



# Companion Documents

## WHO HEALTH EMERGENCIES PROGRAMME LEARNING STRATEGY

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



World Health  
Organization



# CONTENTS

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DOCUMENT 1: GLOSSARY .....	2
DOCUMENT 2: WHE COMPETENCY FRAMEWORK.....	4
DOCUMENT 3: WHE TRAINING STANDARDS.....	8
DOCUMENT 4: WHE TRAINING FRAMEWORK.....	11

# DOCUMENT 1:

## GLOSSARY

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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.

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**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

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**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.<sup>1</sup>

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
<p><b>WHO definition:</b> Is open to and proposes new approaches and ideas. Adapts and responds positively to change.</p> <p><b>WHE context:</b> WHO emergency personnel<sup>1</sup> 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.</p>
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.

<sup>1</sup> 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.

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