Companion Documents

WHO HEALTH EMERGENCIES PROGRAMME LEARNING STRATEGY

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

OCTOBER **2018**

World Health Organization

CONTENTS

DOCUMENT 1:
GLOSSARY

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 rela-

tionship 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.

DOCUMENT 2:
WHE COMPETENCY FRAMEWORK

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

1. Moving forward in a changing environment
WHO definition: Is open to and proposes new approaches and ideas. Adapts and responds positively to change.
WHE context: WHO emergency personnel[1] 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 "no regrets" 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.
Behavioural indicators
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.
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.
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.
1.D. Accepts risk in emergencies and demonstrates risk management capabilities (including risk identification, critical thinking ability and emergency context risk assessments).
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.
1.F. Actively learns. Contributes proactively to real-time lessons learned that can be applied in the emergency context.
1.G. Actively supports WHE change management initiatives, including "no regrets" decision-making that calls for decisions to be made based on the information available at that time.
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.

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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.

WHE 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[2] 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

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.

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.

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.

5.D. Demonstrates knowledge of how best to engage partners while also promoting WHO's position in health leadership.

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.

5.F. Seeks to learn from partners and apply other innovative ways of working to the benefit of WHO programming.

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 audiences.

WHE 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

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.

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.

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.

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.

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.

6.F. Can provide a coherent vision of activities, identify and take strategic decisions, and delegate authority appropriately.

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.

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.

6.I. Continuously monitors risk to the work/operation and to the Organization, and proactively develops mitigating measures.

6.J. Is accountable and ensures that organizational requirements for human resources, financial and administrative management are followed.

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.

2. Partners include Member States, national entities, civil society organizations, regional entities, donors, international organizations and other UN agencies.

DOCUMENT 3:
WHE TRAINING STANDARDS

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:
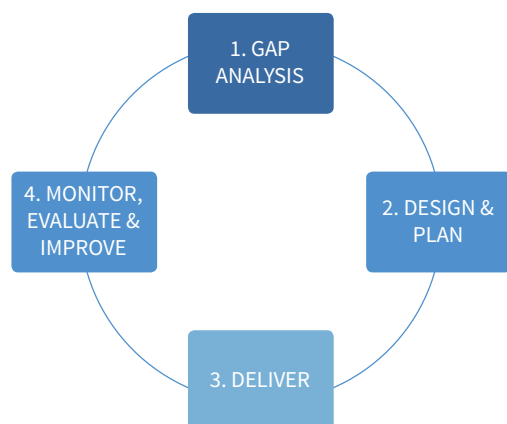
For each step in the cycle, the WHE minimum listed standards will apply.

Step 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.

Step 2 – DESIGN AND 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.

Category	Examples of data collection tool
Measures of reflection	- Immediate survey of trainees on the relevance and effectiveness of the training intervention - Immediate comments and observations of the training teams - Delayed survey of trainees following a period of time spent in the workplace (e.g. post emergency deployment)
Measures of learning	- Pre- and post-assessment of knowledge - Pre- and post-assessment of skills
Measures of correlative behaviour in the workplace	- Integration of action plans based on training outcomes into workplace performance management systems - Objective measures of performance in workplace competencies related to the training

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.

DOCUMENT 3:
WHE TRAINING FRAMEWORK

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 to 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.