World Health Organization

FINAL TERMS OF REFERENCE

Consultant

1. Background

Purpose of contract

WHO is developing its first global guideline on the prevention, diagnosis and management of delirium in older adults, including medication safety and deprescribing. The consultant will provide methodological leadership for the preparatory phase of guideline development by supporting refinement of the guideline scope and PICO questions, facilitating Guideline Development Group (GDG) Session 0, and establishing the methodological framework for the evidence-review process. The work will be undertaken in accordance with the WHO Handbook for Guideline Development, the GRADE approach, GRADE-CERQual, and the Evidence-to-Decision framework.

Background

Delirium is an acute, usually reversible neuropsychiatric syndrome characterised by disturbances in attention, awareness and cognition. It is common among older adults across hospitals, intensive care units, emergency departments, long-term care settings and end-of-life care, and is associated with increased mortality, cognitive and functional decline, prolonged hospitalisation, falls and institutionalisation. A substantial proportion of episodes may be preventable, and modifiable medication-related factors include polypharmacy, potentially inappropriate prescribing and high anticholinergic burden. Despite this burden, there is currently no WHO-endorsed global guideline on the prevention, recognition or management of delirium. This gap is particularly important in low- and middle-income countries, where population ageing is occurring rapidly while geriatric capacity, long-term care infrastructure and medication-safety systems may be limited.

WHO is developing a Standard WHO Guideline on the prevention, diagnosis and management of delirium in older adults, including medication safety and deprescribing. The guideline is being developed under the Integrated Guidelines for the Management of Geriatric Syndromes platform. A Guideline Development Group (GDG) and External Review Group (ERG) have been identified, and independent academic teams will be commissioned to conduct evidence reviews.

The present consultancy focuses on methodological preparation, facilitation of GDG Session 0 and establishment of the evidence-review process. Residual methodological activities are expected to be addressed through a subsequent consultancy in 2027, subject to satisfactory performance, funding availability and applicable contracting procedures.

2. Deliverables

Objective 1: Methodological preparation of the guideline

- Output 1.1: Inception and methodological planning
  - Prepare an inception note describing the methodological approach for the preparatory phase.
  - Describe proposed evidence pathways for intervention effectiveness, diagnostic accuracy and qualitative evidence.
  - Define practical decision rules for using, updating or commissioning evidence reviews.
- Output 1.2: Review and refinement of PICO questions
  - Review and refine draft PICO questions across all guideline domains.
  - Ensure appropriate consideration of medication safety and deprescribing across the guideline scope.
- Output 1.3: Outcome prioritisation process
  - Develop the outcome-prioritisation instrument.
  - Prepare concise guidance materials using the WHO-recommended 9-point rating scale.
- Output 1.4: Methodological briefing materials
  - Prepare methodological briefing materials for GDG Session 0.
  - Support technical consultations with the WHO Steering Group.

Objective 2: Facilitation of GDG Session 0

- Output 2.1: Orientation and capacity building

    - Develop and deliver a concise orientation module on GRADE, GRADE-CERQual and Evidence-to-Decision approaches.
    - Adapt examples to the delirium guideline context.
- Output 2.2: Facilitation of GDG Session 0
    - Support preparation of the meeting agenda.
    - Conduct pre-briefing sessions with GDG co-Chairs.
    - Facilitate discussions on PICO validation and outcome prioritisation.
    - Conduct post-session debriefing with WHO.
- Output 2.3: Documentation of methodological decisions
    - Prepare a methodological record summarising validated PICO questions.
    - Document prioritised outcomes and key methodological decisions with corresponding rationale.

Objective 3: Establishment of the evidence-review process
- Output 3.1: Methodological specifications and templates
    - Develop methodological specifications for commissioned evidence-review teams.
    - Prepare standard templates for protocols, evidence profiles, Summary of Findings tables, GRADE-CERQual outputs and Evidence-to-Decision frameworks, as appropriate
- Output 3.2: Proposal evaluation support
    - Develop methodological scoring criteria.
    - Provide written technical assessments of proposals received through the procurement process.
    - Participate in the technical evaluation panel, as required.
- Output 3.3: Review of evidence-review protocols
    - Conduct methodological review of evidence-review protocols available during the consultancy period.
    - Review proposed populations, outcomes, subgroup analyses and appraisal methods.
- Output 3.4: Transition note for subsequent phase
    - Prepare a transition note outlining methodological activities to be completed during the anticipated second consultancy phase in 2027.

Outputs	Deliverables	Due date
1.1-1.4	Methodological preparation package completed	31 October 2026
2.1-2.3	GDG Session 0 successfully facilitated and documentation delivered	30 November 2026
3.1-3.4	Evidence-review process established and transition note completed	31 December 2026

3. Qualifications, experience, skills and languages

Educational qualifications

Essential
- Advanced university degree (Master's level or equivalent) in clinical epidemiology, epidemiology, evidence synthesis, research methods, public health, biostatistics, health policy or another field relevant to the assignment.

Desirable
- Doctoral-level degree in clinical epidemiology, medicine, public health or a related field.

Experience

Essential
- Minimum of seven years of relevant professional experience in guideline methodology, systematic reviews or evidence synthesis.
- Substantial contribution to WHO guidelines or other international or national guidelines developed to comparable methodological standards.
- Demonstrated experience conducting systematic reviews.
- Demonstrated experience facilitating multidisciplinary technical, expert or guideline groups.

Desirable
- Experience with WHO guideline-development processes.
- Experience in ageing, geriatrics, mental health, neurology, medication safety or patient safety.
- Experience with living-guideline approaches and/or prospective evidence surveillance.
- Experience relevant to low- and middle-income country settings.

Skills and Knowledge

Essential

- Advanced knowledge of systematic-review methods and the GRADE approach.
- Working knowledge of GRADE-CERQual and Evidence-to-Decision frameworks.
- Ability to apply appropriate risk-of-bias and review-appraisal tools.
- Familiarity with GRADEpro or equivalent software.
- Strong scientific, technical and methodological writing skills.
- Ability to facilitate deliberation within multidisciplinary and multicultural groups.

Desirable

- Knowledge of diagnostic-test-accuracy evidence synthesis.
- Knowledge of qualitative evidence synthesis.
- Familiarity with AMSTAR-2.
- Knowledge of living-guideline methods.
- Familiarity with the WHO Handbook for Guideline Development.

Independence

The Consultant must be free of any real, potential or perceived conflicts of interest relevant to interventions, technologies or commercial interests falling within the scope of the Guideline. A completed WHO Declaration of Interests form will be required prior to contracting and will be assessed in accordance with WHO procedures.

Languages and level required

Essential

- English (Read – Write – Speak: Expert)

Desirable

- Working knowledge of another WHO official language.

4. Technical Supervision

The selected Consultant will work under the technical supervision of:
Dr Matteo Cesari
Responsible Technical Officer – Scientist (Geriatrics & Gerontology)
PPC/LHR/CAO/OPH
World Health Organization, Geneva, Switzerland
mcesari@who.int

5. Location

Off site. The Consultant will work remotely/home-based.

6. Travel

No travel is anticipated during this consultancy period.
GDG Session 0 is expected to be conducted virtually. Any travel associated with future phases of guideline development would be subject to a separate contract and authorization process.

7. Remuneration and budget (travel costs excluded)

Start date: 1 October 2026 End date: 31 December 2026
Consultant Band: Band C
Daily Rate: US$ 625
Level of Effort: 28 working days
Maximum Contract Value: US$ 17,500 (excluding travel)

Deliverable	Due date	Days	Amount (USD)
Objective 1 – Methodological preparation package	31 October 2026	10	6,250
Objective 2 – GDG Session 0 facilitation package	30 November 2026	8	5,000
Objective 3 – Evidence-review process package	31 December 2026	10	6,250
Total		***28***	***17,500***

Payment schedule: Payment will be made upon satisfactory completion and formal acceptance of the deliverables associated with each objective by WHO.