Human Resources for Health leadership and management: a prototype curricula package

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Foreword


Investment in, and organization of the health and care workforce is a political process, linked to expanding access to, and availability of health services. However, it is the individual managers, planners, policy advisers and health professionals who translate the political agenda into national HRH policies and mechanisms. This is a technical process requiring, among others, multisectoral engagement, inclusion of education, employment, financing, health and gender policies, and the capacity to gather and interpret data and conduct stakeholder policy dialogue.

The *Human resources for health leadership and management: prototype curricula package* is designed to inform this technical process through specialized training to build national, regional and global capacity. It results from the request of the World Health Assembly to support “the development of an internationally recognized, postgraduate professional programme on HRH policy and planning”.

The prototype curricula outline the design and delivery of relevant postgraduate and continuous professional development programmes. They can be adapted to geographic or regional contexts in which learners practise, and provide options for course duration to respond to different learning needs and audiences.

Each option is built around the core themes of health systems and the HRH environment, HRH leadership, governance and management, health labour market analysis, HRH data for decision-making, and HRH education. The postgraduate options also include HRH research methodologies.

The curriculum for the one year master’s course equips learners to acquire advanced competencies to lead implementation of HRH actions, such as setting up HRH information systems, and to conduct priority tasks, including health labour market analyses.

The one-month course equips learners to guide and develop the vision and strategies for HRH, and to conduct at an intermediate level the priority tasks related to HRH management, such as collation and analysis of data or drafting key policy documents.

The curriculum for the executive short course equips learners to navigate the policy requirements of HRH management, including linkages with other sectors, and to implement good practice in coordinating policy dialogue and consensus-building.

This prototype curricula package represents a global public good to improve HRH leadership and management. It is the output of collaboration between academics, practitioners and experts from all WHO regions and we look forward to continuing partnership with education institutions around the world to advance health workforce leadership, management and science.

James Campbell
Director, Health Workforce Department
Executive summary

Overview
Capacity for effective governance and stewardship is a key enabler of appropriate design and implementation of human resources for health (HRH) policies. Traditional HRH development has focused on determining health workforce (HWF) public sector requirements to address population needs and has largely ignored health labour market (HLM) dynamics. The acknowledgement of these dynamics should be a central theme in the development of effective HRH leadership.

The Global strategy on human resources for health: Workforce 2030 (GSHRH 2030) provides policy options and recommendations for transformative actions in high-income and in low- and middle-income countries (HIC, LMIC) to tackle HRH challenges, in support of the attainment of universal health coverage (UHC). The GSHRH 2030 includes provision for the World Health Organization (WHO) to develop curricula for an internationally recognized, postgraduate programme on HRH leadership and management.

The HRH curricula package structures three curricula to recognize, formalize and build a critical mass of leaders and managers in the much needed area of HRH. The courses address the leadership of the HWF around the dynamics of the HLM, and aim to develop competencies to strengthen leadership in HRH development in the following domains: policy and planning; management; communication; information and communication technology, data management, analysis and intelligence; and research.

Three prototype curricula to support the development of HRH leadership
The following prototype curricula will serve as the basis for courses of three different durations to build capacity in HRH leadership and management at different levels:

i) a one year master's course;

ii) a one-month course; and

iii) an executive short course.

Cross-cutting learning objectives and competencies
The three courses have eight broad, cross-cutting learning objectives. These learning objectives incorporate the foundational knowledge base and the competencies to be effective as a leader/manager in the field of HRH leadership and management:

i) understand HWF policy, strategy, management and implementation;

ii) understand the role of HRH policy and management in health systems functioning and health sector reform;

iii) incorporate the political, economic and social dimensions into HRH policy and management (e.g. gender, culture, equity);

iv) reinforce the behaviours required to lead and manage health systems change in complex adaptive systems;

v) identify and synthesize appropriate literature on different HRH topics;
vii) act ethically and accountably, and hold others to account at all times;
vii) integrate reflective practice and commitment to lifelong learning into
day-to-day practice; and
viii) translate acquired knowledge, skills and attitudes into professional practice.

Target audience
The courses target a mix of audiences, namely:

- Senior technical, policy-making and managerial staff in national and provincial/state/regional
  ministries of health or other areas, involved in strategic decision-making, policy development, planning and implementation, either for general HRH development or for specialized areas, e.g. information systems, training, workforce planning and projections, and financing.
- Middle-level managers and technical staff at provincial and local levels, responsible for areas such as HWF deployment, performance, data management and analysis, policy implementation, and capacity development.
- Leaders of professional associations, regulatory councils, technical staff of international agencies and nongovernmental organizations, and journalists, involved in HRH policy matters.
- Other interested public health professionals who aspire to acquire additional competencies in HRH policy, leadership and management.

One year master’s course in Human Resources for Health Leadership and Management
The master’s course aims to strengthen HRH leadership and management competencies in diverse health systems and health care settings, and allow participants to improve decision-making based on academic evidence.

To do so, the course will enable participants to achieve the following learning outcomes:

- critically interpret evidence and data to identify HRH challenges;
- coordinate stakeholder analysis, policy dialogue, negotiation and consensus-building;
- propose HRH policy, strategy, management and implementation approaches that integrate the political, economic and social dimensions of HRH (e.g. gender, culture, equity);
- plan, coordinate and conduct an HLM analysis;
- lead the implementation of national HWF accounts or equivalent HRH information systems;
- coordinate educational planning, curriculum development and reform;
- develop and implement good governance arrangements that support participatory leadership in HRH; and
- inform and set the vision and strategies to effectively steward the HRH agenda towards health systems functioning and health sector reform.
The overall programme of the master’s course represents 1300–1500 hours (33–35 weeks) of coursework and an additional 150–180 hours (about 4 weeks) for dissertation/technical report writing, given a standard 40-hour week.

The learning outcomes for each course are built around the above learning objectives, which are developed within the six modules:

i) Health systems and HRH environment – introductory concepts
ii) HRH leadership, governance and management
iii) Health Labour Market analysis
iv) From HRH data to decision-making
v) HRH education
vi) Research methodologies and technical and policy report writing.

The master’s course is completed with a dissertation or a project report.

To meet the learning outcomes, teaching and learning methods include synchronous and asynchronous activities, as well as in-class, online practice or workplace-based activities, supported by a formative assessment of curricular units (CU) and a summative assessment of the modules, organized over a 40-week calendar (assuming full-time delivery).

One-month course in Human Resources for Health Leadership and Management

This course aims to enable participants to develop leadership skills for policy dialogue to improve stakeholder participation, ownership and accountability in policy development and implementation. In turn, this is expected to bolster levels and effectiveness of investments, acknowledging that without leadership for effective policy dialogue, HRH policies and plans are less likely to be developed, to be relevant or to succeed.

The course has a duration of one month with six curricular modules representing 160 hours (4 weeks) of work.

The learning objectives are built around the following core learning outcomes:

• perform to a basic level priority tasks related to HRH leadership and management (such as collation and analysis of HRH data and evidence, development of standard HLM analyses, drafting of HRH strategic and policy documents);

• coordinate stakeholder analyses, policy dialogue, negotiation and consensus-building; and

• inform and set the vision and strategies to effectively steward the HRH agenda.

Synchronous learning activities are those in which a group of students engage in learning at the same time regardless of whether there is teacher contact or the activities take place in-class or online. Asynchronous learning activities describe forms of education, instruction, and learning that do not occur in the same place or at the same time.
These are developed incrementally through the six modules:

i) Health systems and HRH environment – introductory concepts
ii) HRH leadership, governance and management
iii) Health Labour Market analysis
iv) From HRH data to decision-making
v) HRH education
vi) Research methodologies and technical report writing.

To meet the learning objectives, teaching and learning methods include synchronous and asynchronous activities, as well in-class or online activities, and a formative assessment of CUs and summative assessment of the modules, organized over a four-week calendar (assuming full-time delivery).

Executive short course in Human Resources for Health Leadership and Management

The prototype curriculum for an executive short course concentrates on HRH leadership at a strategic level, focusing on policy and strategy development, information and communication, and interpretation and application to policy- and decision-making of HRH intelligence.

The prototype curriculum proposes a one week course with the (recommended) option of an additional week of self-study and formative assessment.

Participants are anticipated to include senior technical and managerial staff in national and provincial/state/regional ministries of health or international organizations, as well as senior managers/human resources staff in larger private sector health organizations, civil society or faith-based organizations.

The course aims to draw on the extensive experience of its participants, emphasizing peer learning and interaction mixed with expert input and case-based learning. In addition to the core elements of the generic learning objectives mentioned above, and a concentration on conceptual understanding, strategy development, advocacy, policy, planning, information and communication and interpretation of HRH intelligence, by the end of the executive course participants should be able to:

- understand the requirements of development and management of the HWF, including linkages with other health systems functional areas such as financing and service delivery;
- critically interpret HRH evidence and information and apply these to policy;
- develop and implement good governance arrangements that support participatory leadership in HRH;
- mobilize and engage multiple stakeholders to coordinate policy dialogue and consensus-building in HRH policy-making and implementation; and
- set the vision and strategies to effectively steward the HRH agenda.
Week 1 is ideally classroom based or held virtually with live interactions with tutors, and involves presentations, case studies, readings, discussions, group work and individual reflections (35–40 hours). Week 2 might consist of 40–50 hours of self-study, virtual peer engagement, engagement with workplace-based colleagues, and submission of a practical assignment for purposes of assessment. In addition, continuous mentoring and coaching can accompany the participant in the application of competencies acquired in the work setting.
### Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHPSR</td>
<td>Alliance for Health Policy and Systems Research</td>
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<td>CU</td>
<td>curricular unit</td>
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<td>GRIPP</td>
<td>Getting Research into Policy and Practice</td>
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<td>GSHRH 2030</td>
<td>WHO Global strategy on human resources for health: Workforce 2030</td>
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<tr>
<td>HIC</td>
<td>high-income countries</td>
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<td>HLM</td>
<td>health labour market</td>
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<td>HRH</td>
<td>human resources for health</td>
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<td>HWF</td>
<td>health workforce</td>
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<td>LMIC</td>
<td>low- and middle-income countries</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

In order to achieve universal health care (UHC), it is necessary to invest in a knowledgeable, skilled and motivated health workforce (HWF). Progress towards attaining UHC is often constrained by the lack of sufficient numbers of health workers with appropriate skills to deliver quality services. Several factors are responsible, especially in low- and middle income countries although not uncommon in high-income countries: inequitable distribution of the HWF, inappropriate quality training, lack of supervision, unregulated dual practice, imbalances in skill-mix, reduced productivity and performance, low retention and high turnover. Lack of adequate investment is the most frequent root cause underpinning these challenges. The ageing of the population puts further pressure on health systems by increasing the need and demand for chronic health care. Moreover, the changing dynamics of HWF migration such as mobility across and within low- and middle income countries pose an additional challenge for global health labour markets (HLM).

Hence, one key challenge faced by policy-makers is to ensure health care systems have sufficient human resources for health (HRH) capacity to deliver services that improve or maintain population health. In a predominantly public system, this involves policy-makers assessing the health care needs of the population, deriving the HWF requirements to meet those needs, and putting policies in place that move the current HRH employment level, skill-mix, geographic distribution and productivity towards the desired level. The growing involvement of the private sector (for profit and not for profit), in both health care provision and health education, has transformed the context, making an understanding of the dynamics of the HLM essential to provide leadership to develop adequate responses. Moreover, preparing the HWF for effective emergency and disaster risk management and improving HWF resilience are essential components of HRH policy and management.

Three prototype curricula to support the development of HRH leadership

The World Health Organization (WHO) has developed three prototype curricula to address HRH leadership and management at different levels of the health system:

i) a master’s course;
ii) a one-month course; and
iii) an executive short course.

While the master’s course will develop technical skills across all aspects of HRH leadership and management, the month-long course will focus on developing participatory leadership skills to ensure effective policy dialogue. The short executive course will concentrate on strategic and political leadership, and strengthening participants’ capabilities to facilitate, direct and oversee strategic change in and across different dimensions of HRH (Fig. 1).

The courses are based on the following assumptions and principles:

- The complexity of HRH policy development and implementation requires political commitment, strong and motivated leadership, and good governance: not recognizing and addressing this complexity is a major hurdle on the path to develop an HWF fit for UHC.
• Major, and often neglected bottlenecks are issues usually related to the dynamics of the HLM.\textsuperscript{14}

• Hence, the focus of the proposed prototype curricula, in line with WHO’s \textit{Global strategy on human resources for health: Workforce 2030} (GSHRH 2030),\textsuperscript{1} is the dynamics of the HLM (including the professional education market) in the context of Sustainable Development Goals (SDG) 3, 4, 5, 10, 16 and 17, its impact on health systems’ organization, and information needs for evidence-informed decision-making in the area.

• The GSHRH 2030 is primarily aimed at policy-makers and planners, but is also of value to other HRH leaders, including public and private sector employers, professional associations, education and training institutions, labour unions, bilateral and multilateral development partners, international organizations, and civil society. This focus provides the frame to shape and direct relevant leadership education and training and subsequently professional practice and career development.

• While HRH development is affected by the unpredictability of emergency scenarios, it is critical to help health systems to build resilience and responsiveness to reduce the negative impact of crises.\textsuperscript{15}

\textbf{Fig. 1 Framework for the courses’ key leadership-related focus}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{fig1.png}
\caption{Framework for the courses’ key leadership-related focus}
\end{figure}

HWD: health workforce development; HWF: health workforce; ICT: information and communication technologies.
Rationale for the courses’ development
Leadership is a key element to encourage a HWF responsive to population needs. To support this, developing and applying individual leadership competencies is addressed as a cross-cutting outcome in the proposed courses, which are organized around the different components of the HLM including the driving forces that affect labour force supply and demand, both within countries and globally.4

Health labour market framework
The GSHRH 2030 examines contemporary evidence and provides policy options and recommendations for transformative actions to tackle incipient HWF challenges towards attaining UHC. It recognizes that HWF expenditure represents an investment as an advocacy driver.1

Traditional HRH policy to determine HWF requirements has often failed to fully consider HLM dynamics.11 This is one of the reasons that HWF policies do not achieve their objectives. The HLM is influenced by the health needs of the population, the demand for and supply of health services, and governance of the HWF. Together, these factors influence the availability of funded employment positions for health workers, their wages and allowances, the number of hours they work, their geographical distribution, their employment settings, and their motivation, productivity and performance.5,16,17

Thus, to address the challenges described to achieve UHC by 2030, countries need to develop effective policies that ensure and create the demand and optimize the supply of health workers, and that support or strengthen their recruitment, deployment, retention and management.

Leadership focus
The three courses focus on developing and applying the skills, mindsets and capabilities to provide leadership and stewardship in all dimensions of HRH leadership and management (Fig. 1). This is founded in the definitions of leadership developed by WHO and the Alliance for Health Policy and Systems Research (AHPSR) over the last decade in two flagship publications,18,19 as well as in an understanding of strategic and distributed leadership in organizations in the 21st century. These emphasize that, in complex and rapidly changing contexts, leadership needs to be alert, agile, adaptive, action-oriented and accountable, and be provided throughout the system by all players (distributed and participatory leadership) (Box 1).
Box 1. Health leadership in the 21st century

In the 21st century, leadership of health systems should be able to bridge the domains of science, finance, public policy, ethics, management and implementation and diplomacy. … Leadership also has to be capable of operating in conditions of uncertainty and inconclusive evidence. Transdisciplinary learning and real-world awareness, gleaned through a combination of quantitative and qualitative research along with diverse approaches to decision analysis, will be needed in such situations. … Clearly, such omniscient leadership is not vested in one individual or a single institution. It is the collective strength of the health system that must generate the quality and consistency of leadership required to raise the performance of the health system high above the welter of complexity.

*Robert Chambers, Health Leadership in the 21st century.*

The framework in Fig. 1 will allow the translation of key messages from the 2016 AHPSR/WHO flagship report "Open mindsets: participatory leadership for health" into educational programming:

- The role of different actors extends variably across the ecosystem of health, extending from agenda-setting and policy development to policy implementation and ensuring sustainability.
- Within each of these groups of actors, individual leadership does matter and can be of high value in fostering an open, consultative process of democratic decision-making to bring out the collective strength of participatory leadership.
- Different actors play different roles in knowledge generation, decision-making, advocacy, implementation and monitoring. Leadership in each of these areas contributes to the ultimate success of public health policies and initiatives.
- Dynamic tensions among actors can be creative, if there is a dialectical process that guides the debate to clarity of ideas and consensus on actions.
- Participatory leadership should also provide mechanisms for surmounting disruptive challenges to the status quo as well as system stabilizers that enable the health system to withstand internal or external turbulence.

The courses are grounded in the premise, outlined in the *Five-year action plan for health employment and inclusive economic growth (2017–2021),* that:

Achieving a sustainable health and social workforce is an intersectoral pursuit that requires coordinated leadership and action across the sectors of government responsible for finance, labour, education, health, social affairs and foreign affairs, as well as close collaboration with employers’ and health workers’ organizations, professional associations and other key stakeholders.
Overview of the courses

The courses on human resources for health leadership and management may be offered through traditional, blended or virtual delivery mechanisms. Sections of the different courses may be offered as modules within other training programmes such as a master’s course in Public Health or a master’s course in Management of Health Services.

Domains of study cycles

The main domain of study relates to HRH leadership and management. The secondary domains of study may be related to: public health; health services/programme management; health systems’ development, policy and planning; health economics; public administration and policy-making; or health worker education.

Scope, learning objectives and structure of the courses

The increasing complexity in the public policy space, including in the health sector, requires a degree of systems thinking that considers connectedness, complex dynamics and the fragility of the health systems. Hence, participants in the courses are required to acquire competencies to deal effectively with routine as well as complex non-routine situations in health systems. These include not only cognitive aspects of problem-solving (causal reasoning, logical frameworks, decision-trees, and information integration) but also non-cognitive components (motivation, self-regulation and social skills).

The three courses aim to develop the competencies needed to take up a leadership role in the HWF field (Figs. 1 and 2) and contribute to cross-cutting general learning objectives (Table 1) that will enable effective leadership, systems thinking, and implementation of the relevant policy levers for HWF development.

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The master’s course may be offered as either an academic or a professional degree. The focus of the academic master’s course is on the principles of the field of study; the aim is to provide training for those who would undertake further research work and teach in the scientific areas of the study cycle – HRH leadership and management. The master’s course provides advanced training on the principles and practices of HRH leadership and management. The focus is on complementing fundamental knowledge with strengthened job skills to meet HLM needs.
Fig. 2 Areas of responsibility for HWF leaders and managers

Table 1 Cross-cutting learning objectives and competencies

Understand HWF policy, strategy, management and implementation.

Understand the role of HRH policy and management in health systems functioning and health sector reform.

Incorporate the political, economic and social dimensions into HRH policy and management (e.g. gender, culture, equity).

Reinforce the behaviours required to lead and manage health systems change in complex adaptive systems.

Identify and synthesize appropriate literature on different HRH topics.

Act ethically and accountably and hold others to account at all times.

Integrate reflective practice and commitment to lifelong learning into day-to-day practice.

Translate acquired knowledge, skills and attitudes into professional practice.
The learning objectives in Table 1 are customized to the target audiences of the three prototype curricula at different levels of depth:

i) The master’s course aims to develop leaders and managers who are able to implement good governance; set the vision and strategy to steward the HRH agenda towards health systems functioning and health systems reform; and coordinate and implement HRH policy levers including conducting HLM analyses and overseeing curriculum redesign.

ii) The one-month course develops leadership skills to coordinate stakeholder analysis, policy dialogue, negotiation and consensus-building; as well as to inform and set the vision and strategies to effectively steward the HRH agenda. It further builds the competencies to perform to a basic level the priority tasks related to HRH leadership and management, such as drafting policy documents and performing components of an HLM analysis.

iii) The executive short course concentrates on strategic leadership, strengthening participants’ capabilities to set the vision, strategies and policies to achieve UHC, facilitate policy dialogue and consensus-building across multiple stakeholders, and ensure good governance that supports the achievement of these goals.

The courses follow a modular structure. The curriculum is a formal plan to fulfil learning outcomes. Modules facilitate an integrated approach to coursework anchored in specific themes. They are the units for summative assessments to evaluate participants’ achievement of the learning objectives.

Coursework is described in terms of curricular units (CUs). A CU plan includes a description of content, instructional activities (that help the participant to develop understanding of the content) and relevant formative assessments to monitor participants’ learning. The ongoing feedback can be used to guide teaching and learning related to the learning objectives.
Teaching and learning methods

The course curricula adopt the concept of competence as integrating knowledge, skills and attitudes into practice, and take into consideration the contexts of participants' professional environment. Teaching methods and learning activities equally support engagement with the content and application of acquired skills in practice. Learning objectives for each module of the course are defined. However, teaching methods may vary among implementing institutions, among teachers and among target groups and should be tailored to the context.

- It is recommended to use methods and activities that consider the knowledge and experience of participants, facilitate problem-based learning, and peer learning. The course curriculum is largely built upon active participation in teacher-led, peer-to-peer learning or self-directed learning.

- Most of the content of the programme can be acquired through different activities in an in-class environment or online. There are different classifications, and various terms are used for teaching and learning activities as regards the learning environment (on-site, online, blended learning), the nature of the content (theory or practice), and the role of the teacher (instructor or facilitator). Teaching and learning activities are grouped into synchronous and asynchronous activities, allowing implementing institutions to select relevant methodologies for either predominantly in-class or online environments.

- It is also recommended to choose teaching and learning activities in a way that synchronous and asynchronous activities support each other, e.g. provision of basic instructions and starting activities in a synchronous way, followed by engagement with theoretical frameworks and collecting input from personal practice as asynchronous activities, ending with presentations and/or group discussions through synchronous activities to enable in-depth understanding and peer learning.

- Suggested activities for synchronous and asynchronous learning are presented in Table 2. This list of activities provides a variety of options without precluding other well-established or innovative methods. It is important to stress that the actual way of teaching and learning adopted is a decision of the implementer or the programme. Hence, at course level guidance is provided to enhance adequate flexibility regarding adaptation of teaching methods to different institutional realities.

As methods for assessment are related to teaching and learning activities (in cases of formative assessment, assessment is part of the learning process itself), possible methods for formative and summative assessment are also highlighted in Table 2.

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a Synchronous learning activities are those in which a group of students engage in learning at the same time regardless of whether there is teacher contact or the activities take place in-class or online. Asynchronous learning activities describe forms of education, instruction, and learning that do not occur in the same place or at the same time.
### Table 2 Teaching and learning activities

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Synchronous learning activities</th>
<th>Asynchronous learning activities</th>
<th>Assessment type</th>
</tr>
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<tbody>
<tr>
<td>Theory</td>
<td>Interactive presentations, face-to-face or online teaching, interactive lectures, theoretical input</td>
<td>Self-study, individual reading, preparation for in-class activities, collecting academic literature or policy documents, using e-learning materials</td>
<td>Essay, written reflection, policy brief, analysis and comparison of concepts/ framework, tests</td>
</tr>
<tr>
<td>Presentation</td>
<td>Group/individual presentations</td>
<td>Preparation for presentations</td>
<td>Group presentations</td>
</tr>
<tr>
<td>Problem-based learning</td>
<td>Problem-solving exercises, mapping exercises, data analysis, gap analysis, case analysis and discussion, video clip analysis</td>
<td>Individual readings and practice, e.g. case studies, exercises, analyses, homework</td>
<td>Group work and class presentation, written summaries and reports, assignments, case presentation, analytical studies</td>
</tr>
<tr>
<td>Work-based learning</td>
<td>On-site projects, skills training</td>
<td>Project reports, assignments, reflective writing</td>
<td>Group seminar, presentation, project report, assignment</td>
</tr>
<tr>
<td>Discussion</td>
<td>Group discussions, debates, plenary discussions, group work, brainstorming exercises</td>
<td>Online discussion forum, virtual group work</td>
<td>Class participation/virtual forum participation at the learning space, debate</td>
</tr>
<tr>
<td>Research</td>
<td>Research exercises</td>
<td>Critical reading, essay or report writing, collecting background materials/data, preparation for dissertation writing/technical report</td>
<td>Written assessment, essay</td>
</tr>
<tr>
<td>Gamification, innovative methods</td>
<td>Team exercises, simulation games, interactive exercises, role play, using frameworks, quizzes, hackathon-type group challenges</td>
<td>E-forum participation, online quiz, online hackathon-type group challenges</td>
<td>Virtual forum, role playing, simulation, hackathon-type group challenges</td>
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</table>
Institutional minimum requirements

The master’s course must be offered by an academic institution accredited by the national authorities to offer a master’s degree and must comply with relevant national legislation. The other two courses may be offered not only by academic institutions for higher learning but also by centres for education and training or for continuing professional development.

Assessment

Although the main objective of assessment is to establish whether the learning objectives have been met, the way it is carried out in the different courses and modules makes it an important learning resource in itself. In order to ascertain fulfilment of learning objectives, assessment in the different courses will be informed by the following principles:

• Validity – assessing what was intended, in line with expected learning objectives: assessment tasks and associated criteria effectively measure participant attainment of the intended learning objectives.
• Reliability – consistent and generalizable to other contexts: assessment needs to be reliable and this requires clear and consistent processes for the setting, marking, grading and moderation of assignments.
• Feasibility – achievable in terms of the resources and skills available: assessment can be accomplished with the resources available and in the organizational context of the educational institution.
• Inclusion and equity – giving all participants a fair chance: tasks and expected learning outcomes do not systematically disadvantage any group or individual.
• Transparency – expectations are made clear to participants up front: clear, accurate, consistent and timely information on the assessment tasks and procedures are available from the beginning of the different modules.

Since modules may have different assessment requirements, a wide variety of assessment approaches can be applied. The executive course is facilitated with feedback and interaction throughout; and formative assessment is developed as an integral component of the teaching/learning methodologies (Table 1). The modules for the master’s course and one-month course combine formative assessment with continuous feedback to support participants’ learning, and a summative (or final) assessment to ensure integration of knowledge and provide the basis for grades.

While assessment is described within each module, it should be aligned with the policies of the academic institution offering the course.
Evaluation of the modules/courses

The evaluation of each module must be done in accordance with the institutional rules of the teaching entity that provides the training. The overall objective of this evaluation is to provide teachers (and coordinators of the courses) with information to assess the quality of their performance and to provide guidance for improvements.

The Kirkpatrick’s “Four Levels of Training Evaluation” model categorizes assessment as follows:

- **Level 1: Reaction** – measures how participants react to the training (e.g. satisfaction)
- **Level 2: Learning** – analyses how well participants truly understood the training (e.g. increase in knowledge, skills or experience)
- **Level 3: Behaviour** – assesses whether participants are using what they learnt at work (e.g. change in behaviour)
- **Level 4: Results** – determines if the training had a positive impact on the business/organization.

At the end of each module, participants should be invited to answer an assessment questionnaire, which will include variables related to levels 1 and 2.

An evaluation of the courses’ impact (levels 3 and 4) should be made in an online questionnaire sent to participants 6 and 12 months after completion of the course. Consideration could be given, with participants’ permission, to have a questionnaire for co-workers, supervisors and managers, especially regarding assessment of level 4.

References


