



Developing the first-ever global learning strategy to frame the future of learning for achieving public health goals

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ABSTRACT

Health is at the forefront of everyone's mind. Every country on the planet is currently experiencing the COVID19 pandemic, which is not just causing death and disease, but damaging societies and economies on a significant scale across the world.¹ The current pandemic has brought into sharp focus the socio-economic factors and inequities in how people experience health and ill health and shone a spotlight on the need for lifelong learning so that health professionals, volunteers, and the public alike can adapt and respond to health threats.

But even before the pandemic, the world was changing profoundly in the past few decades, and these changes impacted people's health. Unfortunately, the role of education and learning in the health domain has not kept pace with these changes. Many factors converge to create a major evolution, and some say, revolution, in how education, training and learning for health can and should be leveraged to protect and promote people's health. This paper summarizes some of the critical ideas of an 18-month process to create the first-ever global learning strategy for health by the World Health Organization.

1. Background

The Global Learning Strategy for Health (GLSH) is rooted in the ambition to rethink learning in health by the World Health Organization as part of the start-up phase of establishing the WHO Academy, which intends to systematize, modernize and massively scale up learning for health. While the Academy was being conceived, WHO experts identified a need to frame how learning can contribute to achieving public health goals at the global, national, and individual levels. As a result, the Strategy assumed the term "learning" to draw away from traditional approaches that focus on delivery (training and education) and towards the impact of educational activities – learning.

There are many factors that demand a new approach to education. Challenges to our health are rapidly evolving - from the species level to the individual, existing health challenges are becoming larger and more complex, and new ones are emerging across all countries. Lifelong learning² is key to addressing health - there is an urgent need to equip everyone responsible for protecting and promoting public health, with the competencies they need, in an equitable and accessible way, sustained across their lifetime so that we can achieve global, national, and individual health goals^{3, 4}.

The future health workforce has specific and different learning needs

– millennials, generation Z, and women, in particular, need careful consideration of their needs to expand learning for both health care and public health. All learners need learning offerings that are designed around adult learning principles and not outdated methods of knowledge transfer that still dominate the health domain.⁵ Preparing public health learning for Industry 4.0 - we must meet the challenges and opportunities posed by Industry 4.0,⁶⁻⁸ and address the massive reskilling and upskilling that will be needed. It is equally clear that not everyone who needs access to education and learning can access it. People, especially in low- and middle-income countries, or even in certain social or economic groups in high-income countries, have to overcome cost, technology, professional, language, and other barriers that often prove insurmountable.

Global health goals and the aspiration of all nations to protect and promote their people's health and well-being require continuous learning. The acquisition of knowledge, attitudes, and skills – competencies - is necessary to create our capability to meet current and future needs, which are fast changing. Therefore, education, training and learning are required for individuals, organizations, and systems across people's lifetimes and must be delivered flexibly, at scale in all countries, and in accessible ways. Yet, while we have defined global health goals – the SDGs,⁹ the WHO Triple Billion Goal,¹⁰ and national health

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goals, there is no shared vision or a framework for action to ensure that all education, training, and learning that must occur for protecting and promoting health is adequate, high-quality, and up to date.

2. Methodology

A futurist framework,^{11,12} was used to look into the next decade or more as the Strategy aimed to frame the future of Learning for Global health. Next was the application of a 4D (Discovery, Dream, Design, and Destiny) Appreciative Inquiry model that has been used to find common ground on globally important topics, shape the direction of non-profits and NGOs, and form multi-national initiatives that span geography and industries.¹³

Secondary research was first conducted (literature reviews spanning for 2000–2020 and a document review of more than 100 WHO and UN-wide documents, resolutions, strategies, and updates).

Primary research comprised of.

1. The Big Idea Survey: an online qualitative survey from the May 22, 2020 until the July 10, 2020 aimed at stakeholders from educational institutions, international organizations, governments, the private sector, and the public to contribute their big idea - to shape the future of learning and achieve health goals. More than 2600 health workers, decision-makers, public health officials, health providers, community, civil society representatives, youth associations, learners, providers of learning offers, and professional organizations from all WHO Regions responded to the survey writing their big idea in one sentence and explain it within 500 words.
2. WHO Staff survey:
 1. A mixed-methods staff survey on career development and learning conducted in the summer of 2019 provided data on how WHO staff across the world viewed career development and learning
 2. In May 2019, in conjunction with the University of Heidelberg, Germany, the WHO undertook focus group discussions and in-depth interviews involving WHO personnel from the Health Emergencies programme. The objective was to examine perceptions towards learning.
 3. WHO staff focus group discussions: WHO staff worldwide were invited to participate in a focus group discussion (FGDs) on the Learning Strategy in November 2020. 38 FGDs were conducted with 180 WHO personnel from all six WHO regions, and headquarters and country offices participated.

Consultations were held throughout the strategy development process and provided iterative data and allowed consensus to emerge.

1. The Strategy Advisory Group - active from early December 2019 until the 31st May 2021- the group comprised of (43) external experts, from multiple disciplines, with experience and interest in staff and broader adult learning, capacity development, lifelong learning, behavioral science, training, academia, futurist planning, Strategy, public health, workforce development, and related areas. The members were appointed as Temporary Advisors to the WHO and managed any conflict of interests in line with WHO rules. Sub-teams of the AG worked on specific areas of the Strategy when requested, and many volunteered themselves for in-depth interviews. They met face to face in the scoping workshop in January 2020 and met virtually thereafter.
2. UN Learning Experts Group: forty members from 18 UN agencies across the UN system to draw on learning policies implemented by sister agencies and learn from those experiences. In total, 48 UN documents were collected and analyzed for common themes. The team met five times during the strategy development period, once face-to-face and four virtually.

3. Final consultation with the Public and Stakeholders: a virtual Delphi study was conducted. It examined degrees of consensus on 89 statements about life-long learning in health and core ideas for the Learning Strategy. Participants were first required to complete a survey that was available in seven languages (English, Arabic, Chinese, French, Portuguese, Russian, or Spanish). Two rounds of the Delphi study were completed. The first round lasted one month to allow time for the invitation emails to be sent and acted upon. The second round lasted three weeks. More than 2400 participants from the health care workforce, public health workforce, health emergency workforce (including volunteers) and the public from 140 countries registered for the study.

2.1. High-level outline of the draft global learning strategy

Based on the methodology described above, a small team from WHO drafted the Strategy. Below are the high-level ideas that frame the Strategy.

The vision: Lifelong learning (LLL) is the norm and a recognized vehicle for achieving health goals.

The goal: to shape the future of learning in public health to support the achievement of international, national, and individual public health aspirations ensuring equity and access, harnessing the potential of digital and technologies, and using adult learning and behavioural change know-how.

The following mutually re-enforcing objectives are proposed to achieve the goal of the WHO learning strategy:

1. Ensure equitable access to LLL for health to all persons working in public health, health care, and associated disciplines have barrier-free access to essential, high-quality, relevant, appropriate learning opportunities to help achieve strategic health goals.
2. Use science-based approaches for designing, delivering, measuring LLL in health - ensure learning activities and accreditation offered by entities that relate to the achievement of public health goals are based on the latest science, evidence, and know-how, and continue throughout an individual's life.
3. Champion the creation of learning ecosystems - by convening and supporting existing and new knowledge networks, institutions, partners, agents, and other stakeholders from within and outside public health and education.
4. Ignite individual, family and community agency for health and modernize health literacy - make available the benefits of health science to individuals so that the public can benefit from enhanced health literacy and contribute to the achievement of strategic health goals through informed health behaviors.
5. Shift to Learning organizations that marry the development of personal capability, professional capability and organizational capability as mutually intertwined objectives supported by political commitment, structures, reforms to performance assessment, career development and resource allocation.
6. Support research, promote evidence-based approaches, harness appropriate innovation for LLL for health - promote, pilot, share and scale up innovations for learning for public health and ensure learners' access without discrimination, viewing learning for health as a global public good.

The Strategy document further draws from the mix of research described above and proposes a total of 100 actions to implement the Strategy to achieve the six objectives and achieve the vision of making Lifelong learning (LLL) the norm and a recognized vehicle for achieving health goals at individual, national and global levels. The Strategy is currently under review by WHO internally and is expected to be published later in 2021.

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