



# WHE Learning Strategy

## WHO HEALTH EMERGENCIES PROGRAMME LEARNING STRATEGY

OCTOBER 2018

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



World Health  
Organization



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– a workforce of excellence – for health emergency work

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# EXECUTIVE SUMMARY

## WHO Health Emergencies Programme Learning Strategy

**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 adopts a competency-based approach to learning and uses three interconnected learning pathways for leadership, public health and operational streams that can be crisscrossed by personnel.

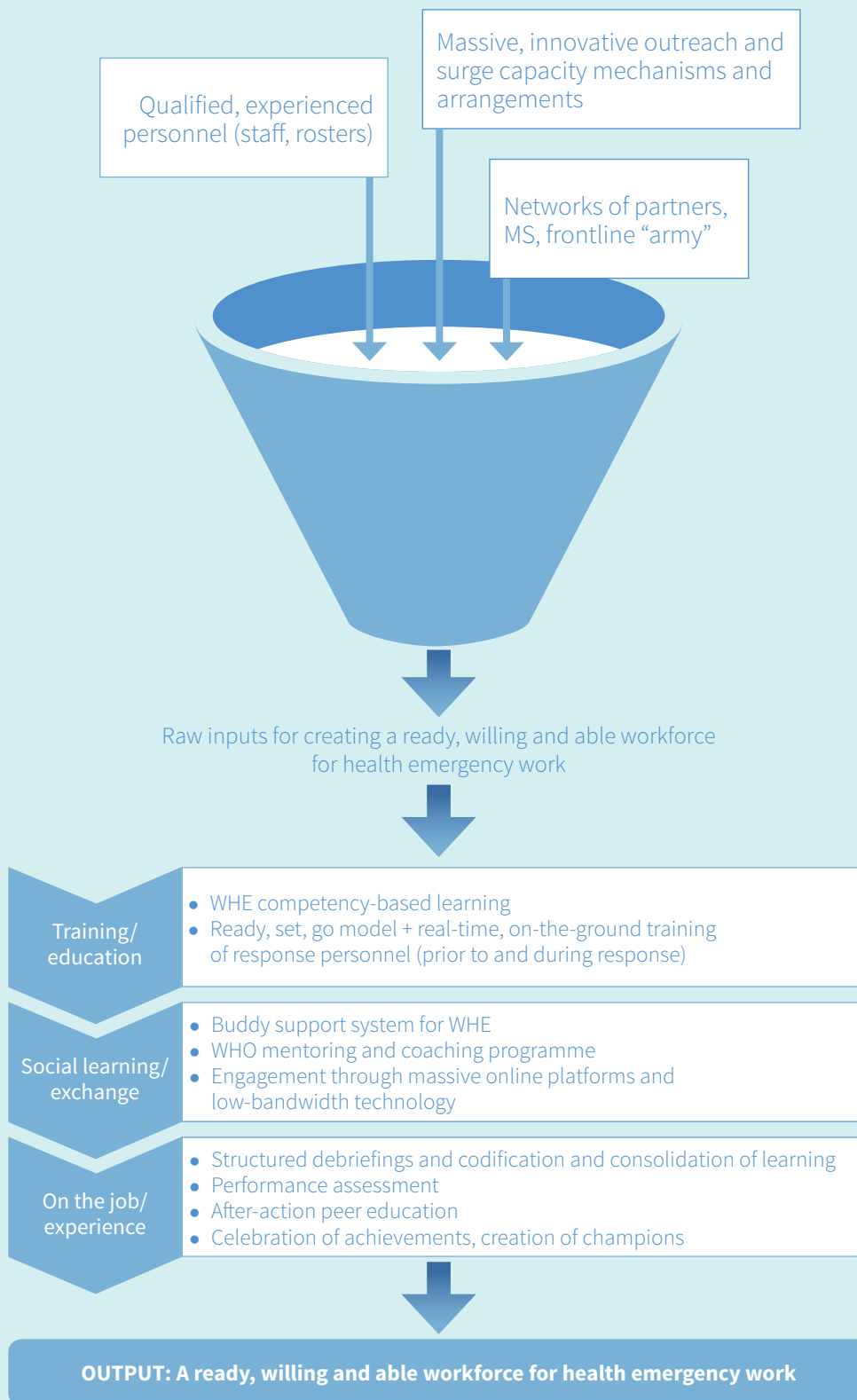
The strategy reinforces and builds on the reality that learning occurs through three main avenues: formal training or **education**, relationships (mentoring, coaching and buddying) or **exchange**, and on-the-job **experience**. Personnel will be offered a mix of these three main strategies to plot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



# 1. SETTING THE SCENE

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## **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 21<sup>st</sup> century emergencies.

Health emergencies of the 21<sup>st</sup> 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 21<sup>st</sup> 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



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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

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### 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.

The approach taken in the strategy is to ready personnel (including staff, roster candidates, networks and partners) through modern techniques of knowledge and skills transfer, ensure they are motivated and willing to work in the challenging environments of emergencies and epidemics, and enable their work through modern business processes and tools so that the expectations of Member States and key stakeholders are met for reducing avoidable death, disease and socio-economic loss during health events and emergencies.

**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)<sup>1</sup>, together with external experts from the consulting company *Global Emergency Group* (GEG)<sup>2</sup>, 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)<sup>3</sup> 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

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.

2. <http://www.globalemergencygroup.com/>

3. With a particular emphasis on Pillar 2 in the Human Resources Strategy.

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 Values<sup>4</sup> and UN Humanitarian Principles of Partnership<sup>5</sup>.

4. United Nations. 2017. "United Nations Competencies Booklet." [https://careers.un.org/lbw/attachments/competencies\\_booklet\\_en.pdf](https://careers.un.org/lbw/attachments/competencies_booklet_en.pdf)

5. Global Humanitarian Platform, 2007. "Principles of Partnership." <https://www.icvanetwork.org/system/files/versions/Principles%20of%20Partnership%20English.pdf>

# 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

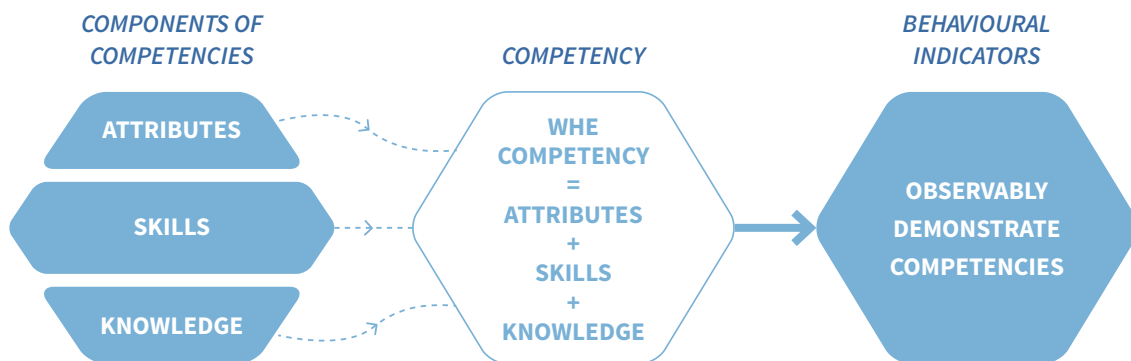
designed to be the reference and guide for scoping, designing, delivering and targeting training, as well as for the assessment of learning outcomes/ impact. Its primary purpose is to provide a succinct and targeted set of behavioural criteria, specifically applicable to staff working in WHE, in order 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:<sup>6</sup>

**COMPETENCY = ATTRIBUTES + SKILLS + KNOWLEDGE<sup>7</sup>**



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.*

6. **Leadership:** *Leadership, vision, empowering others, building trust, managing performance, judgement and decision-making.*

**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.

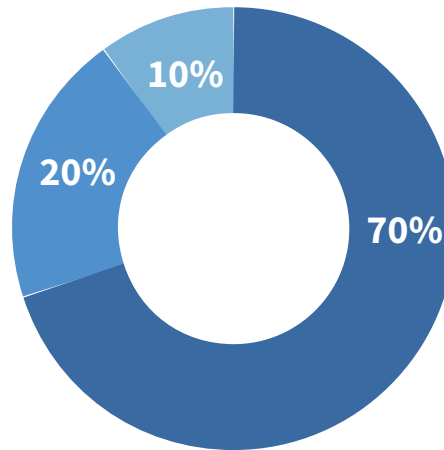
Competencies are demonstrated through behavioural indicators. Specific WHE behavioural indicators are described in *Companion Document 2* according to the domain areas.

# 4. A PRAGMATIC APPROACH TO LEARNING

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.

## LEARNING AND DEVELOPMENT (70/20/10)



**70%**  
LEARNING ON THE JOB  
Challenging tasks  
Job swaps  
Project Networking

**20%**  
LEARNING THROUGH RELATIONSHIPS  
Coaching Mentoring  
Direct Feedback  
Self Development

**10%**  
LEARNING THROUGH TRAINING

### 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;

## COMPONENTS OF THE WHE LEARNING STRATEGY





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:

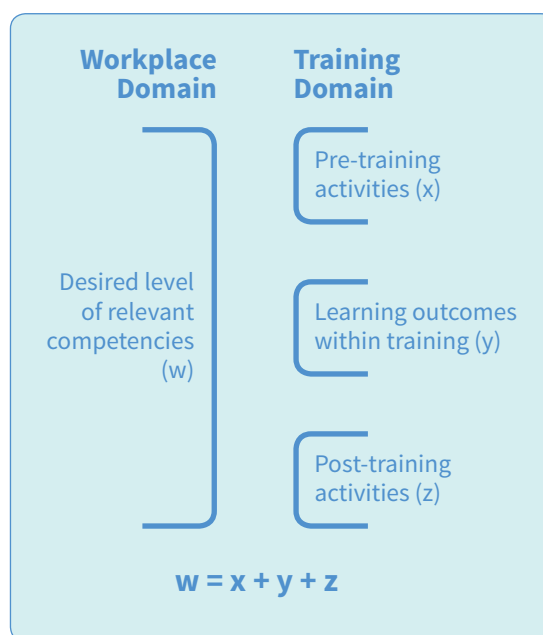
- A) As “competency-based training” where participants are formally assessed against technical or behavioural criteria as a function of the specific training programme; or
- B) As a reference point for analysing learning needs and defining learning outcomes within the training design phase.

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.<sup>8</sup>



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.

# 5. WHE LEARNING PATHWAYS

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**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

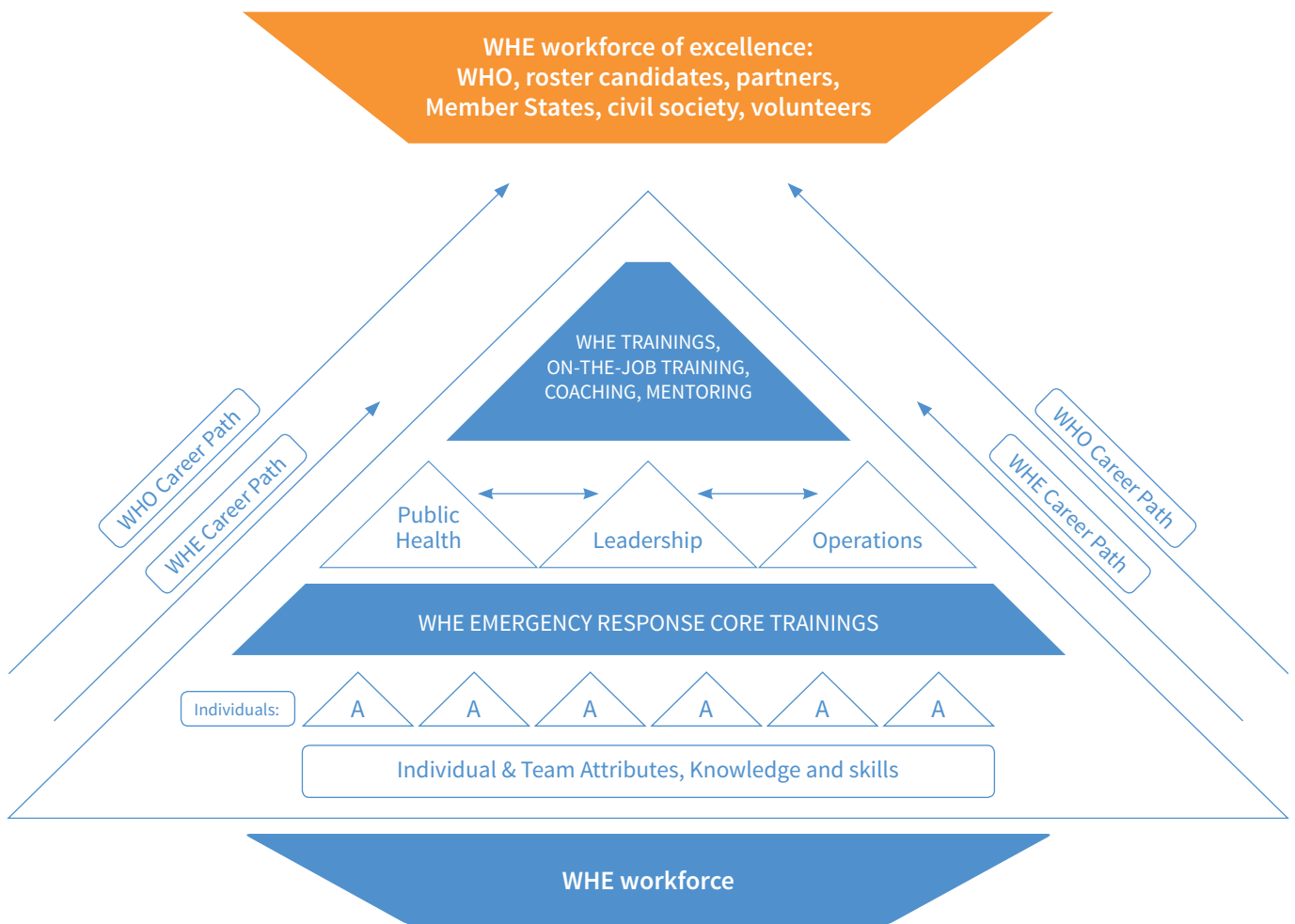
common core understanding of the WHE emergency work principles, approaches, systems, processes and language (please refer to section 6.4 for more details). The core WHE emergency training serves as the organizational foundation from which additional, more targeted learning can evolve. From that core 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

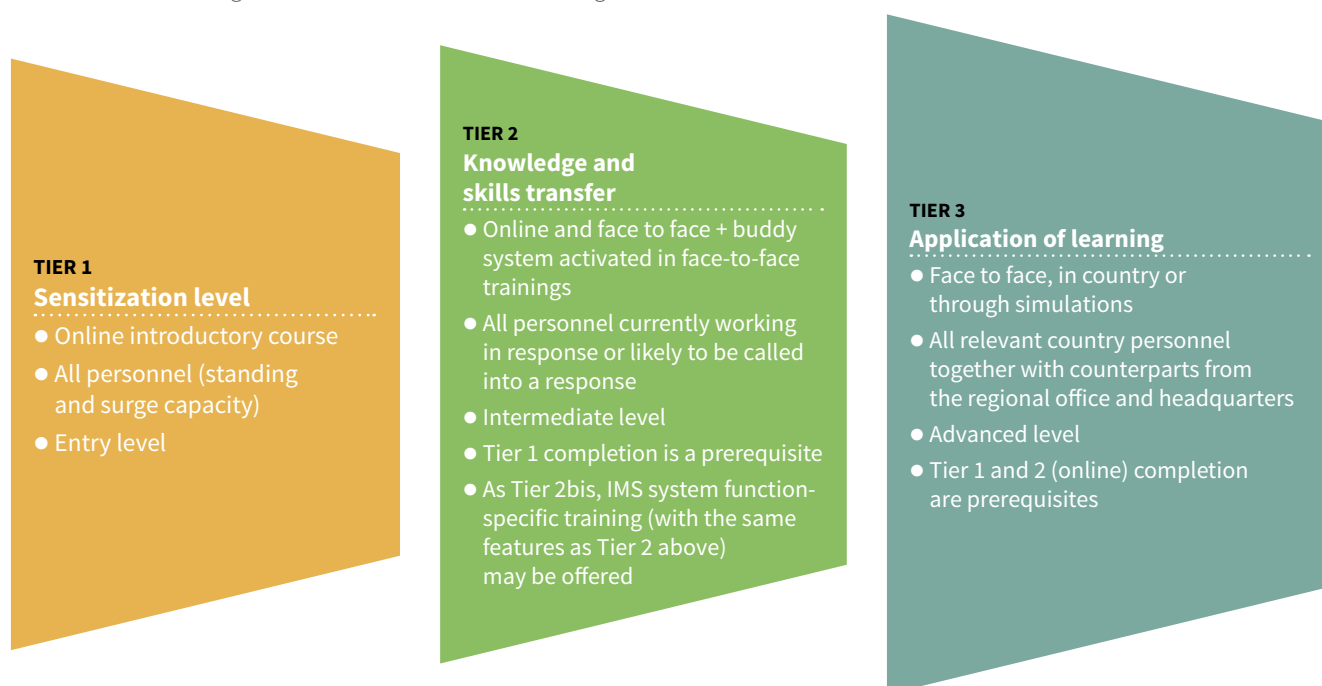
inter-agency coordination mechanisms (Inter-Agency Standing Committee, Global Outbreak Alert and Response Network, etc.), and will help personnel acquire and strengthen leadership competencies for day-to-day work within the Organization and with partners, Member States and key stakeholders.

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:



### 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)<sup>9</sup> and the Corporate Framework for Learning and Development (2014–2020), and the WHO mandatory mobility strategy that will be implemented from January 2019.

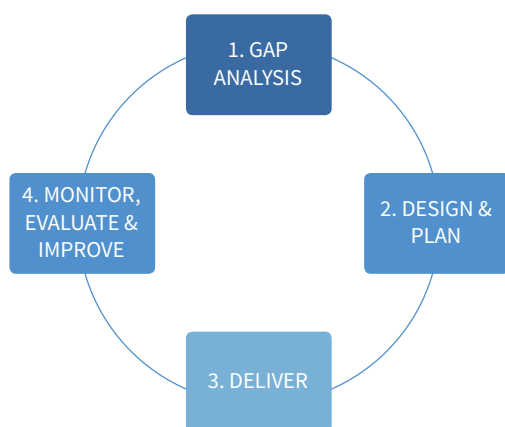
9. With a particular emphasis on Pillar 2 in the Human Resources Strategy.

# 6. WHE TRAINING STANDARDS

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<sup>10</sup>

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



**STEP 1 – GAP ANALYSIS:** *Analyse WHE performance challenges and knowledge/behavioural gaps.*

**STEP 2 – DESIGN AND PLAN:** *Design and plan the learning intervention.*

**STEP 3 – DELIVER:** *Deliver the training/implement the learning activity.*

**STEP 4 – MONITOR, EVALUATE AND 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:

<sup>10</sup> The WHE training standards are derived from a desk review of existing learning and training standards within WHO and external organizations, and with reference to existing ISO standards, which was conducted by the TTT from March to April 2018.

- a. 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
- b. 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:

- a. **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.

# 7. WHE LEARNING GOVERNANCE AND MANAGEMENT

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**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

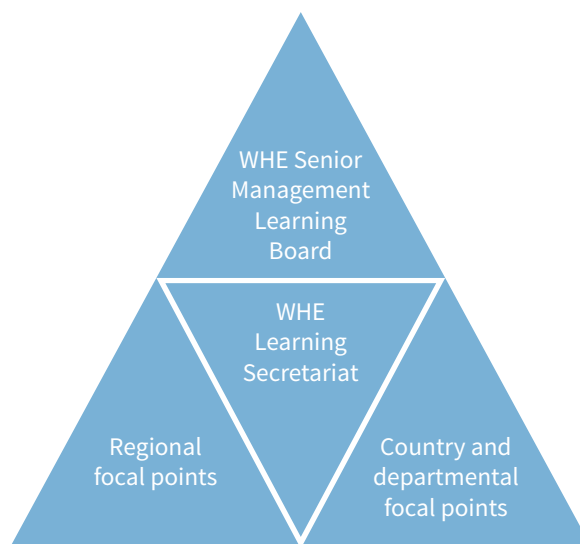
The Senior Management Learning Board (SMLB) ensures that the strategy direction aligns with WHO's organizational vision. The Terms of Reference for the SMLB are included as *Annex 5*. Membership is comprised of the WHE senior management team (WHE Executive Director or Deputy DG+ Regional Emergency Directors).

## 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)

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## 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

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## 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 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.

# 10. ASSOCIATED TOOLS TO OPERATIONALIZE THE STRATEGY

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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

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

# 12. ANNEXES TO THE STRATEGY

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There are six (6) annexes to this strategy. They are listed in the accompanying “Annexes” document.



