

Digitalizing WHO's Health Emergency Leadership Training During the Pandemic

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Abstract. The WHO Health Emergencies Programme combined online tools with adult learning techniques to develop an innovative online leadership course. A combination of self-paced learning and online classes were used to deliver skills-based leadership training tailored to public health staff working in emergency response roles. Although using an online approach was considered a temporary solution to counter travel restrictions during the pandemic, the advantages have challenged preconceptions that effective learning, networking and peer exchange for leadership can only be achieved through face-to-face learning.

Keywords. Capacity building, health emergencies, digitized learning

1. Introduction and Methods

Emergencies to which public health specialists respond have increased in frequency in the 21st century [1]. Reviews of major emergencies indicate that improving personal skills such as leadership, decision-making, and communication [1-2] helps overcome the challenges of working in these environments [3]. Learning these skills is often achieved through self-reflection and peer learning [4].

The WHO Health Emergencies Programme launched the Leadership in Emergencies (Leadership) training programme in 2019 as a five-day workshop to develop self-awareness about the impact leaders have on teams. Travel restrictions during the COVID-19 pandemic necessitated a move to online learning. The five-day workshop was replaced with a 20-hour course over eight weeks, with participants meeting online for an hour twice a week. Each week focuses on a different topic: defining leadership; emotional intelligence; leadership styles; teamwork; communication; decision-making; and feedback. Emphasis is placed on peer learning: 40 minutes of every session is group work and discussion. Participants also complete a journal to build a habit of reflection and join a community of learning to support networking.

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2. Results and Discussion

Moving the Leadership training online has demonstrated several advantages.

- Increased learners. Numbers have increased from 44 participants in 2019 to 215 in 2022. Training cohorts are larger and can be run more frequently.
- Increased access. Online learning allows learners to access training anywhere, removing the need for travel and minimising work disruption for participants.
- Greater reach. Participation has expanded to marginalised populations who often face numerous barriers to learning. Representation of women in the course has grown from 31% in 2019 to 48% in 2022.
- Broader peer learning. The diversity of trainers, facilitators and participants has increased. Larger cohorts allow for a greater mix of experience and skills.
- Applying learning. Short face-to-face sessions help learners integrate new knowledge and skills into daily work, promoting the habit of lifelong learning.
- Learning needs analysis. The high level of engagement and trust between the organisers and learners – built over a prolonged period – has helped the organisers better understand the learning needs of participants.

The move to online training was not without risk. Face-to-face contact and on-site learning have traditionally been seen as essential for leadership training [4]. However, 91% of participants confirm they 'feel more confident' about applying leadership abilities after the course. This may be due to the programme's design and because the pandemic hastened development of online tools suited to learning and people's familiarity with them. This made moving a classroom-based training course to an online format a viable proposition. The majority of learners have also reported the benefits of increased access to training and ability to directly apply learning.

3. Conclusion

Online learning of this type is not a panacea. The decision should not be between online learning or in-person learning: instead, the focus should be on what is best for the learner. However, the Leadership programme shows that advances in online technology and our increasing ability to work online mean that blended online training can deliver advantages far beyond what we could imagine a few years ago.

References

- [1] World Health Organization. Emergency response framework (ERF). 2017.
- [2] Black A, Brown O, Utunen H, Gamhewage G, and Gore J. Insights on Public Health Professionals Non-technical Skills in an Emergency Response (Multi-Team System) Environment. *Frontiers in Psychology*. 2022; 13. doi.org/10.3389/fpsyg.2022.827367.
- [3] Barley MG. Learning from reflective practice and metacognition and anaesthetists perspective. *Reflective Practice*; 2012. 4 Adams NE. Bloom's taxonomy of cognitive learning objectives. *J Med Library Assoc*. 2015;103(3). pp. 152–3.
- [4] Lacerenza CN, Reyes DL, Marlow SL, Joseph DL, and Salas E. Leadership training design, delivery, and implementation: A meta-analysis. *Journal of Applied Psychology*. 2017; 102(12): p. 1686.