable timeline

Deliverable	Output name	Deadline until
Deliverable 1.1	Technical brief summarizing different approaches to suicide health information systems across the Region, including a description of gaps and opportunities across the different typologies.	28 February 2021
Deliverable 2.1, 2.2 and 3.1	<p>Technical brief, with a summary in PowerPoint comprised of key messages and infographics, describing risk and protective factors related to suicidality and suicide mortality in the Region.</p> <p>Technical brief on suicidality and suicide mortality in relation to the COVID-19 pandemic, highlighting trends, vulnerable populations, and examples of national and/or subnational responses to suicide during the pandemic.</p> <p>Case study describing approaches and interventions as part of a multi-sectoral strategy for suicide prevention in the Republic of Korea.</p>	31 March 2021
Deliverable 4.1 and 4.2	<p>Technical brief describing: 1) potential indicators for mental distress, suicidality (e.g. self-harming behaviour, suicidal ideation, suicide attempts) and suicide mortality in the population, and 2) approaches to collecting data on the potential indicators.</p> <p>Directory and liaison with experts, centers or institutions, to support the establishment of a regional sentinel surveillance system on suicidality and suicide mortality.</p>	30 April 2021

6. Technical supervision

The selected contractual partner will work under the supervision of: Mr Martin Vandendyck, Technical Lead, Mental Health and Substance Use, Division of Programmes for Disease Control.

Responsible Officer:	Mr Martin Vandendyck, Technical Lead, Mental Health and Substance use	Email:	mvandendyck@who.int
Manager:	Dr Huong Tran, Director, Division of Programmes for Disease Control (DDC)	Email:	tranh@@who.int

7. Specific requirements

- Qualifications required for team leader:
Minimum of 7 years cumulative experience in public mental health, suicide epidemiology, suicide prevention, mental health policy and related fields.
Essential: Postgraduate degree in epidemiology, public health, or social sciences, preferably with knowledge on suicide surveillance and information systems.
Desirable: Postgraduate training in suicide prevention and mental health information systems.
- Experience required:
Essential: Minimum of 7 years cumulative experience in public mental health, suicide epidemiology, suicide prevention, mental health policy and related fields
Desirable: Experience with the UN system or international organizations, particularly in mental health.
- Skills / Technical skills and knowledge:
Research, technical writing, data analysis and visualization. Knowledge of relevant global and regional mental health tools, information systems and mandates related to suicide.
- Language requirements:
Written and spoken fluency in English (Read – Write – Speak / "Advanced" level) is essential.
Working knowledge of other UN languages is an advantage.

8. Competencies

- Teamwork
- Respecting and promoting individual and cultural differences
- Communication
- Producing results
- Moving forward in a changing environment

9. Place of assignment

The contractual partner will not be required to be based at the WHO Regional Office for the Western Pacific (Manila, Philippines) to perform the tasks related to this activity but will require regular interaction with the technical unit (Mental Health and Substance Use) on the development of the aforementioned deliverables.

10. Travel

A representative of the contractual partner is not expected to travel to fulfill the deliverables listed above. The use of remote working tools and services is encouraged.

Should travel be required, it will be supported through other contractual or administrative arrangements.