Supporting health leadership for the present while developing health leadership for the future: the Pan-European Leadership Academy

Background document

The purpose of this report is to summarize and outline the development of the Pan-European Leadership Academy (ELA), including the implementation of the ELA Tier 1 and Tier 2 demonstration projects and the elaboration of the underpinning competency and quality assurance frameworks.

The establishment of ELA is one of the 10 core output indicators that measure the success of the implementation of Delivering United Action for Better Health – a strategy for collaboration between the WHO Regional Office for Europe and Member States in the WHO European Region (EUR/RC72/14) adopted at the 72nd session of the WHO Regional Committee for Europe in 2022.

CONTENTS

INTRODUCTION

Background and context

1. The establishment of the Pan-European Leadership Academy (ELA)[1] is a key initiative supporting the WHO Regional Office for Europe (WHO/Europe) as it works to maximize country impact to deliver the European Programme of Work, 2020–2025 (EPW) and the Thirteenth General Programme of Work, 2019–2025 (GPW). The ELA programme aims to:

    - advocate for transformational leadership competencies for health in research, policy and practice;
    - strengthen human resources for health in the WHO European Region by providing structured opportunities for learning and professional development within WHO/Europe;
    - create a network of trained health professionals to support and advance the EPW through strengthened health systems in the Region;
    - enhance knowledge and insight into health systems challenges and operations at country level within the Region;
    - provide a vehicle for practical dialogue between regional and country levels in priority technical areas; and
    - assist in addressing the issue of underrepresentation of some WHO European Member States in international governmental organizations over time.

2. When fully operationalized, the ELA will be made up of three tiers. Tier 1, aimed at early career public health and health professionals, comprises experiential learning placements with WHO/Europe, coupled with internal and external learning opportunities. Tier 2 is targeted at mid-career professionals in ministries of health and institutes of public health and focuses on peer-to-peer exchange. Tier 3 will support high-level decision-makers and includes structured support for the exchange and scaling up of nationwide and sustainable health systems and public health innovations.

3. WHO/Europe launched the ELA in June 2021 with a Tier 1 demonstration project, despite the challenges brought about by the COVID-19 pandemic. This project provided an opportunity for early career public health and health professionals from selected countries to develop their knowledge and skills and foster their interest in public health during an 11-month programme with WHO/Europe. A Tier 2 demonstration project followed in late 2022, built around a mid-level exchange programme for mid-career professionals from national administrations and institutes of public health from selected countries including Armenia, the central Asian republics, Republic of Moldova and San Marino. The project provided opportunities for peer-to-peer exchange between the technical experts from these countries and their peers in WHO/Europe, and provided opportunities for mutually beneficial exchanges of knowledge and experiences.

4. In parallel with the Tier 1 and 2 demonstration projects, and using information gathered from running the projects, the ELA Secretariat has developed and put in place the foundational frameworks required to successfully scale up the ELA and deliver results.

5. Both the Tier 1 and 2 demonstration projects have undergone structured evaluations to inform the scale-up of the ELA during the next biennium. These projects were primarily funded through assessed contributions, with a small portion of voluntary contributions sourced.

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[1] See: https://www.who.int/europe/initiatives/pan-european-leadership-academy.

BUILDING A ROBUST FOUNDATION – A FRAMEWORK-BASED APPROACH

ELA Competency Framework

6. Following extensive research of the literature available on leadership and professionalism in health, and taking into consideration the many existing frameworks in this area and the Enhanced WHO Global Competency Model, the ELA Competency Framework was developed as the backbone of the ELA Curriculum. The ELA Competency Framework is based on three pillars for building trust: education, communication and evidence. The Framework aims to capture the essence of those competencies required to excel in transformational health leadership at the individual, organizational and system levels (Annex 1).

7. The Framework was developed using iterative processes, including the use of the Delphi technique with the participants of the Tier 2 demonstration project. A final round of validation with an external panel of experts is planned for fourth quarter of 2023 (Annex 1).

ELA Quality Assurance and Evaluation Framework

8. The ELA Quality Assurance and Evaluation Framework (Annex 2) provides a systematic approach to evaluation, and was designed to enable the ELA Secretariat to address any aspects of the ELA that would benefit from further development, and to keep track of the processes involved and progress made to ensure any corrective action required is taken in a timely manner. Overall, the ELA Quality Assurance and Evaluation Framework facilitates achieving consistency in ELA processes; it helps to build a culture of continuous improvement and to support the best possible experience for learners, and provides continuity of learning for future cohorts and their corresponding networks.

9. The ELA evaluation methodology was designed to monitor the quality of the ELA educational offer through the following three lenses: educational, administrative and Member State. It supports ELA Quality Assurance through a cyclical review of the following five key pillars over the evaluation cycle: impact, curriculum, governance and management, communication and stakeholder engagement, and culture and values. Within each pillar, various parameters are evaluated, with the methodology and frequency of evaluation defined, to provide key data for the continuous improvement of the ELA and for transparent reporting.

10. The impact pillar of the ELA Evaluation Framework has been specifically designed to correlate with the three levels of the ELA Competency Framework to support a robust evaluation of the impact of the ELA as part of the implementation of Delivering United Action for Better Health – a Strategy for Collaboration Between the WHO Regional Office for Europe and Member States in the WHO European Region (hereafter, the WHO/Europe country strategy). This pillar focuses on documenting the project outcomes including the impact on: participants' personal development; WHO/Europe organizational learning; and country-level organizational change in health systems. The impact pillar – together with the governance and management, and communication and stakeholder engagement pillars – intersects with the culture and values pillar, including diversity, inclusion and sustainability, and aims to support the ELA culture of change to ensure constant development of the ELA, the implementation of evidence-based educational innovations and the provision of up-to-date technical content.[2]

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[2] For this purpose, triangulation of data sources and evaluation methods was used in accordance with the existing evidence on effective evaluation strategies used for educational interventions. The data sources and methods are designed to reflect all levels of the Kirkpatrick model; however, gathering data for the highest levels requires continued observation and so the evidence necessary for this purpose will be constantly collected and reported.

ELA DEMONSTRATION PROJECTS – RESULTS AND IMPACT

Aims of the evaluation of the ELA demonstration projects

11. The evaluation of the ELA demonstration projects had the dual aims of:

- documenting the Tier 1 and Tier 2 demonstration projects and assessing their alignment with the aims and objectives of the ELA; and

- providing data to support the further development and scale-up of the ELA.

Evaluation of the Tier 1 demonstration project

Application and selection of participants

12. For the Tier 1 demonstration project, priority was given to early career public health and health professionals from Member States in central Asia, the Western Balkans and the Russian Federation. A call for interest was advertised via the WHO recruiting platform and distributed through WHO representatives and social media platforms. Following a robust, multistage selection process, and despite this process occurring during the third wave of the COVID-19 pandemic in Europe, the first cohort of early career professionals from Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, the Russian Federation and Turkmenistan was recruited in November 2021. The eight participants were onboarded using the consultant contract modality for an initial 2 months online, followed by 9 months on site with an associated stipend.

Tier 1 learning offer

13. The Tier 1 learning offer was tailored to reflect the learning needs of early career public health and health professionals with an expected two-level (individual and organizational) impact aligned with the ELA Competency Framework. The ELA Tier 1 curriculum is structured around five learning blocks (Fig. 1). The Experiential Placement block consisted of two placements: the first in a technical unit in the main office of WHO/Europe in Copenhagen, Denmark; and the second at country level. The theoretical foundations for leadership competence were provided during the interactive Transformational Leadership sessions. The Transversal Skills block was made up of a selection of online courses from the WHO iLearn platform. The Tailored Learning block consisted of other technical courses from the WHO iLearn platform. The Special Initiatives block enabled participants to engage in specific projects and initiatives, such as WHO's World Immunization Week 2022, attending the Young Forum Gastein, and taking individual English language lessons.
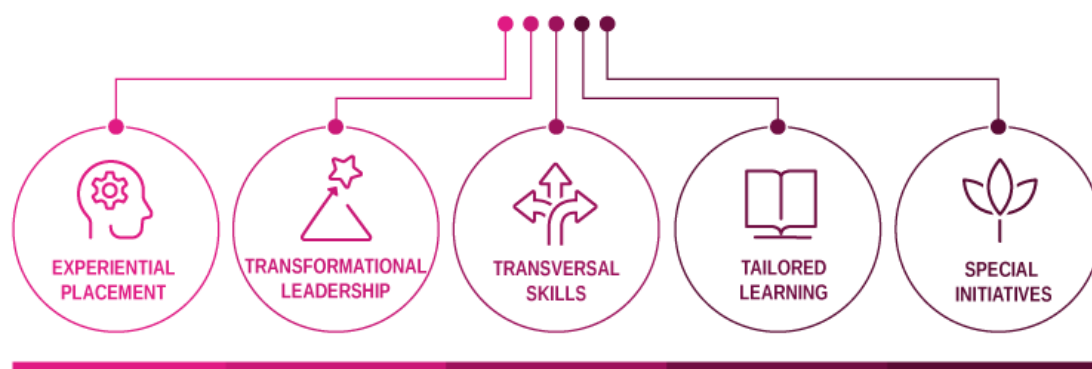

Fig. 1. ELA Tier 1 curriculum and learning blocks

Table 1. Structure of the ELA Tier 1 curriculum

Learning block	Description
Experiential Placement	Placements at the regional and country levels
Transformational Leadership	Webinars and recommended reading
Transversal Skills	iLearn course playlists, evidence-based communications training
Tailored Learning	Language acquisition and enhancement, iLearn course playlists
Special Initiatives	Development of teamwork and leadership skills in practice

14. Over the duration of the Tier 1 demonstration project, the eight participants completed the ELA Transformational Leadership training. They also participated in 5-month placements in WHO/Europe technical units and in 4-month country-level placements. While the participants were engaged in these placements, they also completed 67 iLearn courses, on average, covering both technical and transversal competencies. The Tier 1 learners participated in WHO's World Immunization Week and produced promotional videos for the event and for the 72nd session of the WHO Regional Committee for Europe (RC72).

Tier 1 evaluation

15. The core of the Tier 1 demonstration project evaluation is the learning portfolio, which is a structured documentation of all activities completed by the ELA participants. The learning portfolio consists of reports of individual assignments and team-based participation in the Special Initiatives block, recordings and documentation from the Transformational Leadership webinars, and records from the Transversal Skills and Tailored Learning blocks. The reflective essays provided by the participants as part of the Tier 1 project served a double role: both informing the evaluation of the Experiential Placement and Transformational Leadership learning blocks and supporting the further development of the participants' reflective practice competence.

16. All reflective essays were analysed using the qualitative methodology supported by ATLAS.ti software with an innovative artificial intelligence module to identify how ELA educational opportunities translated into expected learning outcomes. These outcomes were then mapped to the ELA Competency Framework to further develop both the Framework and the ELA Tier 1 curriculum. To enrich this data, concept maps provided by participants, which documented their ELA experiences, were also collected and analysed.

17. Complementary data on the ELA environment and participation in WHO initiatives and ELA organizational learning were obtained from focus group interviews with ELA participants and the representatives of the hosting units. To provide objectivity and reduce bias, interviews were conducted and coded by an external, independent researcher. All data were analysed and reported regularly to the ELA Secretariat and the WHO/Europe leadership during the Tier 1 demonstration project. Corrective actions were implemented as needed, with the majority of required actions resulting from adjusting ELA Tier 1 logistics and management to the specific context of the COVID-19 pandemic.

18. The evaluation concluded that learners benefited from all learning blocks, and from the team-building meetings provided by the ELA Secretariat. Moreover, the learners highly praised the growth of their self-reflection and intercultural competencies, and their teamwork and co-leadership skills. The main constraining factor identified both by the hosting units and the learners was the COVID-19 pandemic. The modifications implemented in response to the constraints of the pandemic received positive feedback, and some of these modifications will be embedded in the curricula developed for the next cohorts. The hosting units reported benefiting from hosting the learners and reported acquiring an enhanced understanding of the sociopolitical and cultural contexts of other Member States. The hosting units emphasized the significant contributions made by the learners to their technical work, and indicated willingness to host the next cohorts of learners.

Evaluation of the Tier 2 demonstration project

Nomination and selection of participants

19. The Tier 2 demonstration project was aimed at mid-career professionals working in their national administrations at Unit Head level or above (in ministries of health and institutes of public health). The project was intended to provide a platform for the exchange of ideas, technical knowledge and experience, and to enable sustainable networks with WHO staff to be created. The project included a 3-month placement with a relevant technical unit in the main office in Copenhagen, Denmark.

20. As with the Tier 1 project, a robust, multistage nomination and selection process was carried out. Nominations were received from national administrations (in Armenia, Georgia, Kyrgyzstan, Republic of Moldova, San Marino, Tajikistan, Turkmenistan and Uzbekistan) based on specified eligibility requirements, including national health priorities, EPW alignment, and educational, experience and language requirements. The nominees required clearance from their national institutions to participate. Eight participants were onboarded using the consultant contract modality for 3 months with an associated stipend.

Tier 2 peer-to-peer exchange offer

21. The Tier 2 peer-to-peer exchange offer was tailored to reflect the mid-level exchange goals with opportunities for capacity building and three-level (individual, organizational, system) impact, which was aligned with the ELA Competency Framework. To design the time frame of the project and the structure of the learning blocks, a workload–credits system was applied based on the European Credit Transfer and Accumulation System.[3] This system will be also applied for the next Tier 1 cohort. The structure of the ELA Tier 2 curriculum is presented in Figure 2 and Table 2.
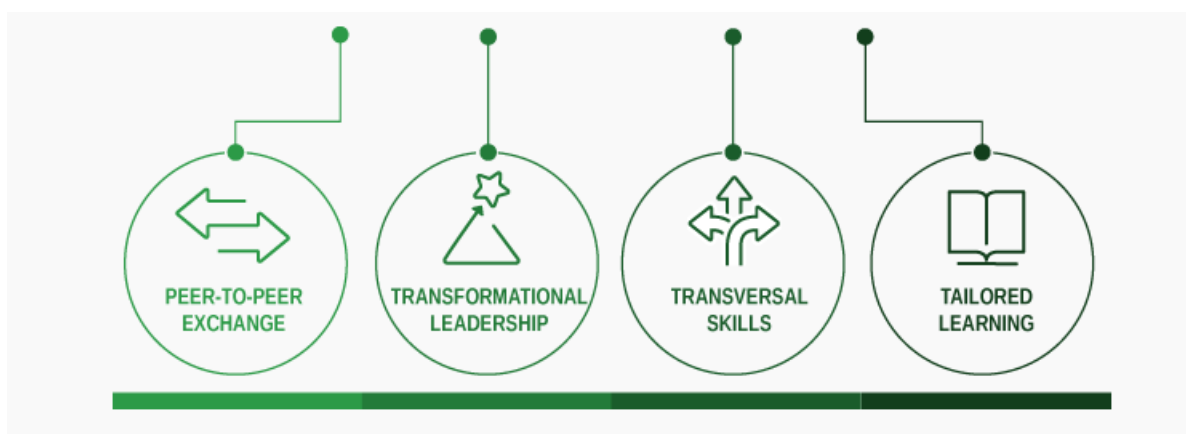

Fig. 2. ELA Tier 2 curriculum and blocks

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[3] See: https://education.ec.europa.eu/education-levels/higher-education/inclusive-and-connected-higher-education/european-credit-transfer-and-accumulation-system.

Table 2. Structure of the ELA Tier 2 curriculum

Learning block	Description	Number of credits*
Peer-to-peer Exchange	Placement with technical unit – delivery of specific technical product	16
Transformational Leadership	Webinars and recommended reading	2
Transversal Skills	iLearn course playlists, evidence-based communications training	2
Tailored Learning	Language acquisition and enhancement	1
	Total	**21**

*1 credit = 25–30 hours of study, including self-directed learning.

22. Over the duration of the Tier 2 demonstration project, the eight participants produced technical deliverables as priority topics for their areas of work. The Tier 2 participants also completed the ELA Transformational Leadership training and 40 iLearn courses, on average. Together with WHO/Europe staff, participants completed the 5-day Communication to Maintain Trust in Evidence and Science workshop. Lastly, participants attended an average of 30 individual English language lessons.

Tier 2 evaluation

23. Evaluation of the Tier 2 project consisted of learning portfolios supplemented with initial surveys; interviews with the participants, the representatives from the hosting units and the ELA Secretariat; and surveys that provided feedback on the learning opportunities. The Tier 2 portfolio structure reflects the curriculum and the design of the learning blocks, and included documentation on the technical deliverables, iLearn courses, English courses and the Transformational Leadership webinar records. The initial surveys enabled the technical topics covered to be tailored to the interests and needs of participants and supported the building of a series of technical briefings with the WHO/Europe technical divisions and units.

24. The evaluation process concluded that units benefited from developing new connections with Member States and an enhanced understanding of different sociopolitical and cultural contexts. Each Unit emphasized the importance of collaborative development of technical deliverables in key areas within the Unit's responsibility and planned further cooperation with Tier 2 participants going forward. Each Unit also expressed a strong interest in hosting the next Tier 2 cohort.

25. Tier 2 participants welcomed the balance of theory and practice in the curriculum and learning blocks, the opportunity to work with WHO technical experts, the structure and content of the curriculum, the support of the ELA Secretariat, and the multicultural and interprofessional environment of WHO/Europe. Participants indicated that they had enhanced their transformational leadership competencies and were keen to do further work on projects initiated as technical deliverables. Moreover, Tier 2 participants indicated the need to develop a community of practice and the need for continued learning opportunities provided by the ELA.

26. The Tier 2 technical deliverables developed by the Tier 2 participants demonstrate how ELA is strengthening relationships and enabling new and enhanced collaborations across diverse technical areas, including: noncommunicable disease prevention and control; strengthening the public health workforce; behavioural and cultural insights to address noncommunicable disease risk factors; implementing the global standard for diagnostic health information (ICD-11); scaling up access to rehabilitation services and assistive technologies; strengthening infectious disease surveillance and reporting; improving the provision of

specialized care; and addressing zoonotic diseases through a One Health approach. Suggestions for the future, including an adaptive curriculum, are reflected in the following sections of this document.

LESSONS LEARNED AND RECOMMENDATIONS FOR THE FUTURE

27. The establishment of the ELA is one of the 10 core output indicators that measure the success of the implementation of the WHO/Europe country strategy adopted at RC72 in 2022 and, in line with the EPW, the scale-up of the ELA is planned for the 2024–2025 biennium. The following lessons learned from the demonstration projects will be considered in the scale-up process.

28. Lessons from the educational perspective.

- The ELA learning offer will be further developed based on the needs analysis and data obtained from evaluation of the demonstration projects, including an updated structure of learning blocks for Tiers 1 and 2, and opportunities for tailoring the offer to the specific needs of individual participants, including language considerations. Development will include institutionalizing the ELA Tier 1 and 2 projects and analysing opportunities for developing the ELA Tier 3 demonstration project.

- An ELA Advisory Expert Group composed of stakeholders of the ELA will be developed, to support the appropriateness of offers, coherence with the stated goals and continuous development of the ELA.

- Cooperation with other stakeholders will be further strengthened, including the International Association for Health Professions Education (AMEE), the European Public Health Alliance (EPHA) and the WHO Academy, and they will all be involved in the further development of the ELA.

29. Lessons from the administrative perspective.

- Both demonstration projects were fully resourced by WHO/Europe. However, this resourcing model is not sustainable for future scale up of the ELA. The establishment of a multidonor trust fund would assist in adequately resourcing the ELA in the future. Having completed both demonstration projects, economies of scale are envisaged in the delivery of training sessions and webinars, and the further use of online learning tools.

- The ELA demonstration projects were developed and implemented by a small team comprising a technical lead, an operational lead, an educational lead (consultant), a communications specialist and an administrator; this team formed the ELA Secretariat. Translation services were provided, as needed, on a consultancy basis. To scale up the ELA effectively, this mix of competencies should be retained and further complemented through increasing resource mobilization capacity.

30. Lessons from the Member State perspective.

- A focus on the sustainability of the newly established links between the WHO/Europe technical units supporting the development of the technical deliverables and the institutions represented by the ELA Tier 2 participants is needed. One of the tools being launched to support this is the Community of Practice made up of the ELA participants, the WHO/Europe hosting technical divisions and the country offices.

- Continued emphasis is needed on the development of technical deliverables at country level as key products of the Tier 2 project, and implementation support needs to be ensured through established mechanisms and platforms in WHO, including through programme budget implementation.

Conclusions

31. During the ELA demonstration projects, a two-level curriculum was developed together with the ELA Competency Framework and the ELA Quality Assurance and Evaluation Framework. Two demonstration projects (Tier 1 for early career public health and health professionals, and Tier 2 for mid-career professionals in ministries of health and institutes of public health) have been implemented and evaluated.

32. A multisource evaluation based on the ELA Competency Framework (developed for the Academy) has confirmed a three-level (individual, organizational and country-level) impact of the ELA and indicated directions for further scale up of this initiative.

33. The ELA Secretariat will report on the scale-up of the ELA during the next biennium – in line with the commitments in the regional plan of implementation for the Programme budget 2024–2025 – through regular reporting on the implementation of the WHO/Europe country strategy and as part of EPW implementation reporting in 2025.

Annexes

1. Competency Framework

2. Quality Assurance and Evaluation Framework

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Annex 1

ELA Competency Framework

A competency framework is a tool that outlines the knowledge, skills, and abilities required for successful performance in a particular role. The Pan European Leadership Academy (ELA) Competency Framework provides a benchmark as to the knowledge, skills, and attitudes required for successful performance in health workforce professional roles. The framework has been introduced to support the development of transformational leadership competencies as well as the implementation and evaluation of the ELA curriculum. Further, we see its future applications as an element of the HCW professional frameworks.

The ELA Competency Framework is built on the foundation of trust, being the key concept of the health workforce professionalism. The three pillars necessary for the development of trust are evidence, communication, and education, seen by us as transversal sets of competencies applying to all layers of the framework.

The ELA Competency Framework was developed as the backbone of the ELA Learning Portfolio on which the learning blocks for the ELA, with the related training and activities, rest. Following extensive research of literature on leadership and professionalism in health and taking into consideration the many existing frameworks in this area as well as a base of the Enhanced WHO Global Competency Model, the ELA Competency Framework aims to capture the essence of those competencies required to excel in health leadership.

The 15 competencies ultimately identified have been grouped into three levels: outward-facing competencies – "Leading for transformational change in health," organization-facing competencies – "Leading effective teams and organizations" and individual-facing competencies – "Leading personal and professional development. For each of the levels, the competencies aim to provide a holistic overview of behaviours and characteristics required to excel. We acknowledge that all these 15 competencies are to varying degrees relevant across all three levels, with communication being the overarching competency crucial for success.

The ELA Competency Framework has undergone several iterations, including the use of a Delphi technique with the participants of the Tier 2 demonstration project. A final round of validation with an external panel of experts is planned for the fourth quarter of 2023. It is an organic framework which is expected to undergo constant development to proactively respond to the changing environment in which health systems operate.
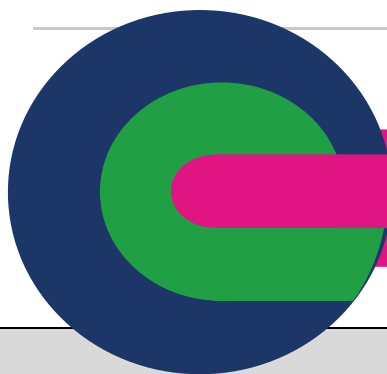
LEADING PERSONAL AND PROFESSIONAL DEVELOPMENT

	Competency definitions and behavioural indicators
Professionalism	Demonstrates high personal standards, self-awareness, and self-management. Builds resilience; develops the ability to recover and rebound from challenges and setbacks. Manages ambiguity and pressure in a self-reflective and constructive way. Acts in an ethical manner and with integrity. Proactively seeks opportunities for continuous learning, professional growth and widening horizon from an international perspective. Learning and sharing with a bi-directional outlook and perspective. Uses feedback as a developmental opportunity.
Critical thinking and problem-solving	Demonstrates the ability to analyse facts, and use relevant evidence, observations, and arguments, to form a judgement ensuring that the perspectives of all relevant stakeholders are considered. Can identify problems or predict future challenges, developing possible solution paths and taking the most appropriate course of action. Strives to identify biases, inconsistencies, and fallacies in arguments, and to make more informed decisions based on reasoned analysis and evidence.
Global citizenship	Treats all people with dignity and respect. Demonstrates intercultural competence and humility, having the ability to work constructively with diverse people and teams. Strives to master languages other than their own.
Moving forward in a changing environment	Anticipates the need for change and proposes innovative approaches and ideas. Adapts and responds positively to change. Follows a lifelong learning pathway, with exposure to international opportunities for learning and development and interdisciplinary learning. Has the ability to change opinion under the influence of evidence.
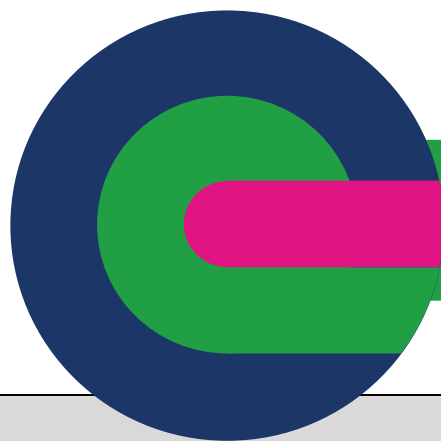
LEADING EFFECTIVE TEAMS AND ORGANISATIONS

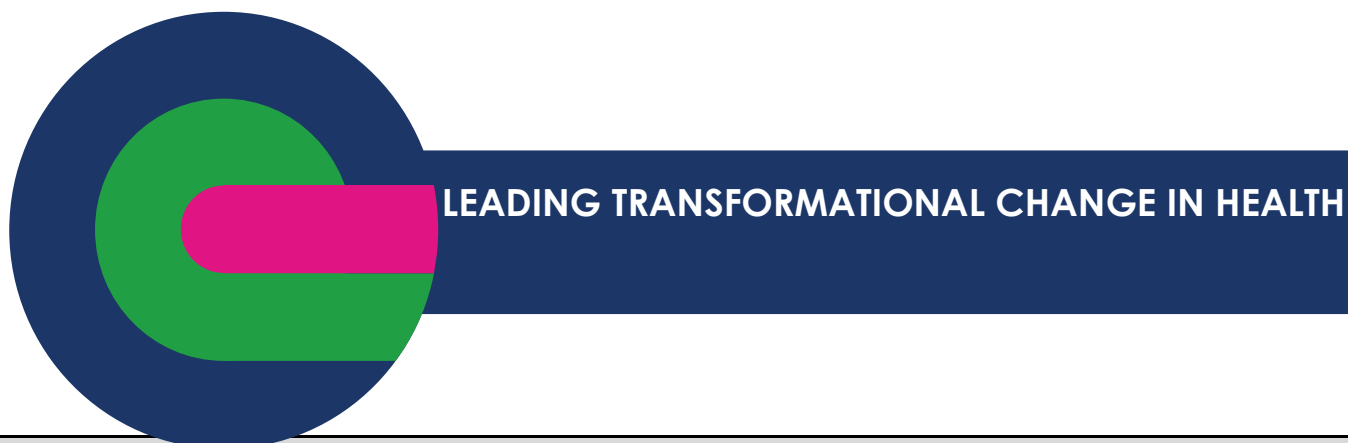|	Competency definitions and behavioural indicators
Building and promoting the organization's leadership position in health	Positions the organization as a leader in health. Gains support for the organization's mission from all relevant stakeholders and the public. Develops and strengthens internal and external partnerships that can provide information, assistance, and support to the organization. Identifies and uses synergies and innovative approaches across the organization and with external partners.
Driving the learning organization to a successful future	Demonstrates a broad understanding of the growing complexities of determinants of health and health needs. Works with others to understand and determine needs. Creates a compelling vision of shared goals towards developing a high-quality health care system. Develops a road map for successfully achieving real progress in improving people's health. Supports the mobilization of resources to effect change. Invigorates the organization by building a culture which encourages learning and development. Demonstrates an enduring commitment to achieving excellence through constant learning, teaching, mentoring others and evaluating outcomes - resulting in continuous improvement and building future leaders. Demonstrates creativity, developing and sponsoring innovative approaches and solutions.
Teamwork	Develops and promotes a collaborative work environment with colleagues and counterparts within and outside of the organization taking action to prevent conflicts and build trust. Optimizes the work of the team through a thorough understanding of the skills and competencies of the individual members. Assesses the strengths and personalities of team members to optimize team delivery considering cultural and diversity aspects. Deals constructively with conflicts when they occur.

Producing results	Produces and delivers quality and timely results, monitors, and evaluates the process and outcomes of the implemented change. Is action-oriented and committed to achieving outcomes. Approaches tasks with creativity and is open to exploring new approaches for responding to the health needs of society.
Communication	Facilitates the provision of concise, clear information to stakeholders and the public in health emergencies to prevent rumours and panic. Promotes and supports clear communication in conversation and interaction with others; actively listens. Promotes and supports effective written communications. Identifies, implements, and utilises the most appropriate channels for communication to achieve desired outcomes.

LEADING TRANSFORMATIONAL CHANGE IN HEALTH

Competency definitions and behavioural indicators	
Technical expertise	Demonstrates long-term commitment to excellence. Applies specialist and detailed technical expertise. Through continuous learning and professional development, strengthens functional knowledge and expertise. Demonstrates an understanding of other health functional areas as well as other relevant sectors.
Setting an example	Acts with professionalism, within the organization's ethical and legal boundaries and encourages others to adhere to them. Demonstrates consistent and uncompromising adherence to strong moral and ethical principles. Behaves consistently in accordance with clear personal standards and organizational values.
Enhancing Public Welfare	Has a clear understanding of health needs in society and a vision for addressing these. Is committed to the development of equitable health policies. Adapts, as needed to best respond to the health needs of the populations, served. Aims at finding the balance between the global standards, local context and individual needs and values. Fights for and guarantees that standards in determinants of health are met. Is committed to the continuity and quality of patient care.
Agility & Innovation	Is open to new perspectives that promote and nurture innovation. Produces ideas that are either new or improved and implementable. Establishes new ways of looking at problems.

Complex systems thinking	Understands the interactions of the individual components and complex behaviours in a non-linear, open, and adaptive system. Has the ability to identify patterns and trends in the health system and understand how they impact the system, using a variety of tools including social listening mechanisms. Is knowledgeable as to policy and governance processes, and the power dynamics in decision-making processes, considers these interactions and boundaries of a complex system to drive real change.
Diplomacy and Advocacy	Possesses strong analytical and negotiation skills and utilizes them wisely to reach a desired outcome. Has the skills to communicate with different leaders of other cultural and political views. Plans coordinates and communicates in a way that attracts support from intended audiences. Applies own expertise and influence to advocate for the improvement in the health of patients and communities Has the ability to address infodemic, including misconceptions and disinformation. Can think strategically and develop creative solutions that consider the interest of all parties involved. Has advanced negotiation skills and can find common ground and reach agreements that benefit all parties involved. Builds trust with stakeholders, communication at the international level and transparency in all the processes.

Annex 2

ELA Quality Assurance and Evaluation Framework

An evaluation framework is a tool for assessing the effectiveness of programs and policies. Evaluation frameworks typically include a set of criteria or indicators that are used to assess the success of an initiative. By gathering and analysing data on these indicators, evaluators can identify strengths and weaknesses in a program or policy and recommend improvements. Additionally, using an evaluation framework improves accountability, increases transparency, and more informed decision-making. By providing a clear and objective assessment of an initiative's impact, evaluators can help stakeholders make more informed decisions about resource allocation, program design, and implementation.

The outline of the ELA Quality Assurance and Evaluation Framework (QAEF) is presented in Fig.1 and explains the co-creation and co-evaluation processes of ELA, with its three sub-processes – planning, development, and implementation. The QA system stakeholders include member states, WHO EURO, education and leadership experts, and ELA participants, involved in gathering and analysis of evaluation data.

The core of the QA process is formed by the cyclical evaluation of ELA activities. The cycle has been designed to provide analysis through three key lenses: educational, administrative and member states accountability lens for funds dispersed and outcomes achieved (Fig.2).

Five key pillars are reviewed over this evaluation cycle (Tab.1). Impact, curriculum, governance and management, advocacy, communication and stakeholder involvement and culture and values. Within each pillar, a series of parameters are evaluated, with the methodology and frequency of evaluation defined.

The impact pillar of the ELA QAEF has been specifically designed to correlate with the three levels of the ELA Competency Framework to support robust evaluation of the ELA impact on the implementation of the WHO/Europe country strategy. This pillar focuses specifically on documenting the outcomes of the project including the impact on; participants' personal development, on WHO EURO organisational learning and on the country-level organisational change. The impact pillar of the ELA Evaluation Framework together with governance and management, communication and stakeholder involvement pillars intersect with an evaluation of ELA culture and values, including diversity, inclusion, and sustainability, and aim at supporting the ELA change culture to ensure constant development of ELA, implementation of evidence-based educational innovations and up-to-date technical content.

Overall, the framework facilitates achieving consistency in the various areas within the Academy, building a culture of continuous improvement and supporting the best possible experience for the learners and continuity of learning through future cohorts and corresponding networks.
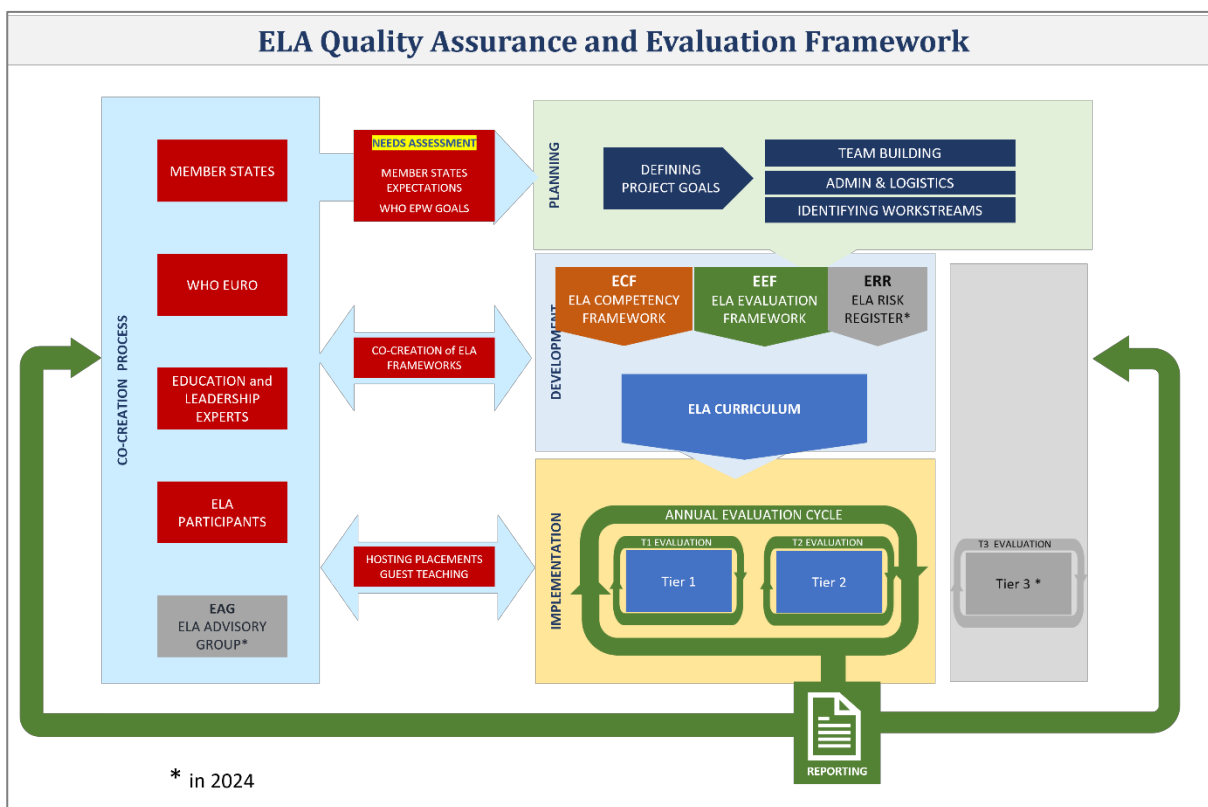
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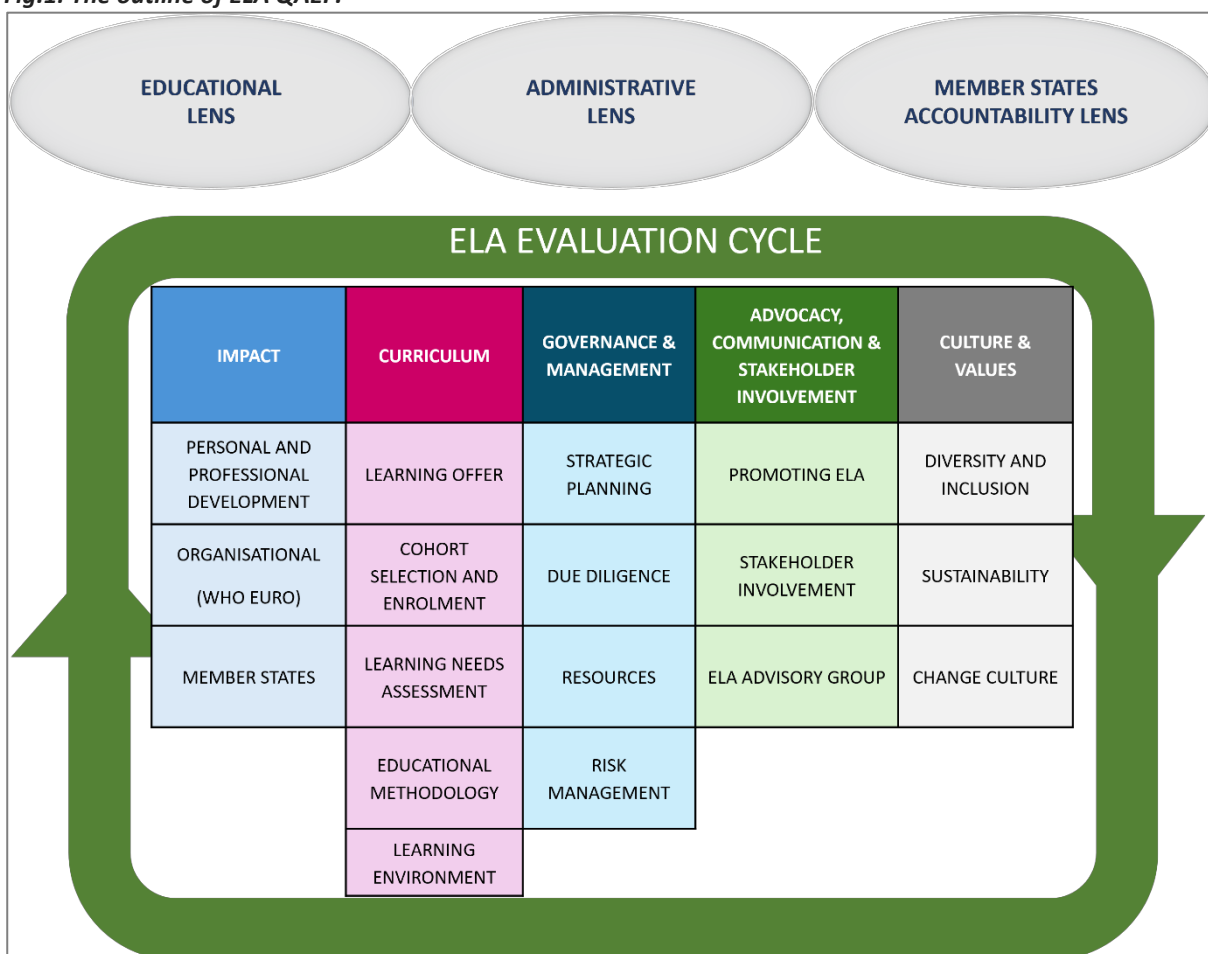

Fig.1: The outline of ELA QAEF.

Fig.2: The three ELA QAEF lenses.
Tab. 1: The ELA QAEF structure.

IMPACT				
PARAMETERS	**DESCRIPTORS**	**DATA SOURCES**	**FREQUENCY**	**MEASUREMENT POINTS**
PERSONAL AND PROFESSIONAL DEVELOPMENT	competence development participation in the ELA experience	initial questionnaire (self-evaluation of competence), portfolio records	continuous	the introductory meeting and continuous review of portfolio
ORGANISATIONAL (WHO EURO)	how EURO benefits from ELA	interviews, formal performance management system, projects completed	2x/T1 cohort and 1x/T2 cohort	after the placements and 1x/year
MEMBER STATES	For T2 – the impact of technical deliverables and organisational change implemented by ELA alumni	technical deliverables, communication with alumni, CoP records	2x/year	following the end of the programme

CURRICULUM				
PARAMETERS	**DESCRIPTORS**	**DATA SOURCES**	**FREQUENCY**	**MEASUREMENT POINTS**
LEARNING OFFER	ELA learning offer benchmarked against learning needs and EPW	ELA curriculum, EPW, WHO EURO strategic documents	1x/year	before the RC
COHORT SELECTION AND ENROLMENT	was the process timely, fair, robust, transparent and in line with established procedures	verification of the application of WHO selection procedures, adherence to rules and ethical principles	1x/cohort	after each selection process
LEARNING NEEDS ASSESSMENT	Evaluating participants learning needs vis a vis ELA Curriculum.	initial survey repeated, all portfolio items (incl. essays, projects, course certificates)	continuous	formative evaluation at mid-point; summative evaluation at the end of programme
EDUCATIONAL METHODOLOGY	Evaluating the quality and contextual applicability of the educational methodology	ELA curriculum and data on global educational standards and developments	1x/year	before the RC
LEARNING ENVIRONMENT	how the learners, teachers and administration feel about the environment created	interviews with learners and staff	2x/T1 cohort and 1x/T2 cohort	at the end of the programme

GOVERNANCE & MANAGEMENT

PARAMETERS	DESCRIPTORS	DATA SOURCES	FREQUENCY	MEASUREMENT POINTS
STRATEGIC PLANNING	aligning ELA vision and mission with EPW goals	document analysis	1x/year	before the RC
DUE DILIGENCE	alignment with WHO regulations and procedures, financial and administrative management	Document analysis	ongoing	constant process
RESOURCES	ELA resources needed for implementation of tiers and cohorts (HR, financial, hardware, software)	document analysis	1x/cohort	before the new cohort
RISK MANAGEMENT	identification and prioritization of risks to minimize their impact on ELA	ELA risk register	under development	under development

ADVOCACY, COMMUNICATION & STAKEHOLDER INVOLVEMENT

PARAMETERS	DESCRIPTORS	DATA SOURCES	FREQUENCY	MEASUREMENT POINTS
PROMOTING ELA	events, meetings, and activities showcasing ELA and learners	PR outcomes analysis	1x/year	before the RC
STAKEHOLDER INVOLVEMENT	all products and materials related to branding	Product analysis	1x/year	before the RC
ELA ADVISORY GROUP	Stakeholders' representation involvement	EAG reports	1x/year	before the RC

CULTURE & VALUES

PARAMETERS	DESCRIPTORS	DATA SOURCES	FREQUENCY	MEASUREMENT POINTS
DIVERSITY AND INCLUSION	ensuring a diverse, equitable and inclusive ELA culture	multiple resources, incl. questionnaires, interviews and document analysis	1x/year	before the RC
SUSTAINABILITY	verifying CoP activity as a tool for continuous learning and sustainability	activity reports	1x/year	before the RC

CHANGE CULTURE	ensuring the constant ELA transformation informed by the evaluation cycle	document analysis	1x/year	before the RC

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