A learning strategy to create a ready, willing and able workforce – a workforce of excellence – for health emergency work.
A learning strategy to create a ready, willing and able workforce – a workforce of excellence – for health emergency work
# CONTENTS

EXECUTIVE SUMMARY ................................................................. 4

1. **SETTING THE SCENE** .......................................................... 6

2. **FOUNDATION OF THE WHE LEARNING STRATEGY** ................. 8
   2.1 PURPOSE AND SCOPE OF THE WHE LEARNING STRATEGY ................. 8
   2.2 KEY IDEAS IN THIS STRATEGY .................................................. 8
   2.3 GOAL ........................................................................... 9
   2.4 OBJECTIVES ..................................................................... 9
   2.5 MINIMUM STANDARDS FOR THE LEARNING STRATEGY ............... 10
   2.6 WHE LEARNING PRINCIPLES ................................................. 10
   2.7 TARGET AUDIENCES .......................................................... 11
   2.8 LINKAGES WITH THE UNITED NATIONS .................................... 11

3. **WHE COMPETENCY FRAMEWORK** .......................................... 12
   3.1 PURPOSE AND DESIGN OF THE WHE COMPETENCY FRAMEWORK ........ 12
   3.2 THE WHE COMPETENCY FRAMEWORK ...................................... 12

4. **A PRAGMATIC APPROACH TO LEARNING** ................................. 14
   4.1 TRAINING (FORMAL LEARNING/EDUCATION) ............................... 16
   4.2 LEARNING RELATIONSHIPS (SOCIAL LEARNING/EXCHANGE) ............ 16
   4.3 LEARNING ON THE JOB (EXPERIENTIAL LEARNING/EXPERIENCE) ...... 16

5. **WHE LEARNING PATHWAYS** .................................................... 17
   5.1 RATIONALE FOR WHE LEARNING PATHWAYS ............................ 17
   5.2 WHE LEARNING PATHWAYS DESCRIPTION .................................. 17
   5.3 LINKING WITH THE IMS ........................................................ 19
   5.4 INTEGRATION WITH WHO HUMAN RESOURCES, WHO CAREER PATH AND EMERGENCY REFORM .......................................................... 19

6. **WHE TRAINING STANDARDS** .................................................... 20
   6.1 DEFINING THE WHE LEARNING CYCLE AND TRAINING STANDARDS ........................................ 20
   6.2 WHE TRAINER CAPACITY ....................................................... 20
   6.3 HEALTH EMERGENCIES TRAINING PORTFOLIO .............................. 20
   6.4 LEARNING TYPOLOGIES IN THE WHE TRAINING PORTFOLIO .......... 20
   6.5 PATHWAY-SPECIFIC TRAINING AND LEARNING ............................ 21
   6.6 EXPERIENTIAL AND EXCHANGE LEARNING .................................. 21
   6.7 REFRESHER TRAINING ........................................................... 21
   6.8 EXTERNAL TRAININGS ............................................................ 21
7. **WHE LEARNING GOVERNANCE AND MANAGEMENT** ........................................ 22
   7.1 WHE SENIOR MANAGEMENT LEARNING BOARD ........................................... 22
   7.2 WHE LEARNING SECRETARIAT .................................................................. 22
   7.3 LEARNING COORDINATORS AND FOCAL POINTS ............................................ 22
   7.4 PARTNER ROLES AND RESPONSIBILITIES .................................................. 23
   7.5 ANNUAL STRATEGY IMPLEMENTATION PLAN AND JOINT PLANNING APPROACHES ........ 23
   7.6 QUALITY MANAGEMENT SYSTEM .................................................................. 23
   7.7 NON-COMPLIANCE AND CONSEQUENCES .................................................. 23

8. **WHE LEARNING MANAGEMENT SYSTEM (LMS)** ............................................. 24
   8.1 DEFINITION OF THE WHE LEARNING MANAGEMENT SYSTEM ....................... 24
   8.2 REGISTRATION AND TRACKING STAFF PARTICIPATION .................................... 24
   8.3 ASSIGNING, SCORING AND RECORDING .................................................. 24
   8.4 CREDENTIALING, CERTIFICATION, LICENSING AND ACCREDITATION ................. 25
   8.5 WHE KNOWLEDGE AND INFORMATION MANAGEMENT SYSTEM FOR LEARNING .... 25
   8.6 LINKAGES TO EXTERNAL LEARNING ..................................................... 25

9. **FUNDING AND BUDGETING OF THE WHE LEARNING STRATEGY** .................... 26
   9.1 WHO COMMITMENT FOR FUNDING THE WHE LEARNING STRATEGY ................ 26
   9.2 BUDGET HOLDER .................................................................................. 26
   9.3 ALLOCATION CENTRES ........................................................................ 26

10. **ASSOCIATED TOOLS TO OPERATIONALIZE THE STRATEGY** ......................... 27

11. **COMPANION DOCUMENTS TO THE STRATEGY** ........................................... 28

12. **ANNEXES TO THE STRATEGY** ........................................................................ 28
Since its establishment in mid-2016, the WHO Health Emergencies Programme (WHE) has radically reformed the way the Organization works in emergencies. This new way of working has highlighted gaps in competencies of existing personnel and the urgent need to prepare an adequate surge capacity for emergency work. The creation of a workforce of excellence, to which this strategy contributes directly, is critical to achieving the ambitious target of the Organization’s General Programme of Work for 2019–2023 (GPW13), and in particular to ensure 1 billion people are better protected from health emergencies.

Recent emergencies highlight the urgent need to have a workforce within the Organization that is ready, willing and able to work in the increasingly challenging environments of health emergencies in a globalized, urbanized and connected world where people, vectors and goods are on the move, giving rise to and amplifying threats from a multitude of infectious hazards, natural disasters, armed conflicts and complex emergencies. These threats call for a trained and prepared workforce that can be called upon when needed – drawn not only from the Health Emergencies Programme, but also from other WHO programmes, partners, Member States (MS), civil society and volunteers. This strategy is intended to serve as the overarching framework for all learning and training activities in WHE and can be used to build surge capacity across and beyond the Organization.

This first-ever WHE Learning Strategy aims to create a coordinated, coherent and high-quality approach and standards for learning and training across the Programme that are cost effective and cross the three levels of the Organization to contribute to the creation of a workforce of excellence for health emergency work.

The strategy reinforces and builds on the reality that learning occurs through three main avenues: formal training or education, relationships (mentoring, coaching and buddying) or exchange, and on-the-job experience. Personnel will be offered a mix of these three main strategies to plot their selected learning pathway.

The strategy introduces standards for learning and training, requires the use of a learning management system to track learning, certification and achievement of competencies, and is accompanied by a training framework and the specifications for a functioning training resource centre that can be used across the Organization for planning and delivering learning events. It will lead to the development of an engagement strategy so that WHO can scale up quickly to mobilize up to thousands of trained personnel – staff, partners and frontline workers – if the event response so demands, as it did for the 2014 Ebola outbreak in West Africa.

The strategy defines several typologies for learning: mandatory, hazard-specific or disaster-cycle-based, pre-deployment, leadership and function-specific. Learning delivery will include the use of low-bandwidth massive open online courses to reach up to millions of responders regardless of their geographical locations, supplemented by face-to-face training delivery.

To ensure implementation and increase efficient use of human and financial resources, the strategy further defines governance and management systems for implementation that involve novel ways of working across the Organization, regular updating of the strategy, as well as evaluation of its impact. The strategy was developed by the WHE Training Task Team, with the support of a group of external consultants, and in collaboration with nearly 100 WHO staff across the Organization. It is founded on reviews of existing trainings within WHO and by partners who work in emergencies and uses the latest approaches to meaningful, sustainable learning and effective training aimed at developing competencies for essential functions for health emergency work.
Overview of the Creation of a Workforce of Excellence for Health Emergency Work

Raw inputs for creating a ready, willing and able workforce for health emergency work

Qualified, experienced personnel (staff, rosters)

Massive, innovative outreach and surge capacity mechanisms and arrangements

Networks of partners, MS, frontline “army”

Training/education

- WHE competency-based learning
- Ready, set, go model + real-time, on-the-ground training of response personnel (prior to and during response)

Social learning/exchange

- Buddy support system for WHE
- WHO mentoring and coaching programme
- Engagement through massive online platforms and low-bandwidth technology

On the job/experience

- Structured debriefings and codification and consolidation of learning
- Performance assessment
- After-action peer education
- Celebration of achievements, creation of champions

OUTPUT: A ready, willing and able workforce for health emergency work
Pandemics, epidemics, natural disasters and humanitarian crises require fast, efficient and effective responses to save lives, reduce disease and suffering, and minimize socio-economic loss to communities and countries.

The influenza pandemic of 2018 highlighted the massive and widespread nature of some health emergencies that exceed the capacity of any country or agency to respond effectively. During the Ebola outbreak in West Africa, hundreds of thousands of responders – professionals and volunteers – had to be mobilized. Even the most qualified responders, including highly-trained doctors and nurses from high-income countries, needed additional training to acquire the knowledge and skills to work safely and effectively responding to the dangerous disease within the context of West Africa. In ongoing, complex and protracted emergencies such as in Syria, where access by professional and trained response teams is hindered or limited, the health response is often implemented by NGOs and volunteers who need further support to gain the latest knowledge and skills to mount an effective response in very challenging and dangerous environments.

A major lesson learned from past emergencies is that even the most qualified personnel require learning and training accompanied by adequate operational support systems to equip themselves for 21st century emergencies.

Health emergencies of the 21st century are increasingly complex. The emergence of dangerous pathogens with epidemic and pandemic potential is rising along with the rapid globalization of travel and trade, and with major developments in technology. Natural disasters, humanitarian emergencies and epidemics are now increasingly occurring in urban settings where, for the first time ever in human history, more than half of humanity lives. This makes it even harder to respond to disease outbreaks, epidemics and other health emergencies. We are witnessing an increasing toll on human lives due to health emergencies. Many chronic humanitarian crises now require a complex set of interventions, demanding new competencies in response teams, to be delivered to millions of people who are dependent on external aid for even the most basic life needs.

Key to the new reality is the expectations of affected populations themselves. Regardless of where they live or their current socio-economic status, all countries and their peoples have a right to, and now demand, access to the best possible interventions in emergencies that increase the chances of their survival, including the highest possible levels of medical treatment and care, new medicines and vaccines. WHO is responding to the new demands of health emergency work in the 21st century with a bold vision that puts countries at the centre of the Organization’s work, has already transformed its work in emergencies and is now in the process of transitioning to a new era of emergency response.
of strengthening a new operations model that puts its vision into practice. In its next General Programme of Work (GPW13), the Director-General has committed the Organization to better protect 1 billion more people from health emergencies.

What is still missing is personnel, in sufficient numbers, who are trained according to modern standards and equipped to respond quickly and effectively in any emergency or event that threatens people’s health. Current expert networks exist, but these must be significantly augmented with national stakeholders, including Member States, NGOs, professional associations and volunteers. While WHO intensifies its support for strengthening national capacities, there is still a concurrent need for a system of solidarity and support that can mobilize teams from across the globe to support any country at short notice. These teams must, in line with the Organization’s vision for having an impact in countries, be operational, agile and adaptable. They also have to know how to operate safely and in a manner that does not put others in further danger.

This WHE Learning Strategy serves as the primary guide for defining the purpose, approach, structure, processes, roles and responsibilities related to WHE learning across the three levels of the Organization (global, regional and country levels). The learning strategy is a critical part of WHO’s commitment to developing a workforce of excellence. Overall, this learning strategy aims to strengthen WHO and its partners’ global emergency work and, in doing so, contribute to the GPW13 mission to “promote health, keep the world safe, and serve the vulnerable,” with a focus on impact at the country level.

The WHE learning strategy was developed in 2018 and will be piloted in 2019. It is intended to be progressively revised based on a two- (2) year cycle, with the revision process starting at the beginning of year two of the cycle. The two- (2) year learning strategy will be implemented based on an annual implementation plan that will be established six (6) months prior to the next implementation year.
2. FOUNDATION OF THE WHE LEARNING STRATEGY

2.1 Purpose and Scope of the WHE Learning Strategy

Purpose. The purpose of the WHE Learning Strategy is to support the development of a workforce of excellence at WHO so that the Organization and its partners have the requisite capacities and capabilities to prepare and respond to disease outbreaks, epidemics, pandemics and other health emergencies and to do so in a manner that places country impact at the centre.

Scope. This strategy has been developed for and specifically applies to WHE across the three levels of the Organization but is aligned with the strategic direction and policies of the entire WHO organization and the Organization’s GPW13 that implements the collective vision for global public health by all 195 Member States. The strategy also applies to all WHE personnel, partners, contractors and volunteers at the individual, team and organizational levels (country, regional and international levels).

2.2 Key Ideas in this Strategy

This strategy:

1. Seeks to instore and build up a culture of continued learning with WHE that involves all partners and stakeholders.

2. Adopts a competency-based approach to learning (specifying desirable behaviours in emergency work for already-established WHO competencies).

3. Introduces learning pathways for personnel depending on the roles they are expected to perform in health emergency work. Learning pathways will take personnel from their current capacity level to the level that can demonstrate desirable behaviours. The WHO transformation agenda foresees two pathways for career development: technical and leadership. For the WHE Learning Strategy, we have further divided the technical pathway into public health and operations. The leadership pathway remains as the third pathway. Personnel may change pathways with time but will be asked to follow a continuous development programme based on one of the paths initially.

4. Reinforces the reality that learning occurs through three main sources: formal training, relationships (mentoring, coaching and buddying) and on-the-job experience. Personnel will be offered a mix of these three main strategies to plot their selected learning pathway.

5. Commits to coherent, high-quality, coordinated and standardized learning and training activities to develop a workforce of excellence for health emergency work across the Organization and beyond.
6. Provides opportunities for **cost efficiency and real savings** in the learning and training work of the Health Emergencies Programme by eliminating duplicate, non-essential, and non-coordinated training activities.

See Companion Document 1 for the glossary of terms used in this document.

The strategy was developed under the WHE Training Task Team (TTT), together with external experts from the consulting company Global Emergency Group (GEG), who completed the following to shape the strategy:

- an analysis of the mapping of training within WHO;
- a review of training and learning in other agencies and institutions working in emergencies;
- a literature review of leadership training within UN agencies, NGOs, academia, etc.;
- extensive consultations across WHO and with key partners; and
- incorporation of inputs from 110 WHO training focal points convened under the TTT.

See Annex 1 for an overview of the consultation and design process for developing this strategy.

The strategy informs the development of all WHE learning activities, including, but not limited to:

- staff competency development (particularly related to the delivery of emergency health programming);
- training and other strategies for learning;
- career pathway advice, developmental assignments/deployments;
- coordination and management of learning; and
- the systems and processes designed to support WHE learning, and the allocation of resources for WHE learning.

The strategy references in its design and application the GPW13, the WHE Results Framework (2018–2019), the Human Resources Strategy (2014) and the Corporate Framework for Learning and Development (2014–2020). The strategy must be integrated into wider WHO initiatives, processes and systems, including the various initiatives related to the WHO emergency reform and the global health emergency workforce. It can, as relevant, inform learning strategies and training programmes for other programmes across WHO.

### 2.3 Goal

**Goal.** The goal of this learning strategy is to guide and inform the development of a workforce of excellence that optimizes WHO’s work in health emergencies and supports WHO in achieving the triple billion goal set in its 13th General Programme of Work.

### 2.4 Objectives

The following objectives will be utilized to achieve the above goal.

**Objective 1:** Create and maintain a comprehensive and innovative WHE learning programme.

**Objective 2:** Establish coherent and consistent approaches and standards for learning across the breadth of WHE work.

**Objective 3:** Identify, empower and prepare a WHE workforce of skilled, confident and qualified individuals and teams.

Activities to support the achievement of the objectives are defined in the WHE annual report.

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1. The Training Task Team was established by the Deputy Director-General of Emergency Preparedness and Response in October 2016 with the development of the learning strategy as a primary responsibility.


learning strategy implementation plan (see current version attached as Annex 2).

2.5 Minimum Standards for the Learning Strategy

At a minimum, the following quality standards will be applied to WHE learning:

- consistent utilization of and adherence to a WHE training cycle process (see Section 6.1);
- standardization of non-formal learning (social learning and experiential learning) as part of the learning package for individuals and teams;
- standardization of training curricula and materials;
- provision of tools for the assessment and tracking of competencies;
- a competent pool of training designers, facilitators and administrators to support a wide range of WHE trainings;
- a functional learning management system;
- a functional learning and training planning tool;
- adequate and predictable funding to support the strategy and its implementation;
- application of a quality management system (see Section 7.6); and
- annual application and biannual renewal of this strategy.

2.6 WHE Learning Principles

The following principles are fundamental to this strategy, its implementation and all WHE staff involved in learning at WHO.

- Learning is an integral component of WHO’s culture.
- Learning is required to fulfil WHO’s mandate and the increasing expectations of Member States and the peoples of the world.
- WHE recognizes that a commitment to learning is a defining characteristic of the high-performing emergency response organization that it strives to be.
- WHE supports a learning culture through the strategic investment of resources and effort (particularly staff time), and by setting accountability standards for supervisors to create an enabling environment for learning and development.
- WHE recognizes that learning is best viewed as a career-long process and not a one-time event. Dedicated training activities represent only one modality for learning; the WHE workforce can develop knowledge, skills and attitudes through informal as well as formal interactions. Organized training must be targeted at specific capability gaps and seek to accelerate, strengthen and consolidate the application of newly acquired learning to the real-world workplace.
- WHE also recognizes that individuals come from different learning backgrounds, learn at their own pace and have different learning styles. They therefore require exposure to different learning modalities.
- WHO seeks to increase learning opportunities for its staff, teams and partners. Increased accessibility, including language accessibility, and adaption to the learning needs and preferences of key stakeholders is of prime importance to WHE.
- Learning can be oriented to individuals and/or teams and joint interdisciplinary training is promoted to enhance interoperability and effective teamwork required in emergencies.
- Learning is a shared responsibility between the WHE workforce (personnel and supervisors) and the Organization. Learning specialists support a coordinated approach to learning within WHE.
- WHE learning should be purposefully linked to WHO Human Resources and particularly
career development best practices.

- Learning comes not just from training, but from experience on the job: The 70:20:10 Model for Learning and Development is a commonly used formula within the training profession to describe the optimal sources of learning. The model suggests that individuals obtain 70% of their knowledge from job-related experiences, 20% from interactions with others and 10% from formal learning events.

### 2.7 Target Audiences

The primary intended target audiences for this strategy are:

- WHE personnel (staff and contractors at the global, regional and country levels);
- WHE supervisors and management; and
- WHO personnel currently outside of WHE but who have volunteered to or are likely to be invited to act as the first line of reserve capacity for large-scale emergency response (internal rosters and networks).

Secondary audiences that will also benefit from this learning strategy include:

- WHE-affiliated global health workforce (candidates on WHO rosters, surge capacity, Standby Partners, networks, collaborating centres, etc.);
- international partners (including other UN agencies, the Red Cross and Red Crescent Movement, international NGOs, and academic or research institutions);
- professional associations;
- frontline workers (community health workers, medical and paramedical personnel); and
- volunteers.

The following audiences can access WHE learning courses and materials as reference for other ongoing capacity-building initiatives:

- national governments and their key partners; and
- civil society partners at the national level.

### 2.8 Linkages with the United Nations

This strategy directly links with and supports the Charter of the United Nations and the WHO goal of building a better, healthier future for people all over the world. The WHE Learning Strategy is intentionally aligned with the UN Core Values⁴ and UN Humanitarian Principles of Partnership⁵.

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3. WHE COMPETENCY FRAMEWORK

The WHE Competency Framework builds on the Enhanced WHO Competency Model and constitutes an essential component of the WHE Learning Strategy. This WHE Competency Framework develops more in-depth WHE-focused competencies that are currently considered essential for individuals and teams working in emergencies. WHE competencies are cross-cutting competencies that - to varying degrees - apply to all WHE human resources. These competencies build upon and enhance technical knowledge that experts acquired through their education and experience.

3.1 Purpose and Design of the WHE Competency Framework

The WHE Competency Framework is intended to focus attention on learning outcomes (as evidenced by desirable behaviours) especially tailored for health emergency work. A number of competencies have been selected from the existing WHO competency model and developed further. The model is designed to be the reference and guide for scoping, designing, delivering and targeting training, as well as for the assessment of learning outcomes/impact. Its primary purpose is to provide a succinct and targeted set of behavioural criteria, specifically applicable to staff working in WHE, in order to:

- facilitate WHE staff recruitment and team composition creation based on expected individual and collective team competencies;
- provide competency-based evidence that informs training design and assessment of the application of learning; and
- provide the basis to appraise and manage WHE personnel and team performance.

3.2 The WHE Competency Framework

A competency is the demonstrated ability (behaviours) to apply attributes, skills and knowledge. Thus, the WHE Competency Framework is based upon the following CASK model:

\[
\text{COMPETENCY} = \text{ATTRIBUTES} + \text{SKILLS} + \text{KNOWLEDGE}
\]

COMPETENCY FRAMEWORK

6. The main references used to develop the CASK model were the enhanced global WHO Competency Model, GOARN Competency Model, ISO 10015, Core Humanitarian Competencies Framework – Consortium of British Humanitarian Agencies, IFRC – Emergency Team Leader Competencies, IASC Humanitarian Coordination Competencies, and United Nations Human Resource Management – United Nations Competencies for the Future.

7. Knowledge is interpreted as being a combination of education, training and experience.
Attributes, skills and knowledge are the critical components of a competency. Behavioural indicators are descriptions of behaviours that provide evidence of the existence of a required competency. The WHE Competency Framework (see Companion Document) maps behavioural indicators to competencies in a Competency Matrix. This matrix is used to guide the development of learning and to assess levels of competence of trainees. Attributes, including technical expertise, are considered inherent in individuals as personal characteristics and thus are not included as areas in which WHE directly invests learning resources.

The following WHE competencies are highlighted as priorities for the current WHE emergency workforce. They are taken from the Enhanced WHO Competency Model but contextualized and expanded upon to meet WHE requirements related to the present WHE challenges of working in emergencies.

A. Technical competencies: Possessing and maintaining the highest levels of technical knowledge, skills and approaches for one’s respective area of expertise.

B. Behavioural competencies

1. Moving forward in a changing environment: Flexibility, agility and adaptability, situational awareness in diverse cultural environments, security, safety and duty of care, change management.

2. Operationalisation of Technical expertise: Technical leadership, information and planning, health operations, operations support and logistics, finance and administration.

3. Communications: Clear, based on listening, effective communication.

4. Teamwork: Building, nurturing and working in emergency teams.

5. Partnership: Building and promoting partnerships across the Organization and beyond, partner coordination.

In addition, personnel with management or leadership roles will need to have the leadership competency below.


All personnel, staff and those deployed under WHO’s flag will be required to demonstrate the core values of the UN – integrity, professionalism and fostering diversity. The WHE Learning Strategy will therefore integrate learnings about these values into all learning activities and events.

Competencies are demonstrated through behavioural indicators. Specific WHE behavioural indicators are described in Companion Document 2 according to the domain areas.
The 70:20:10 Model for Learning and Development is a commonly used formula within the training profession to describe the optimal sources of learning. The model suggests that individuals obtain 70% of their knowledge from job-related experiences, 20% from interactions with others and 10% from formal educational events. While the exact proportion of these three components can be debated, there is value in ensuring all three components are addressed in learning activities.

This does not reflect the number of hours or resources that need to be allocated for each type of learning but is rather taken as a mix of the three, all of which should be supported through the learning strategy.

4.1 Training (formal learning/EDUCATION)

This is the easiest to quantify and deliver, but often lacks focus on clear outcomes or impact. In the WHE Learning Strategy, training will be:

1. Based on WHE training quality standards (Section 6);
2. Evaluated at the end of each training, as well as 6 months and 12 months after the event (Kirkpatrick training evaluation model);
3. Based on achieving competencies identified for key functions, which are measured against behavioural indicators;
4. Offered as events in a learning pathway (public health, operations and leadership) selected for individuals and teams, with flexibility for movement between pathways with time;
5. Linked to career advancement and able to influence the assignment of development tasks/assignments and mobility;
6. Grounded in blended learning methodology, assigning much of knowledge transfer to flexible online learning, and skills acquisition and competency assessment to face-to-face trainings;
7. Based on the strict use of adult learning techniques;
8. Delivered by a pool of trained professionals – staff and service providers on long-term agreements;
9. Supported by quality checks and independent assessment of learning; and
10. Based on accreditation and certification as appropriate.

When designing a WHE training and its related curriculum, responsible WHE personnel should ensure that the current version of the WHE Competency Framework is applied. All WHE trainings should be a part of one of the three learning pathways and each learning event must correlate with one or more competency. Referring to the WHE Training Cycle (see Section 6.1), this would occur during Steps 1 and 2.

In terms of its applicability to formal training, there are two main options for how the competency framework might be utilized:

A) As “competency-based training” where participants are formally assessed against technical or behavioural criteria as a function of the specific training programme; or
B) As a reference point for analysing learning needs and defining learning outcomes within the training design phase.

Within the majority of WHE learning programmes, option B above is generally of most relevance. However, in readying personnel for field assignments and deployments, an assessment of suitability should be added using option A.

Training curriculum designers are therefore encouraged to review the competency framework to help identify and prioritize those behaviours that currently show gaps within the target training audience and use this as a checklist for ensuring key content is considered for inclusion as part of the training curriculum. Learning interventions may then be developed to specifically target these gaps.

It should be noted, however that a competency is not precisely the same as a learning outcome. Whereas the former is principally a performance management tool related to the workplace setting, the latter relates to the learning domain and is often much narrower in scope. A learning outcome can address specific components of a behaviour (competency) that need developing or refreshing through learning activities. Equally, a learning outcome can also address an underlying attitudinal or cognitive filter that may lead to that behaviour being acted out.

One interpretation of the conceptual relationship between competencies and learning outcomes is illustrated in the following diagram.8

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8. A similar model was utilized by the Standby Partner Training Secretariat.
4.2. Learning Relationships (social learning/EXCHANGE)

Coaching and mentoring are more formal ways to do this, but the “buddy system” for joint support and mutual learning is less resource intensive and just as useful, as well as essential for creating and nurturing the next generation of public health personnel and leaders for health emergency work. This category of learning in the WHE Learning Strategy will include:

1. The grouping (2–4 max) of WHE staff (initially a select number in the pilot stage and then a full roll-out) in the “Buddy Support System” (BSS) – See Annex 3;
2. The assignment of a staff BSS to ad hoc teams that are deployed in emergency response;
3. The initiation of the BSS for cohorts in pre-deployment trainings that will continue to mutually support deployees during deployments;
4. The development and regular training in the use of BSS tools and standard operating procedures;
5. Regular focus group discussions on the roll-out, effectiveness and review of the BSS; and
6. Linking the BSS to any formal mentoring and coaching services provided by the Organization.

4.3. Learning on the Job (experiential learning/EXPERIENCE)

Learning on the job, while accounting for the majority of professional learning, is informal, unstructured, not systematically reflected on, and often remains haphazard and unaccounted for. Its potential is vastly underestimated and unrealized. This category will include:

1. Identifying and supporting challenging job tasks and problem-solving;
2. Reflective practice (accompanied by tools for individuals and teams);
3. Documenting learning;
4. Regular presentation and discussion of experience and learnings to groups of peers and supervisors;
5. Writing about and publishing experience and learnings on internal and external fora; and
6. Periodically assessing future learning needs by taking stock of experience and proactively searching for opportunities to fill that gap.

This is in line with the WHO Human Resources Management Department’s developmental assignment initiatives.
WHE learning pathways are a critical component of effective learning, development and performance. The learning pathways provide WHE personnel and teams with an understanding of the pathways they can take as individuals and as teams to be part of the WHE workforce of excellence. Learning pathways will also allow WHE personnel to evolve along specific career paths by acquiring the required knowledge, skills and competencies to perform well in a given function.

5.1 Rationale for WHE Learning Pathways

WHO recognizes that each individual and team within WHE learns in a different manner, in her or his own way and pace. As such, WHE maintains a flexible approach to the creation of individual learning pathways, which may involve formal or informal activities. For example, learning may involve a mix of blended training, mentoring, academic degree work and/or on-the-job training. WHE learning pathways are therefore intentionally flexible and adaptable, allowing WHE personnel and teams to formulate activities that are appropriately suited to their levels of expertise, competence, priorities and resources. The common critical component is that each person and/or team working in emergencies in WHE needs to have a clear learning goal and direction, and make an informed and supported choice to take a particular route or path to achieve performance improvement. WHE (supervisors, colleagues and the WHE Learning Secretariat) and WHO Human Resources can then work with that individual and/or team to ensure that their learning path takes them to the desired performance destination. While linked to their overall career development, the WHE learning path is specifically focused on performance improvement.

5.2 WHE Learning Pathways Description

WHE personnel come to WHE with their own professional credentials, experience and skills in emergency work. Using this as a starting point, all WHE personnel begin their work at WHE by establishing a common core understanding of the WHE emergency work principles, approaches, systems, processes and language (please refer to section 6.4 for more details). The core WHE emergency training serves as the organizational foundation from which additional, more targeted learning can evolve. From that core understanding and foundation, three primary WHE learning pathways are defined:

- a) Public health in emergencies
- b) Emergency operations
- c) Leadership for emergency work

WHE personnel may choose to take more than one path and one path may overlap at times with other paths. This concept of a WHE learning pathway within one’s own career pathway is illustrated below.

Key components and considerations related to the WHE learning pathway are as follows:

- **Individual and team credentials, experience and skills:** It is expected that each individual comes to WHE with his or her own existing credentials, experience and skills according to specific areas of specialty and focus and level of competence. WHE will require that all related data be recorded within the WHE Learning Management System (see Section 8).

- **WHE emergency core:** The WHE core training will be defined in sections below for different categories of staff and personnel. This aims to provide all persons associated with WHO emergency work with a common understanding of WHO’s role in emergencies across the cycle, the required skills associated with specific roles, as well as responsibilities, attributes and a common language. It is designed for any affiliated WHE individual or team that may be involved in supporting or directly engaging in health emergency work in the field (country office level), or at regional or headquarters levels. This is the entry point for WHE emergency training that emphasizes a team-focused perspective throughout.
Three main learning pathways have been identified. Each learning pathway will have mandatory and optional trainings to support and prepare WHE personnel for successfully performing their emergency functions:

a) **Public health in emergencies**: The emergency public health learning pathway is for biomedical and technical personnel within WHE teams (e.g. doctors, epidemiologists, public health specialists, nurses, pharmacists, public health professionals). This pathway focuses on adapting existing biomedical and public health knowledge to the specificities of WHE-related systems, processes and ways of working. Specialist learning areas (e.g. infectious diseases, surveillance and data management, emerging and dangerous pathogens, public health in humanitarian settings, events and emergencies caused by contaminated food, chemical and radio-nuclear hazards, natural disasters, laboratory diagnostics, vaccinations, social mobilization, information management, data collection and analysis, risk reduction, risk management, application of the International Health Regulations, readiness, surveillance) are identified for specific types of candidates.

b) **Leadership for emergency work**: WHE is committed to ensuring that strong leadership drives its workforce of excellence. This learning path recognizes that leadership comes in many different forms, at many different levels, in different kinds of positions, and needs to be exercised by personnel bearing many different titles. While it focuses on leadership skills, attitudes and approaches needed for team leader positions, the leadership pathway is also open to other WHE personnel who have leadership responsibilities within a team. This pathway strengthens the competencies of personnel within the normative, technical support and preparedness functions, as well as those with an emergency response role. It prepares personnel to work in leadership positions within WHE, the WHO IMS, national Emergency Operations Centres and...
inter-agency coordination mechanisms (Inter-Agency Standing Committee, Global Outbreak Alert and Response Network, etc.), and will help personnel acquire and strengthen leadership competencies for day-to-day work within the Organization and with partners, Member States and key stakeholders.

This pathway will place special attention on identifying and managing the learning path of a cadre of future emergency leaders and nurturing them so as to create the next generation of WHO leadership in health emergency work, in addition to strengthening competencies in current leadership personnel.

c) **Emergency operations:** The important operations support pathway includes a range of specialty topics, such as partner coordination, logistics, supply chain management, planning, reporting, administration, finance, resource mobilization, safety and security, human resources, training, communication, technology and innovation, personal protection, physical and mental well-being, and personal and team safety. The operations learning pathway recognizes that, for WHE emergency health interventions to be successful, WHE must have the operational resources required to effectively deliver programming in a wide range of highly complex environments.

### 5.3 Linking with the IMS

Given the critical role that the IMS plays within WHE, it is essential that the learning strategy and related learning pathways take into account the functions included within the IMS. Under this strategy, IMS training will be a core flagship learning approach to induct personnel into health emergency response work under the WHO flag. Three tiers of certified IMS training are scheduled as follows:

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>Sensitization level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Online introductory course</td>
<td></td>
</tr>
<tr>
<td>• All personnel (standing and surge capacity)</td>
<td></td>
</tr>
<tr>
<td>• Entry level</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIER 2</th>
<th>Knowledge and skills transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Online and face to face + buddy system activated in face-to-face trainings</td>
<td></td>
</tr>
<tr>
<td>• All personnel currently working in response or likely to be called into a response</td>
<td></td>
</tr>
<tr>
<td>• Intermediate level</td>
<td></td>
</tr>
<tr>
<td>• Tier 1 completion is a prerequisite</td>
<td></td>
</tr>
<tr>
<td>• As Tier 2bis, IMS system function-specific training (with the same features as Tier 2 above) may be offered</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIER 3</th>
<th>Application of learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Face to face, in country or through simulations</td>
<td></td>
</tr>
<tr>
<td>• All relevant country personnel together with counterparts from the regional office and headquarters</td>
<td></td>
</tr>
<tr>
<td>• Advanced level</td>
<td></td>
</tr>
<tr>
<td>• Tier 1 and 2 (online) completion are prerequisites</td>
<td></td>
</tr>
</tbody>
</table>

### 5.4 Integration with WHO Human Resources, WHO Career Path and Emergency Reform

The strategy must be integrated into wider WHO initiatives, processes and systems, including the various initiatives related to the WHO emergency reform and the global health emergency workforce. WHO Human Resources is a critical interlocutor for this strategy and for ensuring that career pathways for WHE personnel are linked as relevant. The strategy references in its design and application the GPW13, the WHE Results Framework (2018–2019), the Human Resources Strategy (2014)9 and the Corporate Framework for Learning and Development (2014–2020), and the WHO mandatory mobility strategy that will be implemented from January 2019.

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As introduced in section 4, formal training, together with social and experimental learning, is one vehicle for learning. The following guidance will be utilized by all WHE entities when developing training and learning programmes in all three domains.

### 6.1 Defining the WHE Learning Cycle and Training Standards

The WHE Learning Cycle involves four (4) essential steps:

1. **GAP ANALYSIS**
   - Analyse WHE performance challenges and knowledge/behavioural gaps.

2. **DESIGN & PLAN**
   - Design and plan the learning intervention.

3. **DELIVER**
   - Deliver the training/implement the learning activity.

4. **MONITOR, EVALUATE & IMPROVE**
   - Monitor, evaluate and improve learning and behavioural impact.

See Companion Document 3 for a list of the key tasks associated with the four phases of the learning cycle and the corresponding standards for each stage.

### 6.2 WHE Trainer Capacity

WHE trainer capacity should be created, established and maintained to support a culture of excellence in WHE learning. This involves:

- Setting standards for trainers and facilitators so that they can: integrate adult learning theories into all learning material, event and activity development, and delivery; customize training packages and materials to suit the assessed learning needs of a specific audience; apply facilitation skills in a range of participatory training activities as well as learning reinforcement techniques; exchange constructive feedback with peers and course participants as a means for refining the content and methodology of a training intervention; and model a competent approach to dealing with training challenges, as encountered within participatory courses and workshops; and
- Establishing of a pool of WHE training facilitators and subject-matter specialists, and augmenting internal capacity through long-term agreements with external experts, partners and through collaboration with academia.

### 6.3 Health Emergencies Training Portfolio

The WHE training portfolio catalogue encompasses all internal trainings currently being conducted or under development that are highly relevant to WHE.

WHE commits with this learning strategy to organizing the training catalogue according to the learning paths identified in Section 5.

The WHE Learning Management Secretariat has responsibility for the establishment and maintenance of the WHE training portfolio catalogue to include internal and external trainings. An updated version of the training catalogue will be hosted on the WHE Learning Management System.

### 6.4 Learning Typologies in the WHE Training Portfolio

There will be several categories of training and learning for personnel working in emergencies delivered online, face to face, and through social and experiential learning approaches in the following domains:

- **Mandatory**: WHO 101, WHE 101, trainings related to UN core values, introduction to the IMS.
b. **Hazard-specific or disaster-cycle-based:**
Function-specific trainings related to emergency preparedness, response IMS Tiers 2 and 3, working in disease outbreaks, natural disasters, humanitarian crises and events caused by food, radio-nuclear and chemical accidents and incidents, working in countries in chronic crisis.

c. **(Pre-)Deployment:** Orientation trainings (ready), pre-deployment trainings (set), just-in-time trainings related to an event (GO), health and safety related to dangerous pathogens (ePROTECT), on-the-ground, real-time trainings related to functions during emergency response.

d. **Leadership:** Trainings for Incident Managers, IMS pillar leads, health cluster coordinators.

e. **Function-specific:** Clinical management, information management, surveillance and contact tracing, risk communication and community engagement, lab, nutrition in emergencies, logistics, planning, coordination, etc.

### 6.5 Pathway-specific Training and Learning

Based on this, a WHE Training Framework will be developed, providing personnel in each learning pathway and by target group with the list of mandatory trainings and a menu of optional trainings. Further elaboration on the WHE Training Framework is provided in *Companion Document 4*.

### 6.6 Experiential and Exchange Learning

The learning strategy will include the development of processes, tools, guidance and opportunities for experiential and exchange learning. This will include introductory trainings/briefings on the concepts of experiential and exchange learning (BSS), tools and processes for implementation, support for assessing learning, etc. It will be prioritized in a cohort of personnel who are identified as the “next generation of leaders” and will be implemented over a two-year period at minimum.

### 6.7 Refresher Training

WHE recognizes that learned skills can degrade over time and that knowledge of emergency health programming often requires regular or periodic updates to incorporate new developments in the subject matter. Establishing a cycle of refresher training is therefore an important consideration for WHE departments and training providers. Maintaining an up-to-date workforce may involve either full or partial repetition of earlier training activities according to the circumstances.

Determining the lifespan of each training product or intervention is a managerial responsibility and notably there is little hard science available to support training owners in making this decision. It is therefore recommended to apply a *reasonable* window of flexibility based on the following blend of factors:

- How degradable are the skills being taught?
- How often do trainees apply learned skills in the course of their workplace activities?
- How rapidly do the training contents, operational realities and organizational procedures evolve?
- What practical limitations (resource issues, personnel availability) may limit the organization of refresher programmes?

### 6.8 External Trainings

External trainings are important supplementary sources of capacity building for WHE deployable personnel and WHO partners. External trainings are assessed on a regular basis by the WHE Learning Secretariat to ensure that they meet WHE standards and needs. Additional information is provided in *Annex 4*.

Under this strategy, WHE will look at five types of collaboration with external training partners:

1. Collaborating with UN and operational partners to review each other’s trainings, ensuring fit for purpose for WHE learning needs, and nominating and supporting learners at each other’s courses that are assessed as relevant for WHE’s learning and training needs;
2. Collaborating with UN and operational partners to develop joint courses to address key learning gaps as identified;
3. Collaborating with relevant national agencies to develop joint learning activities and standardize core trainings, such as pre-deployment trainings;
4. Reviewing WHO collaborating centres and assigning new ones to support the implementation of this strategy and the delivery and assessment of learning and training activities; and
5. Working with professional associations and academic institutions to integrate core learning materials into their curricula and/or for professional certification purposes.
WHE organization-wide learning related to emergency work is to be strategically guided by the Senior Management Learning Board and coordinated by a WHE Learning Secretariat.

7.1 WHE Senior Management Learning Board
The Senior Management Learning Board (SMLB) ensures that the strategy direction aligns with WHO’s organizational vision. The Terms of Reference for the SMLB are included as Annex 5. Membership is comprised of the WHE senior management team (WHE Executive Director or Deputy DG+ Regional Emergency Directors).

7.2 WHE Learning Secretariat
The WHE Learning Secretariat is a dedicated full-time team that leads and coordinates WHE learning strategy development, review, piloting, implementation and monitoring of progress. It coordinates the learning strategy implementation with focal points across the Organization, manages information, communication, planning, resource mobilization and reporting, oversees the quality of flagship trainings, manages the online training platform, and, in addition, may lead on flagship training design and roll-out. Departments and units will be required to design and deliver function-specific training within the overall WHE Learning Strategy and standards, and to contribute to mandatory and other categories of training and learning. The Terms of Reference for the Secretariat are in Annex 6.

7.3 Learning Coordinators and Focal Points
Learning coordinator positions are based in the WHO Regional Offices as part-time assignments. For the AFRO and EMRO regions, due to the heavy workload related to emergencies in those regions, it is recommended for each to assign a full-time learning coordinator. Learning focal points are Country Office staff based in WHE priority countries who are responsible for ensuring that the Country Office learning activities are aligned with the WHE annual global learning implementation plan. Learning focal points in WHE departments work closely with the Secretariat to ensure coordination, coherence and quality.
7.4 Partner Roles and Responsibilities
Member States, other UN agencies, governmental agencies, inter-governmental agencies, international NGOs and national civil society organizations engaged in preventing and responding to public health emergencies can use WHE’s learning courses and materials. WHE partners are considered key stakeholders and their direct engagement and utilization of the strategy to advance common goals are key indicators foreseen for evaluating this strategy. A partner learning network is envisioned to support and facilitate both the continued improvement of this strategy and its application. In some cases, partner trainings may be recommended for WHE personnel.

7.5 Annual Strategy Implementation Plan and Joint Planning Approaches
The WHE Learning Strategy has an annual implementation plan developed by the WHE Learning Secretariat. The implementation plan is created through a joint planning approach that involves all three levels of the Organization (headquarters, regional offices and country offices) and key partners.

At least annually, one global meeting of all key stakeholders involved in WHE learning are brought together. Usually this takes place when the annual implementation plan is to be finalized and agreed upon.

7.6 Quality Management System
The WHE Learning Secretariat has overall responsibility for the WHE Quality Management System (QMS). This system documents processes, procedures and responsibilities for achieving learning strategy implementation quality. The WHE QMS has four main components related to learning: quality planning, quality assurance, quality control and quality improvement.

The WHE Learning Secretariat supports WHO headquarters and regional and country offices with all aspects of WHE quality management. The WHE Learning Secretariat coordinates, hires and guides staff, consultants and third-party providers involved with WHE quality management. Specific quality-management processes are to be established, maintained, utilized and monitored.

7.7 Non-Compliance and Consequences
The WHE Learning Secretariat will, on a regular basis (minimum of annually), report to the WHE Senior Management Learning Board detailing information related to non-compliance by WHE teams and personnel. The Senior Management Learning Board will then have responsibility for ensuring consequences related to non-compliance. Instances of non-compliance with the learning strategy may result in:

- loss of funding and other resource support to team learning activities
- WHE listing of teams or personnel who are in non-compliance
- recording such non-compliance in the performance assessment of the relevant officer
- disciplinary action by WHE Human Resources as per WHO rules and regulations.
8. **WHE LEARNING MANAGEMENT SYSTEM (LMS)**

8.1 **Definition of the WHE Learning Management System**

The WHE LMS is an organized method for managing the learning process within WHE. It includes, but is not limited to, the administration, documentation, tracking, reporting and delivery of learning activities. All data included within the LMS must be sorted for personally identifiable information (PII) and PII must be protected with secure access to the fewest number of people possible. The elaboration of such a LMS must be done in consultation and alignment with WHO corporate policies and tools as much as possible. The LMS must be linked to the internal SharePoint space for WHE – the Learning Resource Centre (LRC).

8.2 **Registration and Tracking Staff Participation**

The WHE Learning Secretariat will announce new learning activities and registration procedures through WHE all-staff emails, the LMS and the LRC. All learning activities of duration of more than eight (8) hours require authorization from an applicant’s direct supervisor. Some of the learning activities will be mandatory for WHE staff, some will be optional, while some may require an application and/or nomination. The LMS will clearly describe the learning activities according to these three categories. Fixed-term staff are entitled to, and encouraged to, take the 10 days paid study leave per year as allowed under current WHO rules.

The LMS will create a profile for all WHE staff or teams. All learning activities, from start to finish, will be tracked through the WHE LMS. WHE staff, supervisors, and learning activity designers or organizers will be able to access this information in real-time through the LMS.

8.3 **Assigning, Scoring and Recording**

**Assigning.** For mandatory learning activities, the LMS will be able to assign an activity to the WHE-affiliated workforce and/or teams. Automatic notifications via email will be made using the LMS. A person or team’s profile will reflect if they have been assigned a mandatory learning activity and their status of completion. Deployments of individuals and teams will require completion of all mandatory trainings.

**Scoring.** As appropriate and required, the affiliated workforce and/or team may be scored based on their learning activity performance. The LMS will have the capability to track and securely store these scores, which should also be available in WHO’s HR management solution, Stellis.

**Recording.** The LMS records according the following categories:

a) Training prior to employment with WHE  
b) Mandatory training  
c) Internal training (including eLearning courses)  
d) External training  
e) Participation in coaching or mentoring activities  
f) Other

WHE will develop a “learner’s passport” that records the steps that each individual takes down his or her learning path. This WHE passport would be issued once a learning pathway has been agreed upon with the staff member or compulsory trainings have been assigned. The passport will be maintained by the individual and will record the successful completion of specific learning activities.
8.4 Credentialing, Certification, Licensing and Accreditation

A credential is usually issued by a third party and is proof of an individual’s qualification in a specific subject. Depending on the subject matter, area of work, and location of the emergency public health work, a single or combination of the above elements (credentials, certificates or licenses) may need to be incorporated into the LMS. For certain WHE roles, certain credentials, certificates and/or licenses may be required. The LMS will both specify the credentials, certificates or licenses required, and determine if those registered in the system meet WHE requirements. The LMS will be a secure online system where affiliated workforce data (credentials, certificates and/or licenses) can be easily identified and referenced. The WHE LMS establishes the credentials, certificates or licenses that are needed for positions, and which staff do, or do not, have the required qualifications to fulfil that role. Re-credentialing, re-certification or re-licensing requirements and deadlines should also be maintained in the LMS.

8.5 WHE Knowledge and Information Management System for Learning

The LMS will include, or link to, a WHE knowledge management system. This system – the LRC, which is accessible to anyone with WHO credentials and hosted on the WHE SharePoint site – will contain a wide range of learning resource materials relevant to health emergency work, including:

- strategy documents, plans, standards, meeting records, etc.
- direct access to all relevant online eLearning courses on iLearn, OpenWHO and the Health Security Learning Platform (HLSP);
- learning materials delineated by area of specialty (cleared and in progress) and an overview and access to links to online sources of information;
- deployment documentation;
- emergency health tools;
- learning and training calendar;
- learning and training planning tool;
- database of external service providers on long-term agreements with WHO for fast-track contracting for activities;
- news on learning and training; and
- learning and training evaluations, reports and other documentation.

8.6 Linkages to External Learning

In case of use of external learning sources, the LMS will provide WHE-affiliated personnel with external learning portal pathways that they can use to complete the learning that has been assigned to or recommended for them.
9. FUNDING AND BUDGETING OF THE WHE LEARNING STRATEGY

9.1 WHO Commitment for funding the WHE Learning Strategy
WHE allocates 2% of its annual operating budget to learning strategy implementation. This allocated amount is then distributed on an annual basis by WHE management to prioritize learning activities. At a minimum, mandatory trainings must be fully funded on an annual basis. In addition, funding from projects that have explicit training/learning components will be aligned to contribute to the development of WHE competencies and will be required to meet training standards. Using online training as the primary vehicle for knowledge transfer and using mandatory and standardized training for different audiences and pathways, will create significant savings and will lead to better impact.

Finally, it is suggested to include the cost for the development of emergency training, learning and knowledge transfer materials for WHO and frontline responders into emergency appeals. Using an internal service provider (ISP) mechanism, WHE will be able to pool funding and make accessible knowledge and learning/training resources from across WHE (and beyond) for use in emergencies.

9.2 Budget Holder
The current budget holder for learning strategy implementation is the WHE Management and Administration department. The budget should be managed by the Manager of the Learning and Capacity Development unit within MGA, and supervised by Director MGA.

9.3 Allocation Centres
The budget holder has the authority to allocate funds for learning strategy implementation to non-HQ budget centres. Having said this, such allocations always need to be in line with approved learning strategy implementation plans. All allocation centres need to provide financial and technical reports to the budget holder for consolidation into donor and programme reports.
Several tools and resources need to be developed to help implement this strategy. These include, but are not limited to:

1. Behaviour mapping for key competencies for all WHE learning activities;
2. Standards for training, including trainer/facilitator standards;
3. A fully functional LRC (to access resources, planning tools, costing tools, and delivery tools for training and learning events), as well as a learning web-page on the WHO Internet that provides access to learning resources and information to partners and stakeholders;
4. A pool of trainers that meet the criteria set out in this strategy to deliver learning events of required quality, and a pool of learning experts (curriculum design, online learning experts, audio-visual learning experts) who are easily accessible to training organizers regardless of their location within the three levels of the Organization;
5. An online learning platform available to frontline workers, accessible as an App and in low bandwidth, with the ability to create real-time online training in local languages during emergency response;
6. Suitability for deployment assessment tools;
7. Evaluation of learning tools;
8. Coaching tools for the Buddy Support System (social learning or exchange learning);
9. Tools for codifying and internalizing learning on the job (experiential learning); and
10. A start-up work plan and budget for October 2018–December 2019.
11. COMPANION DOCUMENTS TO THE STRATEGY

1. Glossary
2. WHE Competency Framework
3. WHE Training Standards
4. WHE Training Framework

12. ANNEXES TO THE STRATEGY

There are six (6) annexes to this strategy. They are listed in the accompanying "Annexes" document.
A learning strategy to create a ready, willing and able workforce – a workforce of excellence – for health emergency work.
CONTENTS

DOCUMENT 1: GLOSSARY ................................................................. 2
DOCUMENT 2: WHE COMPETENCY FRAMEWORK ............................. 4
DOCUMENT 3: WHE TRAINING STANDARDS .................................... 8
DOCUMENT 4: WHE TRAINING FRAMEWORK ................................. 11
The following definitions are essential both in understanding and applying this learning strategy:

**Assessment.** Measures to gauge the performance of the participants for screening, human resources or performance management functions.

**Attributes.** Personal characteristics of individuals that reflect a person’s unique personal traits, are of genetic origin or acquired through one’s accumulated life experiences.

**Buddy Support System.** A system that pairs or groups learners to support each other through their selected learning activities and pathways, sounding out, coaching, mentoring and advising each other as needed, and maintaining confidences that are entrusted through the exchange. This system attempts to capitalize on the finding that people learn better through social exchange with trusted peers.

**Behavioural Indicator(s).** Examples of behaviours as to how the competency can be demonstrated and measured.

**Career Path.** A chosen route, taken by an individual, made up of a series of professional career choices and professional roles that allows him/her to develop professionally.

**Competency.** A blend of the attributes, skills and knowledge needed to complete a task, deliver an input, achieve an outcome or have an impact.

**Competency Framework.** A structured model which outlines and defines specific behaviours (knowledge, skills, experience, qualities) and responsibilities required for organizational roles in order to enhance overall performance.

**Coaching.** Coaching relates primarily to performance improvement (often short-term) in a specific skills area. The goals are typically set with or at the suggestion of the coach. While the learner has primary ownership of the goal, the coach has primary ownership of the process. In most cases, coaching involves direct extrinsic feedback (e.g. the coach reports to the coachee what he or she has observed). As compared to mentoring, coaching is task oriented (instead of relationship oriented) and shorter term (mentoring is longer term), and the line manager is a critical part of coaching (while in mentoring the manager has no relationship with the mentor).

**Evaluation.** Measures to gauge the relevance and effectiveness of the training/learning intervention.

**Experiential Learning.** The process of learning through experience, more specifically defined as “learning through reflection on doing.” Hands-on learning is a form of experiential learning, but does not necessarily involve students reflecting on their products.

**Knowledge.** The understanding of facts, truths and principles gained from formal training and/or experience.
**Knowledge Management.** The process of effectively capturing, distributing, and applying information and knowledge.

**Knowledge Transfer.** The process of ensuring that information and knowledge are packaged and transferred to the places and personnel who require them to complete a task or role, in formats and channels of the user’s choice. Training is just one approach used to transfer knowledge. In organizational theory, knowledge transfer is the practical problem of transferring knowledge from one part of the organization to another. Like knowledge management, knowledge transfer seeks to organize, create, capture or distribute knowledge and ensure its availability for future users.

**Learning Management System.** An organized method for managing the learning process within an organization, including administration, documentation, tracking, reporting and delivery of learning activities.

**Learning Pathway.** A chosen route taken by a learner through a range of learning activities that allows the learner to build knowledge progressively.

**Mentoring.** Mentoring relates primarily to the identification and nurturing of potential for the whole person. Mentoring involves a long-term relationship, where the goals may change but are always set by the learner. The mentor helps the learner to develop insight and understanding through intrinsic observation. As compared to coaching, mentoring is relationship oriented (instead of task oriented), longer term (coaching is usually shorter term) and the line manager of the mentee has no relationship with the mentor (while in coaching the line manager is often a critical partner in coaching).

**Quality Management System (QMS).** A formalized system that documents processes, procedures and responsibilities for achieving quality policies and objectives. The WHE QMS related to learning has four main components: quality planning, quality assurance, quality control and quality improvement.

**Skill(s).** The proficiency, facility, ability or dexterity to perform an activity (mental or physical) that is acquired or developed through training or experience which enables an individual to do something well.

**Social Learning Theory (Bandura).** Bandura’s Social Learning Theory posits that people learn from one another via observation, imitation and modelling. The theory has often been called a bridge between behaviourist and cognitive learning theories because it encompasses attention, memory and motivation.

**Strategy.** A specific plan of action, method or policy designed to achieve a long-term or overarching goal.

**Training.** Formal learning activities aimed at developing individual or collective skills, knowledge or experience in order to improve capacity, productivity and performance.
In addition to technical competencies in the area of responsibility, WHE personnel are required to acquire and develop the following competencies. Much of the learning activities implemented under the WHE Learning Strategy will be mapped and designed to strengthen these competencies.1

This shortlist of six core WHE competencies was developed from the WHO Competency Model, and reprioritized and elaborated upon using a consultative process during the design phase of the strategy’s development.

**Competencies for all WHE personnel**

<table>
<thead>
<tr>
<th>1. Moving forward in a changing environment</th>
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</thead>
<tbody>
<tr>
<td><strong>WHO definition:</strong> Is open to and proposes new approaches and ideas. Adapts and responds positively to change.</td>
</tr>
<tr>
<td><strong>WHE context:</strong> WHO emergency personnel1 must be able to effectively perform in rapidly changing, highly stressful and often insecure emergency contexts where natural and man-made hazards (including high-threat pathogens) pose threats to their own health and safety as well as the operation. WHE personnel will need to thrive in challenging and dangerous environments with a focus on emergency public health interventions that requires a great deal of flexibility, adaptability, resilience, innovation and entrepreneurial spirit in order to be successful. WHE personnel need to be situationally aware, have a good contextual understanding (of both the operational and political contexts) and be able to rapidly integrate into a diverse cultural environment. They must integrate into new teams and work with large numbers of partners and stakeholders. Many emergency environments that WHE personnel work in will be highly stressful and insecure with significant duty of care challenges. WHE personnel must be able to use best practices in risk management and make decisions based on a &quot;no regrets&quot; basis while understanding both their responsibilities in terms of duty of care to those people that they work with, as well as the organization that supports them.</td>
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<table>
<thead>
<tr>
<th><strong>Behavioural indicators</strong></th>
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<tbody>
<tr>
<td>1.A. Remains constructive and positive under stress, demonstrating ability to effectively manage stress during both working hours and off-duty hours; able to tolerate difficult and challenging emergency environments.</td>
</tr>
<tr>
<td>1.B. Demonstrates and models flexibility and adaptability in emergency situations when rapid change, extreme complexity and uncertain environments are the norm. Despite challenging emergency context, always informed by a focus on affected people and positive health outcomes.</td>
</tr>
<tr>
<td>1.C. Adapts readily, rapidly and efficiently to changing priorities and demands, all while rapidly integrating with new team members, stakeholders and partners in a multicultural environment.</td>
</tr>
<tr>
<td>1.D. Accepts risk in emergencies and demonstrates risk management capabilities (including risk identification, critical thinking ability and emergency context risk assessments).</td>
</tr>
<tr>
<td>1.E. Is receptive to new ideas, entrepreneurial, solution-oriented and proactive with innovative working methods that are relevant and useful in an emergency context.</td>
</tr>
<tr>
<td>1.F. Actively learns. Contributes proactively to real-time lessons learned that can be applied in the emergency context.</td>
</tr>
<tr>
<td>1.G. Actively supports WHE change management initiatives, including &quot;no regrets&quot; decision-making that calls for decisions to be made based on the information available at that time.</td>
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<tr>
<td>1.H. Maintains personal well-being and safety and duty of care of one’s self and others during working hours and non-working hours. Can recognize own stress levels and take proactive steps in emergency contexts to reduce stress. Adheres to security guidelines, rules, standard operating procedures and policies related to security, safety and duty of care.</td>
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</table>

1 Personnel refers to WHO staff, contractors and partner staff working on behalf of WHO.
2. Operationalisation of Technical expertise

**WHO definition:** Applies specialist and detailed technical expertise; develops job knowledge and expertise (theoretical and practical) through continual professional development; demonstrates an understanding of different WHO functional areas.

**WHE context:** WHE personnel are trusted to bring their technical expertise and excellence to a wide range of emergency contexts. WHE personnel regularly update their technical expertise and adopt cutting-edge practices that are essential for creating a workforce of excellence. An important part of being able to produce positive health outcomes is ensuring that WHE maintains the required skills and knowledge at the highest possible technical levels. Technical experts must understand and operate effectively in all-hazards emergency contexts, demonstrating knowledge of the international emergency response systems and disease outbreak environments. In many emergency contexts, WHE personnel may be filling a temporary gap in health services and systems. Thus, WHE personnel need to ensure that their emergency work reflects that reality, with a particular focus on empowering national partners, ensuring linkages to national health systems, sustainable recovery, emergency preparedness, capacity building and do no harm. WHE personnel work in emergency preparedness, response and recovery. During response, the WHE Incident Management System has six (6) critical functional areas: leadership, partner coordination, information and planning, health operations, operations support and logistics, and finance and administration.

**Behavioural indicators**

2.A. Communicates, collaborates and coordinates with national authorities, WHO partners and stakeholders for emergency work.

2.B. Able to apply technical expertise, practices and knowledge of WHO emergency public health interventions while adapting emergency public health advice to the context (ensuring that it is both technically and culturally appropriate, and suitable for the socio-economic context of the country).

2.C. Ensures that the best, most up-to-date, cutting-edge knowledge, practices and skills are brought to bear in public health emergencies while challenging current thinking when required.

2.D. Transfers knowledge, practices, behaviours, skills and appropriate tools to other emergency responders, national and international personnel, and volunteers, through the mutual provision of tools, training and expert guidance.

2.E. Uses data and evidence to support emergency public health interventions and decision-making that is solution-oriented, but is nevertheless able to take decisions even when information is incomplete, as is often the case in emergencies.

2.F. Contributes to innovation, research and data in an effort to constantly improve emergency public health interventions.

2.G. Promotes and exemplifies the highest professional and ethical behaviour and commitment to accuracy, precision and rigor in all decisions and communications, while also remaining practical in the emergency context.

2.H. Seeks to strengthen the capacity of partners (particularly national partners) to reduce, limit and finally withdraw WHO from its emergency support functions.

2.I. Appreciates and seeks to understand the functionality of other emergency technical expertise (from other sciences, including social sciences) outside of their specific area of work.
### 3. Communication

**WHO definition:** Expresses oneself clearly in conversation and interaction with others; actively listens. Produces effective written communications. Ensures that information is shared.

**WHE context:** WHO personnel must be able to provide clear, credible and trusted communications while ensuring that the voices of crisis-affected persons are incorporated and heard. WHE personnel are faced with challenging environments working with many team members they may not have worked with previously. In these challenging circumstances, WHE personnel will need strong communication and negotiation skills that can bring opposing opinions amongst a diverse array of stakeholders to an acceptable compromise.

#### Behavioural indicators

3.A. Actively listens and considers the perspectives and experiences of team members, Member States, partner stakeholders and affected communities.

3.B. Is concise, clear (without unnecessary use of jargon), timely, targeted (to the needs of different stakeholders), compelling and directive (when required) while being culturally adapted to the context. Adjusts communications as needed for specific target audiences (e.g. teams, partners, public).

3.C. Negotiates to a positive result for WHO and positive health outcomes to the benefit of those that the organization serves, while treating sensitive or restricted information as confidential.

3.D. Can clearly articulate WHO's mandate and functions in a compelling way that gives voice to WHO's values and work. Responds to media enquiries (per WHO rules and based on an understanding of WHO communications protocols) and health authority enquiries, respects the use of images related to crisis-affected communities (per WHO rules) and uses social media effectively (per WHO rules of engagement related to social media).

3.E. Contributes proactively to the flow of clear internal and external communications. Shares and requests appropriate information in a timely manner, using the most effective communication medium and language, according to need and in a culturally appropriate manner. Demonstrates ability to effectively contribute to and manage meetings.

3.F. Is analytical in thought and communications. Demonstrates capacity to capture (extract), summarize and apply relevant emergency information to inform evidence-based decision-making.

### 4. Teamwork

**WHO definition:** Develops and promotes effective relationships with colleagues and team members. Deals constructively with conflicts.

**WHE context:** WHE personnel will likely work with colleagues from a wide array of backgrounds, cultures, experiences, skill sets and roles. Team members will often change on a frequent basis, with team members fulfilling various functions within a team, often in roles that are different (above or below) their normal grade level. WHE emergency personnel need to be able to integrate rapidly into emergency work, build trust with fellow team members and quickly establish means to contribute positive, productive and effective ways of working together in a multicultural environment.

#### Behavioural indicators

4.A. Establishes and fulfils agreed ways of working, roles and responsibilities with team members. Demonstrates understanding of both individual roles within the team and collective team roles. Respects the chain of command within the team while also contributing to solution-oriented decision-making.

4.B. Actively contributes to the objectives of the team with a focus on and understanding of common goals, purpose, values and mission of the team.

4.C. Solicits input by genuinely valuing team members’ ideas and expertise; integrates as relevant this input into their own work; is willing to learn from others.

4.D. Shows they are a team player by working collaboratively, supporting fellow team members, building rapport and empowering others. Able to work cross-functionally as needed and go beyond one’s non-emergency functional role, status or grade level.

4.E. Seeks to build trust with team members and amongst the team. Accepts joint responsibility for team’s successes and shortcomings.

4.F. Contributes to the security, safety, well-being and duty of care amongst the team.

4.G. Identifies and addresses conflict proactively and can challenge others when appropriate and constructive. Acts bravely when needed and is sensitive to team members.

4.H. Demonstrates ability to work in a multicultural environment. Appreciates and respects cultural differences.

4.I. As a team member, manages oneself emotionally, mentally and physically so that he or she can be an effective contributor to the team.
### 5. Building and promoting partnerships across the Organization and beyond

**WHO definition:** Develops and strengthens internal and external partnerships that can provide information, assistance and support to the Organization. Identifies and uses synergies across the Organization and with external partners.

**WHO context:** Building and promoting partnerships is an essential aspect of WHE emergency work. WHE personnel and teams must coordinate with and support a wide range of partners’ in emergency public health work. Networks of partners and partnerships are mobilized for support. Coordination amongst and between WHO partners during emergencies is a critical component of WHO’s work in emergencies. In doing so, WHE personnel and teams can better access resources to the benefit of communities. WHE personnel develop and strengthen internal and external partnerships that can provide information, assistance and support to the emergency public health intervention. Capacity building of partners is a critical WHO function in emergencies. WHE personnel must identify and engage synergies across the Organization and with external partners.

#### Behavioural indicators

<table>
<thead>
<tr>
<th>Behavioural indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.A. Builds and leverages a wide range of partnerships and networks (including those in areas outside of WHO’s technical competencies) to the benefit of WHO emergency public health interventions.</td>
<td></td>
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<tr>
<td>5.B. Actively supports (including through emergency capacity building and in sharing of knowledge, skills, tools and practices) and promotes WHO partners for positive public health outcomes.</td>
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<tr>
<td>5.C. Proactively coordinates and collaborates with emergency public health partners. Actively convinces partners at the right levels and engages in joint decision-making where appropriate. Ensures that partners understand WHO’s role and objectives in public health emergencies.</td>
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<tr>
<td>5.D. Demonstrates knowledge of how best to engage partners while also promoting WHO’s position in health leadership.</td>
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<tr>
<td>5.E. Actively seeks to access new resourcing through partners to support WHO emergency health programming; shares credit with partners and stakeholders for collaborative work.</td>
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<tr>
<td>5.F. Seeks to learn from partners and apply other innovative ways of working to the benefit of WHO programming.</td>
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</table>

### 6. Leadership

**WHO definition:** Positions the Organization as a leader in health. Gains support for the Organization’s mission. Coordinates, plans and communicates in a way that attracts support from intended audiances.

**WHO context:** WHE leaders will have to build, manage and lead teams that are assembled rapidly and made up of personnel from a variety of backgrounds and experiences. They need to be able to work in and adapt to uncertain and rapidly changing situations whilst maintaining the highest professional standards and ensuring the well-being of their teams. They need to develop strategies in line with the Organization’s mandate for health emergency work, advocate and obtain internal and external support for WHE’s work, and be responsible for programmatic, human resources, financial and administrative aspects in areas under their responsibility.

#### Behavioural indicators

<table>
<thead>
<tr>
<th>Behavioural indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>6.A. Identifies and critically reflects on their characteristics and actions and is able to adjust their behaviour and leadership style accordingly; adapts their leadership style to address capacities of and challenges facing their team in a manner that ensures support and trust of team members.</td>
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<tr>
<td>6.B. Conducts themselves in line with WHO and UN guiding principles and values, humanitarian principles, international humanitarian law and related treaties, such as the International Health Regulations, and ensures that they are reflected in the behaviour and activities of the team.</td>
<td></td>
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<tr>
<td>6.C. Builds, develops and maintains an ad hoc team, ensures the equitable treatment of, safety of and support to team members whilst providing them with professional support and development, and ensures their safety and well-being.</td>
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<tr>
<td>6.D. Negotiates effectively for programme implementation and response operations, access to vulnerable communities, and respect and adherence to humanitarian principles and the requirements of the International Health Regulations, even in the face of opposition.</td>
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<tr>
<td>6.E. Plans and directs activities in a manner that achieves results for the Organization whilst taking into account legal and ethical principles, a holistic response and the sociopolitical context in which activities will be conducted.</td>
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<tr>
<td>6.F. Can provide a coherent vision of activities, identify and take strategic decisions, and delegate authority appropriately.</td>
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<td>6.G. Directs response activities in a manner that is consistent with the principles of the Incident Management System and in line with WHO’s Emergency Response Framework.</td>
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<tr>
<td>6.H. Creates strong relationships and partnerships with colleagues and external entities, represents the Organization with credibility and authority to promote its activities, and proactively anticipates and manages conflict.</td>
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<td>6.I. Continuously monitors risk to the work/operation and to the Organization, and proactively develops mitigating measures.</td>
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<tr>
<td>6.J. Is accountable and ensures that organizational requirements for human resources, financial and administrative management are followed.</td>
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<tr>
<td>6.K. Communicates with impact, is transparent and convincing for achieving the mission or programme objectives, and can communicate effectively with a range of stakeholders and audiences.</td>
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</tbody>
</table>

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2 Partners include Member States, national entities, civil society organizations, regional entities, donors, international organizations and other UN agencies.
The following guidelines will be utilized by all WHE entities when developing training programmes.

Defining the WHE Learning Cycle and Training Standards

Formal training, together with social and experimental learning, is one vehicle for learning. The following learning cycle applies to training and learning programmes in all three domains.

The WHE Learning Cycle involves four (4) essential steps:

1. GAP ANALYSIS:
   Analyse WHE performance challenges and training gaps – Analysis of the strategic issues and priorities, the performance gap, the causes of the gap and proposal of solutions to close the gap. Definition of the training needs (including selection of the individuals who have subject-matter expertise in the work), taking into account the performance gap (current vs desired) in the employee’s ability to perform the task.

   The WHE minimum standards for training gap analysis are:
   a) Completion of a WHE training gap analysis with findings and recommendations. Includes evidence that the question has been asked as to if training is the right method to address a learning gap, and how training will be embedded within a wider ongoing solution to the identified performance challenge.
   b) Creation of a brief WHE training concept note for any proposed new training intervention or revision to an existing training solution.

2. DESIGN & PLAN:
   Design and plan the training – Design and plan the training (includes identifying overall objectives and learning outcomes, identifying characteristics and existing abilities of the trainees, linking to relevant WHE competencies, and identifying organizational constraints and principles related to the training), select the training methods and training media, and develop a training programme (trainer and trainee materials, performance guides, performance tests, etc.). Content should be coordinated and harmonized across different training products to ensure cohesion among key themes.

   The WHE minimum standards for designing and planning training are:
   a) Articulation of the training curriculum in the form of overall objectives supported by specific knowledge, skill and attitude learning outcomes.
   b) Creation of a training agenda or storyboard that follows a logical and cohesive narrative.
   c) Identification of the most effective methods for delivery of the training that has considered a blended-methods approach with a focus on adult learning methodologies. Content vetting by subject-matter experts.
   d) Evidence of the vetting and sourcing of qualified training resource persons.
   e) Securing an appropriate and enabling training environment (workshop facility or online platform) at least one (1) month prior to the start date of the training.
   f) Incorporation of an evaluative component into the training design.
   g) Facilitation/moderation team is confirmed and contracted, with all logistic arrangements confirmed.
Step 3 – DELIVER:

Deliver the Training – Delivery of a high-quality training product that meets training objectives. Training delivery involves:

- **Facilitation**: Face-to-face WHE trainings are delivered by competent and pre-vetted training facilitators. Online courses are moderated by competent and pre-vetted moderators.
- **Incorporation of subject-matter expertise**: Inputs from subject-matter experts internal or external to WHE are integrated into the training delivery model.
- **Administration and logistics**: WHE trainings acknowledge that training administration and logistics is a critical component of successful training delivery.

The WHE minimum standards for delivering training are:

a) Facilitation/moderation team responds to the particular needs of a local delivery context by adjusting the training design accordingly.

b) Facilitation/moderation team engages the trainees in a learner-centred approach to ensure joint ownership of successful training outcomes.

Step 4 – MONITOR, EVALUATE AND IMPROVE:

Evaluate and improve the training – It is essential to WHE that the time and effort spent on training is evidence-based and leads to improved outcomes over time. To evaluate training outcomes, WHE applies a systems-based approach that builds upon recognized models as well as guidance contained in the document entitled “Evaluating Training in WHO,” and adapts these for the WHE context.

Specific reasons for evaluating training that are congruent to the WHE Learning Strategy include:

- tracking the development of people’s knowledge, skills and attitudes;
- identifying gaps and future needs in training activities;
- finding out what aspects of the training intervention are most relevant and effective for the training audience, and enhancing those that are not; and
- obtaining information on which to base future training plans and strategies.

WHE is committed to tailoring an evaluation approach and methodology for each training product that provides the appropriate degree of sophistication required by that product’s stakeholders. The approach should be forward-looking, not as an attempt to demonstrate cause and effect, but rather to guide modifications that further strengthen the training solution in the future.

To support the selected evaluation approach, training providers and workplace managers should gather evidence using tools and measures that are realistic and consistently achievable within the real-world context of emergency programmes. The below categories for data collection have been adapted to WHE needs and it is anticipated that a different blend of measures will be applied for each product.

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples of data collection tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures of reflection</td>
<td>- Immediate survey of trainees on the relevance and effectiveness of the training intervention&lt;br&gt;- Immediate comments and observations of the training teams&lt;br&gt;- Delayed survey of trainees following a period of time spent in the workplace (e.g. post emergency deployment)</td>
</tr>
<tr>
<td>Measures of learning</td>
<td>- Pre- and post-assessment of knowledge&lt;br&gt;- Pre- and post-assessment of skills</td>
</tr>
<tr>
<td>Measures of correlative behaviour in the workplace</td>
<td>- Integration of action plans based on training outcomes into workplace performance management systems&lt;br&gt;- Objective measures of performance in workplace competencies related to the training</td>
</tr>
</tbody>
</table>
Methods of training evaluation, technical support and tools are to be offered by the WHE Learning Secretariat on an as-needed basis.

The WHE minimum standard for monitoring, evaluating and improving training are:

a) Development of an appropriate evaluation framework for each training product.
b) Systematic collection of evaluation data using one or more measures consistently applied for each iteration of the training product.
c) Capturing evaluation data in a training report following each iteration.
d) Establishment of a curriculum review cycle that compiles trends in evaluation data over an appropriate period of time and informs recommendations for improving future training interventions.
e) Uploading monitoring and evaluation findings into the WHE Learning Management System (LMS).
f) WHE Learning Secretariat review and management response to the findings.

**WHE Trainer Capacity**

WHE trainer capacity should be created, established and maintained to support a culture of excellence in WHE learning. This involves:

a) Creation of trainer/facilitator requirements for face-to-face training interventions. WHE trainers should have the capacity to:
   - describe how adult learning theories can be applied to design high-impact training sessions;
   - customize training packages and materials to suit the assessed learning needs of a specific audience;
   - apply facilitation skills in a range of participatory training activities and learning reinforcement techniques;
   - exchange constructive feedback with peers and course participants as a means for refining the content and methodology of a training intervention; and
   - model a competent approach to dealing with training challenges as encountered within participatory courses and workshops.

b) Establishment of a pool of WHE training facilitators and subject-matter specialists.
c) Augmentation of external training capacity (e.g. consultancies, partners and academia).

**Online Learning**

Specific standards will be made available by the WHE Learning Secretariat to guide WHE departments and teams who are developing online learning. These will be:

1. Aligned with the above training standards
2. Adapted for online use
3. Specific for audio-visual products
4. Adjusted to the requirements of the online platforms that are being used.
The WHE Training Framework will include a fully elaborated mapping of trainings to update, enhance and maintain the technical, functional and behavioural competencies along each of the three learning pathways (public health, operations and leadership) for all core target groups.

**Mandatory WHE Trainings** *(to be adapted for each pathway)*

**A. For all WHO staff**
This learning strategy assumes that in case of a large emergency of public health concern, or a pandemic, the entire WHO staff body would be required to participate in the response. As such, the following mandatory online courses are required *(Level 1):*

- WHO 101
- WHE 101

**B. WHE staff, all Heads of WHO Country Offices, consultants who are in the Programme, secondees, the standing capacity (about 1000 personnel) regardless of which department they work in, and staff in priority country offices must complete the following online courses *(Level 2):*

- Level 1 courses
- IMS Tiers 1 and 2
- IMS Tier 3 for priority country teams and functional response networks
- Security and safety
- Preventing sexual exploitation and abuse
- Preventing harassment in the workplace
- Code of conduct
- Introduction to 21st century epidemics and pandemics
- Introduction to public health in humanitarian settings
- Introduction to the International Health Regulations (IHR)

**C. WHE staff, networks, collaborating centre personnel, consultants and candidates on WHE rosters who have been identified as potential deployees to emergency response missions must complete the following online courses *(Level 3):*

- Level 1 courses
- Level 2 courses
- Managing stress in emergencies
- Managing communication
- Working as a WHO deployee
- Working in multidisciplinary, multicultural and diverse teams
- Introduction to vSHOC

**+ Face-to-face trainings**
- Face-to-face components of Tier 2 training – Leadership and management modules
- Pre-deployment trainings *(Level 4):*
  - Communications essentials
  - Negotiation and conflict management
  - Information management
  - Public health pillars of response in epidemics and pandemics
  - Public health interventions in humanitarian crises
  - Interagency response and health cluster coordination
  - Simulation exercise
  - Participation in competency-based suitability assessment

**D. For teams, operations, project managers and leaders – Online trainings (Level 5):**

- Building and nurturing teams
- Joint planning in emergencies
- Team communication
- Managing conflict
- Giving and receiving feedback
- Assessing performance in emergencies
- Advocacy and communication skills for leaders
- Managing change
- Diversity and culture
E. Function-specific trainings (Level 6)
This list will be developed by technical teams, aligned with the learning pathways and build on entry-level qualifications to ensure sufficient competency levels are reached and that new knowledge and skills needed to work in emergencies are transmitted to personnel. These function-specific “technical” and “operational” trainings will be offered at introductory, intermediate (online) and advanced (face-to-face) levels. Examples of this could be trainings in logistics, clinical management, a specific epidemic-prone disease like Ebola, reproductive health in humanitarian emergencies, contact tracing, community engagement, etc.

These trainings will cover the full spectrum of preparedness, response and recovery, and will take a multi-hazard approach or hazard-specific approach.

F. Training during emergency response (Level 7)
During emergency response, there is a need to train response teams and volunteers on the essential package of knowledge contextualized to the response, to help them stay safe and effective, as well as transfer adapted skills to perform tasks in an emergency (e.g. safe and dignified burials, taking lab samples safely, clinical management in low-resource settings, management of dangerous epidemics, etc.)

This will be led by the WHE Learning Secretariat and will use eLearning, “live briefings” and face-to-face courses delivered directly by WHO and via operational partners as needed. Some of these real-time response trainings will be a prerequisite for deployment or assignment to the response.
A learning strategy to create a ready, willing and able workforce – a workforce of excellence – for health emergency work.
CONTENTS

ANNEX 1: HOW THIS STRATEGY WAS DEVELOPED ....................................................... 2
ANNEX 2: WHE LEARNING STRATEGY IMPLEMENTATION PLAN ................................ 4
ANNEX 3: BUDDY SUPPORT SYSTEM ................................................................. 7
ANNEX 4: EXTERNAL TRAININGS ................................................................. 8
ANNEX 5: TERMS OF REFERENCE FOR WHE SENIOR MANAGEMENT LEARNING BOARD .............. 9
ANNEX 6: TERMS OF REFERENCE FOR WHE LEARNING SECRETARIAT ............................ 10
In September 2017, WHO’s Deputy Director-General of Emergency Preparedness and Response, who heads WHE, assigned a small team of staff within WHO to comprise a Training Task Team (TTT). Their assignment was to come up with ideas for making training across WHE and the three levels of the Organization more coordinated, coherent and of high quality. It was felt that, while a large number of training activities were taking place across the Programme, they were not fully able to build the Organization’s capacity for effective health emergency work.

Under the leadership of the Director of Management and Administration for WHE, Ms Jen Linkins (who manages the portfolio on continuous business improvement for the Programme), the team was headed by Dr Gaya Gamhewage of the Programme. Together with one full-time staff and a small team of volunteers from WHE HQ, the TTT convened around 50 training focal points from HQ and regional offices in an initial joint planning workshop which produced an agreed-upon work plan for the TTT going forward. The priorities included:

1. The development of a learning strategy;
2. The development of a one-stop shop for internal users for training and learning: The WHE Learning Resource Centre;
3. The selection and contracting on long-term agreements of pre-assessed pools of experts and service providers to help technical teams improve the quality and effectiveness of their training activities;
4. Setting training standards; and
5. Supporting technical departments and regional offices in developing and delivering flagship trainings.

To move forward with development in a participatory manner with all relevant stakeholders, the TTT put into place several actions. First, it convened a working group from the TTT focal points to oversee the development of the strategy and ensure full consultation with stakeholders together with the TTT Secretariat. The TTT Secretariat hired through a competitive process an external service provider – Global Emergency Group (GEG) – which was experienced in developing learnings strategies with a focus on agencies working in emergencies. GEG was assigned to develop a framework for a strategy based on best practices and existing evidence. Following that, in January 2018, the process of developing the strategy itself commenced. The TTT commissioned desk and literature reviews and held consultations with external partners to develop material that fed into the strategy, in addition to the research and original work carried out by GEG.

A six-step process was developed following the steps below.

**ANNEX 1: HOW THIS STRATEGY WAS DEVELOPED**
1. **Inception** – During the initial project inception meeting with WHE, the overall project scope was discussed and agreed upon. A draft project plan was created with revisions made based on collected feedback and expectations. An inception report describing the methodology, approach and stakeholder analysis informed the start-up of this work. The first inception ideation meeting was held in Geneva on 21 March 2018.

2. **Design of Minimum Viable Product (MVP)** – A design-thinking approach that involved a critical mass of key stakeholders who were consistently contributing to the design process was used to include real-time feedback of piloted activities and monitoring and tracking of progress and alignment with current WHE ongoing training initiatives. The initial draft product (or a Minimum Viable Product) was designed based on feedback from Phase I of this work (conducted in 2017) and initial input for Phase II, and then presented to WHO stakeholders for input. After this initial MVP phase, additional input was provided at key junctures during the design process. Based on the input, the product was iteratively re-developed and presented again for input. This approach progresses with a continuous feedback loop until objectives are achieved and final products are approved. The MVP was completed and presented to WHO on 9 May 2018.

3. **Design Workshop(s)** – Design workshops were held to solicit additional input from May–September 2018. The first design workshop was held on 9 May 2018.

4. **Interviews and Input via Personalized Emails and Interviews** – Interviews (in-person and remote) and direct email correspondence was also solicited from a wide range of WHO stakeholders (approximately 50 persons). Subsequent designs of the learning strategy product were based on that input and referenced a comprehensive stakeholder analysis to prioritize stakeholder input.

5. **Design Adjustments** – Continual and real-time adjustments took place throughout the design process based on observation and feedback of the piloted activities.

6. **Testing, Application and Finalization** – Once the draft products were approved and agreed upon with key WHO stakeholders, they were then tested for usability and application within the actual WHE context.

A wide range of strategy development stakeholders, more than 75 persons representing HQ departments, all six regional offices and a small number of country offices, were directly involved, steered by the Strategy Working Group, convened and supported by the TTT Secretariat.

The first four drafts of the strategy were written by the GEG team. The final version was written by the Secretariat, led by Dr Gaya Gamhewage and Ms Melissa Attias.

The final version was circulated to the WHE senior management at HQ and all Regional Emergency Directors (REDs), as well as the extended TTT members (more than 100 staff and experts).
**ANNEX 2: WHE LEARNING STRATEGY IMPLEMENTATION PLAN**

To deliver the WHE Learning Strategy, it is critical that an annual implementation plan be created and delivered. Implementation planning and execution is a critical aspect of achieving the learning strategy’s goal. The following elements comprise the WHE Learning Strategy implementation plan:

**A. WHE Learning Strategy Goal:**
To guide and inform the development of a workforce of excellence that optimizes WHO’s work in health emergencies.

**B. Approach and Management:**
This implementation plan is utilized by the WHE Learning Secretariat and all WHE personnel involved in executing the learning strategy goal. The WHE Learning Secretariat has overall management responsibility for this implementation plan. It is the Secretariat’s responsibility to ensure that required stakeholders are incorporated both into the annual design of the implementation plan and its execution. This implementation plan should be submitted for approval a minimum of six (6) months in advance of the next year.

**C. Strategic Objectives, Responsibilities, Resources and Due Dates:**
The following framework is proposed and will be filled in once the strategy is approved.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Role/person(s)/division responsible</th>
<th>Resource requirements (level of effort in total days per year)</th>
<th>Resource requirements (funding)</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>MGA/HRD</td>
<td>25</td>
<td>Staff costs</td>
<td>20 December 2019</td>
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<td>1.2</td>
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**Strategic Objective #1**
Establish coherent and consistent standards for learning across the breadth of WHE work.
### Strategic Objective #2

Identify, empower and prepare a WHE workforce of skilled, confident and qualified individuals and teams.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Role/person(s)/division responsible</th>
<th>Resource requirements (level of effort in total days per year)</th>
<th>Resource requirements (funding)</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Establish the WHE Senior Management Learning Board</td>
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<tr>
<td>2.2</td>
<td>Establish the WHE Learning Secretariat</td>
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<tr>
<td>2.3</td>
<td>Establish a new mentoring and coaching programme within WHE, the Buddy Support System and a system for experiential learning</td>
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<tr>
<td>2.4</td>
<td>Create a new Learning Management System or adapt existing systems to meet WHE requirements</td>
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<tr>
<td>2.5</td>
<td>Create an annual learning budgeting process and ensure it is applied in advance of the next fiscal year</td>
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</table>

### Strategic Objective #3

Identify, empower and prepare a WHE workforce of skilled, confident and qualified individuals and teams.

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<thead>
<tr>
<th>Activity</th>
<th>Role/person(s)/division responsible</th>
<th>Resource requirements (level of effort in total days per year)</th>
<th>Resource requirements (funding)</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Use a gap analysis to identify priority WHE trainings for development</td>
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<tr>
<td>3.2</td>
<td>Create a new WHE emergency training development plan and portfolio with priority trainings</td>
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<tr>
<td>3.3</td>
<td>Create a new training facilitation resource pool (internal and external capacity)</td>
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<tr>
<td>3.4</td>
<td>Match the new facilitator resource pool with training delivery requirements</td>
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<tr>
<td>3.5</td>
<td>Develop the annual WHE training calendar</td>
<td></td>
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<tr>
<td>3.6</td>
<td>Establish mandatory WHE trainings with requisite resourcing and compliance</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Current Barriers to Implementation and Mitigation Measures:

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Mitigation measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge within WHO of the need for and the approach of the WHE Learning Strategy</td>
<td>WHE LS communications plan; use of the 100+ members of the TTT as champions and advocates</td>
</tr>
<tr>
<td>Continued debate as to whether or not to centralize training management and governance</td>
<td>Provide evidence (mapping and costing of current training) of the lack of cost-effectiveness and lack of impact of current approach to training and learning</td>
</tr>
<tr>
<td>Lack of resources for a centralized training function</td>
<td>Cost savings from the large amount of uncoordinated trainings currently; proactive resource mobilization</td>
</tr>
</tbody>
</table>

E. Alignment with WHO Human Resources:
The following steps are being taken to ensure that implementation of the WHE Learning Strategy is aligned with WHO Human Resources:

I. Involvement of WHO HR in the WHE Learning Strategy design process
II. HR representation on the WHE Senior Management Learning Board
III. WHO HR incorporation into the design of the annual implementation plan

F. Detailed Annual Budget:
To be filled in once the strategy is approved and the structure of the centralized training function is agreed upon.
The Buddy Support System is based on a model that is frequently used to integrate new staff into an organization or programme, or for existing personnel to be inducted into new jobs and assignments. It also builds on lessons learned from a previous system used in WHO’s Health Action in Crises work from 2004–2007.

The buddy system is defined as a cooperative arrangement whereby individuals are paired or teamed up and assume responsibility for one another’s welfare or safety. The system proposed for WHE recognizes we are social animals and that learning relationships (social learning or exchange) are an essential way of ensuring and maintaining learning.

Coaching and mentoring are more formal ways to do this, but the “buddy system” for joint support and mutual learning is less resource intensive and just as useful, as well as essential for creating and nurturing the next generation of public health personnel and leaders for health emergency work. This category of learning in the WHE Learning Strategy will include:

1. The grouping (2–4 max) of WHE staff (initially a select number in the pilot stage and then a full roll-out) in the “Buddy Support System” (BSS);
2. The assignment of a staff BSS to ad hoc teams that are deployed in emergency response;
3. The initiation of the BSS for cohorts in pre-deployment trainings that will continue to support deployees during deployments;
4. The development and regular training in the use of BSS tools and standard operating procedures;
5. Regular focus group discussions on the roll-out, effectiveness and review of the BSS; and
6. Linking the BSS to any formal mentoring and coaching services provided by the Organization.

ANNEX 3: BUDDY SUPPORT SYSTEM

Buddies in the Buddy Support System should:

A. Get to know their buddy/buddies:
   a. Get to know their buddy from a professional and personal perspective;
   b. Plan interactions regularly (face to face or virtually); and
   c. Take a psychometric test to gauge their own personal preferences for learning and day-to-day work (the Myers Briggs model is offered by WHO’s Human Resources Department), and share their debrief with their buddy.

B. Support learning and development:
   d. Work with their buddy to identify their own development and learning plans and look for commonalities where they can learn together;
   e. Support their buddy in learning activities; and
   f. Debrief one another on what they have learned through such activities.

C. Provide on-the-job support:
   g. Be a good listener (take the training on active listening if needed), letting their buddy “sound off” when needed in confidence;
   h. Advise and coach their buddy and help them problem-solve;
   i. Have regular contact with their buddy when he or she is deployed to emergencies for emotional and practical support; and
   j. Help their buddy reflect on the lessons learned from deployments, tasks, assignments or trainings.

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Desk reviews and communications with operational partners, national institutions and academia reveal a growing number and variety of trainings offered in the arena of health emergency work. The WHE Learning Strategy envisions further work to elaborate how WHO can assess these external trainings for the following purposes:

a. To fill a learning need for WHE – where we can send our personnel to fill a knowledge or skills gap in an external training;
b. To certify/accredit our personnel in an external training of high standing;
c. To collaborate with external entities for adapting their trainings to meet mutually beneficial results;
d. To collaborate with external entities to develop trainings jointly from scratch; and
e. To provide WHO experts for external trainings (in accordance with our rules and regulations) to add an essential dimension to a training that benefits global public health.

In order to develop a strategic and cost-effective approach to external trainings, the TTT will establish a Working Group (WG) on external trainings. The WG together with the TTT will map current trainings available, in the pipeline or proposed, and develop a set of criteria for engagement. Their work is expected to yield the following:

1. Mapping and strategic analysis of external trainings;
2. Principles for engaging with partners for training and learning;
3. A governance paper that takes into account WHO policy, legal, use of WHO logo and copyright considerations, the requirements of the WHO Framework of Engagement with Non-State Actors (FENSA), reputational risks to the organization and conflict of interest issues;
4. A visual guide for WHO departments, regional offices and personnel to understand the standard operating procedures for engagement in external trainings; and
5. Related tools and templates.

Annex 4:
EXTERNAL TRAININGS
The primary purpose of the WHE Senior Management Learning Board (SMLB) will be to provide oversight, governance and institutional support for all learning and training strategies and plans to ensure that personnel required for health emergency work are supported and developed to create a workforce of excellence through a coordinated, coherent and high-quality learning strategy and training framework.

The SMLB will be comprised of:

- the DDG of Emergency Preparedness and Response
- the Assistant Director-General of the WHO Health Emergencies Programme
- the Regional Emergency Directors
- the Directors of HQ WHE departments
- the Director of Human Resources or her delegate (observer).

The TTT will support the SMLB.

The main tasks proposed include the consideration and approval of:
1. The WHE Learning Strategy
2. Annual revisions to the WHE Learning Strategy
3. The implementation plan and budget
4. Annual review of progress
5. The structure and process of the Training Task Team/Learning Secretariat/Unit.
ANNEX 6: TERMS OF REFERENCE FOR WHE LEARNING SECRETARIAT

The WHE Learning Secretariat is a dedicated, full-time team that innovates, leads and coordinates a high-quality, fit-for-purpose WHE learning programme. It will act as an engine for bringing together different parts and levels of the Organization to optimize programme operations capacity to enable excellence in health emergency work, using learning, training and facilitation as key approaches.

At a minimum, the WHE Learning Secretariat is supervised and guided by a Director and is led by a senior staff in order to have the authority and credibility for a complex, cross-organization change initiative. The staffing profile and number will be decided at a later date.

Key tasks of the WHE Learning Secretariat

1. Provides innovation, leadership, policy and governance related to WHE learning and the development of a workforce of excellence:
   a. Acts as the Secretariat for the governance body of WHE learning – the Senior Management Learning Board (SLMB);
   b. Innovates to integrate learning and training approaches into strengthening WHE at the three levels of the Organization;
   c. Leads the WHE Learning Strategy implementation with focal points across the Organization, and manages its periodic review and updating;
   d. Works across the Organization to engage leadership and integrate WHE learning and capacity development into existing or revised organizational policies;
   e. Establishes governance for WHO’s participation in and collaboration with external training entities in line with WHO policies, rules and procedures and respecting the Framework of Engagement with Non-State Actors (FENSA); and
   f. Identifies, pilots and enables the use of new technology and innovative solutions to mitigate management challenges for WHE.

2. Provides coordination and quality assurance of WHE learning and training:
   a. Develops and ensures the use of a quality management system;
   b. Maps and monitors learning and development activities across the Programme to identify synergies and cost-effectiveness, and to enhance quality to new agreed-upon levels;
   c. Centralizes and manages information sharing and coordination through a single Learning Resource Centre for use by all staff for learning and training, including an up-to-date training calendar, pools of experts, learning material under development and links to all online trainings;
   d. Sets standards for WHE learning, training and capacity development activities, and advises and guides technical teams on their use; and
   e. Establishes certification and credentialing for key roles in health emergency work for WHO and ensures their rollout.
3. Establishes a programme that focuses on competency-based learning and development:
   a. Develops a competency framework for all WHE learning activities and uses the framework for suitability assessment for assignments and deployments;
   b. Develops a training framework according to target audience and learning pathways and develops a mechanism for implementation and training others in its use; and
   c. Develops and manages a programme to nurture and develop the next generation of competent WHE leaders.

4. Manages and enables the WHE learning work plan implementation within the overall Programme:
   a. Leads planning, resource mobilization and reporting;
   b. Manages information on training and learning;
   c. Manages ad hoc working groups on key issues;
   d. Screens and creates pools of pre-assessed, qualified and pre-cleared service providers for use by WHE for learning and training; and
   e. Manages external experts and service providers for implementation of core work as needed.

5. Provides direct support for priority learning, training and developmental activities and events for the Programme, prioritizing those that bring the three levels of the organization together, and those that are identified as mandatory learnings:
   a. Designs and facilitates key learning, planning, training and developmental events as assigned by the senior management team (HQ and regional offices);
   b. Oversees and/or directly provides expertise for developing and delivering flagship events and pilot trainings;
   c. Proactively expands and services partnerships and collaborations internally and externally, and engages key stakeholders in support of WHE learning and training;
   d. Manages the online training platform and ensures quality control of WHE eLearning activities and exercises;
   e. Develops tools, resources, templates and standard operating procedures to ensure stakeholders across WHE are able to continue to run their own trainings to the expected standard set out in the strategy; and
   f. Strengthens the capacity of technical and regional teams to develop, deliver and assess learning and developmental activities through trainings of trainers and the introduction of new tools and resources.

6. Provides partnership and stakeholder management:
   a. Leads internal and external communication and advocacy for learning and training for WHE;
   b. Develops and implements a stakeholder engagement strategy to interact effectively with all related stakeholders and partners related to WHE’s learning and development activities and grow the network of collaborators and contributors to WHE in this area; and
   c. Develops innovative mechanisms to keep stakeholders engaged and contributing.

Departments, units and regional offices will be required to continue in their training and capacity-building activities in line with the overall WHE Learning Strategy and standards, and with the support as described above of the Learning Secretariat.