

Rapid Response Teams Training Programme (RRT TP) Planning and Implementation Guide



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Purpose

The purpose of this document is to provide step-by-step guidance to key national Rapid Response Teams (RRT) stakeholders on how to implement the WHO RRT Training Programme (RRT TP).

This guide provides orientations and recommendations on how to implement the full RRT Training Programme, meeting the learning needs of RRT managers, members, and trainers. Member States organizations may decide to implement part of the programme depending on their needs: they can in this case review the sections of the guide that are of interest for them.

All the resources included on the RRT Training Programme are provided in editable format: Member States organizations are invited and encouraged to adapt them to their specific context. A section of this Guide includes guidance and recommendations on how to adapt the material.

This implementation guide is accompanied by an RRT TP implementation toolbox, that includes a set of customizable tools and templates in electronic format to help tailor-made implementation of the RRT training programme. All tools and templates are listed in annex 1.

The RRT TP implementation toolbox is available here:

<https://extranet.who.int/hslp/package/rapid-response-teams-training-implementation-package-member-states>

For further orientation or support for the implementation of the RRT Training Programme, please contact Learning Solutions and Training Unit, email: ihrhrt@who.int

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1. RRT Training Programme goal and target

The “RRT Training Programme” (RRT TP) is a structured collection of learning resources including learning materials, guidance, and tools (for online self-learning and face-to-face delivery) enabling Member States to plan, implement and evaluate customized training for RRT managers, members, and trainers at national and subnational levels.

The ultimate goal of the RRT TP is to empower Member States, providing them with the resources, guidance and support needed to implement a sustainable plan to establish and manage RRTs, to reinforce the capacities and skills of RRTs and their individual members to early detect and provide an effective public health response to epidemics and other events at national and sub-national levels.

All learning resources in the RRT TP were developed from a global standard perspective and are meant to be adapted by Member States to their country context to meet their specific needs.

The primary target audience of the RRT TP are entities that play an essential role in supporting continuing education and local capacity development in areas related to health emergency preparedness and readiness, including:

- Relevant departments of the Ministry of Health, National Disaster Management Agency, Emergency Operations Center (EOC)/Public Health EOC, Incident Management System, etc.
- National Public Health Institutes, local academic institutions, Non-Governmental Organizations (NGOs) and partners.

The secondary audience of the RRT TP are national professionals (within and outside the health sector) who are or are likely to become RRT managers, RRT members, RRT trainers.

2. High-level design

The RRT TP is designed to address the training needs of key target groups (RRT managers, RRT members, RRT trainers) at national and subnational levels:

- **RRT managers:** persons designated by national authorities to oversee RRTs, ensure their management and coordination in the country (usually based at the National Disaster Management Agency (NDMA) or Emergency Operations Center or equivalent structure).
- **RRT members:** national professionals trained and equipped, with the capacity to be deployed rapidly to timely respond to a public health emergency in coordination with other response efforts at national or sub-national levels in their countries.
- **RRT trainers:** national or international subject matter experts who train RRT members or facilitate RRT training.

Important:

The RRT TP also aims to address training needs of professionals who may intend to become RRT managers, RRT members, RRT trainers, or who may be foreseen by national relevant authorities as candidates for above listed functions.

Within the RRT TP, each target group has a recommended learning pathway, composed of learning resources adapted to the specific targets' functions and needs. Learning pathways are designed to enable progressive learning, from essential knowledge required to specialized technical skills.

The RRT TP is a competency-based, modular programme and includes methods and tools for systematic evaluation of participant learning, enabling learners to monitor their progress and access credentials and certificates.

Figure 1 below provides an overview of the structure and components of the RRT TP.

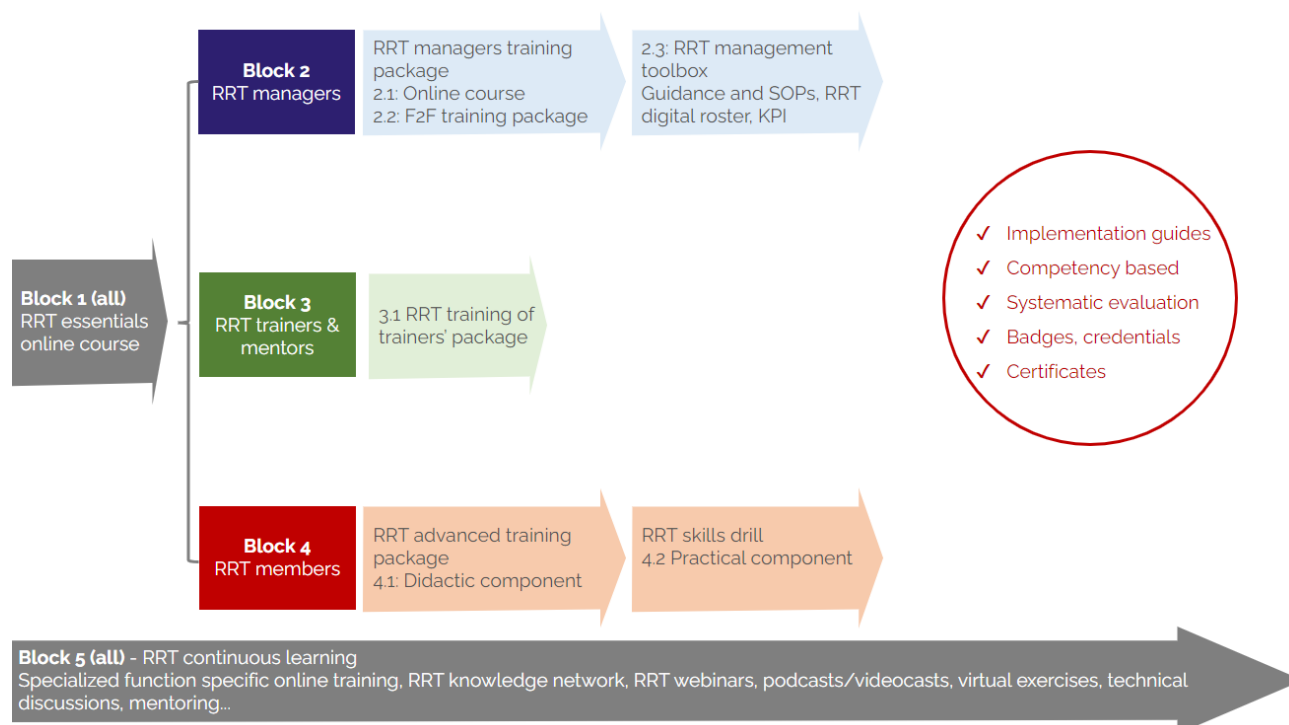


Figure 1. Overview of structure and components of the RRT TP

The RRT TP can be accessed on a dedicated webpage of the WHO Health Security Learning Platform: <https://extranet.who.int/hslp/package/rapid-response-teams-training-implementation-package-member-states>

3. Description of RRT TP components

3.1 Block 1: RRT Essentials Online Course (RRT ESOC)

The RRT ESOC is an online self-learning programme composed of a set of 12 short interactive modules of 30' to 45' duration each. It aims to equip members of RRTs with the essential knowledge, skills, abilities (KSA) and tools needed for early detection and effective public health response to events. For

RRT managers, RRT trainers, RRT ESOC provides a common ground of essential knowledge regarding RRT key activities/functions.

The online modules focus on the following topics:

1. Introduction to Public Health Emergency Response
2. RRT composition and roles
3. Outbreak investigation
4. Active case finding and contact tracing in outbreaks
5. Data management during emergencies
- 6.1 Infection Prevention and Control - Standard and transmission-based precautions
- 6.2 Infection Prevention and Control - Environmental cleaning, disinfection, and waste management
- 6.3 Infection Prevention and Control - Safe and dignified burials
7. Laboratory sample management
8. Responder wellbeing and ethics in emergency preparedness and response
9. Risk communication in emergencies
10. Community engagement in emergencies

Upon successful completion of each module learners can download a certificate of completion. A Certificate of Completion of the programme will be generated automatically upon completion of all 12 modules.

Direct link to the RRT ESOC: <https://extranet.who.int/hslp/training/course/view.php?id=385>

3.2 Block 2: RRT Managers Training Package (RRT MTP)

The RRT MTP is the component of the RRT TP specifically geared to RRT managers. This blended-learning programme aims to provide RRT managers with the knowledge, skills, attitudes (KSA) and tools they need to ensure that RRTs are effectively established, run, tested, and maintained during the preparedness phase, and that RRTs are operational according to set procedures during response phase.

The RRT MTP is of 36 hours duration and combine delivery modes as follows, further described below:

- Online self-learning (4 hours)
- On-the job assignments (6 hours)
- Virtual consultation (2 hours)
- Face-to-face workshop (24 hours/4 days)

Direct link to the RRT MTP: <https://extranet.who.int/hslp/package/block-2-rrt-managers-learning-programme>

Online self-learning: the RRT Managers Online Course (RRT MOC) is composed of 8 short interactive modules of approximately 30' duration.

The online modules focus on the following topics:

1. Establishing and managing Rapid Response teams
2. RRT management in preparedness phase
3. Rapid Response Teams management in emergency phase
4. Rapid Response Teams Monitoring and evaluation
5. Administrative and financial management of RRTs
6. RRT equipment and logistics
7. Responder wellbeing and ethics in preparedness and response
8. RRT manager soft skills

Upon successful completion of each module learners can download a certificate of completion. A Certificate of Completion of the programme will be generated automatically upon completion of all 8 modules.

Direct link to the RRT MOC: <https://extranet.who.int/hslp/training/course/view.php?id=386>

On-the-job assignments are to be completed after completion of the online programme, and before the face-to-face component. It consists mainly of preparatory assignments, such as the compilation of existing national RRT guidelines and Standard Operational Procedures (SOPs).

A two-hour **virtual consultation**, held by the workshop support/facilitation team (more details about this team are available on section 4.2.2) with the RRT Country Stakeholders Team (more details about this team are available on section 4.1.1), will enable to better tailor the workshop content to the country context and current RRT capacity. The RRT Country Stakeholders Team

The RRT Managers face-to-face workshop (RRT MF2FW): a set of training materials including didactic content, instructor and participant guides are downloaded, adapted to country context and used to deliver a 4-day face-to-face workshop, with the objective to provide RRT Managers with advanced knowledge, skills, abilities and tools needed to ensure that RRTs are effectively established, run, tested and maintained during the preparedness phase, and that RRTs are operational according to set procedures during response phase. The training builds on and operationalizes the knowledge offered by the RRT MOC.

Beyond consolidating knowledge and skills, this workshop aims at empowering RRT managers to be able to apply best practices to strengthen their rapid response program for emergencies, by developing/enhancing national RRT plans, guidelines, and SOPs.

The RRT MF2FW covers the following topics:

1. Planning for RRT management
2. RRT Standard Operational Procedures (SOP) development
3. SOPs for RRT management in preparedness phase
4. SOPs for RRT management in emergency phase
5. Review of SOPs from the Occupational Health and Safety and ethics perspective
6. Monitoring and Evaluation of RRT performance
7. Financial management
8. Rapid Response Management and soft skills

An RRT Management Toolbox is made available to RRT managers to facilitate operationalization and adaptation to country context of what they learnt through the RRT MTP.

3.3 Block 3: RRT Training of Trainers Package (RRT TOT)

The RRT TOT Package is a comprehensive structured collection of resources facilitating the planning, designing, implementation and evaluation of training for future RRT trainers and training coordinators.

The resources are to be downloaded, can be adapted to country context, and needs, and used to implement a 4-day RRT training of trainers face-to-face. The training provides future RRT trainers and training coordinators with the knowledge and tools needed to plan, organize, deliver, and evaluate training for RRT members at national and subnational levels using material adapted to the specific contexts and needs of Member States.

The content of the TOT includes the following modules and topics:

Module 1: RRTs in context

- 1.1 RRT establishment and management in country
- 1.2 RRTs mandate, roles, knowledge, and skills

Module 2: Introducing the RRT Advanced Training Package

- 2.1 Overview of the Rapid Response Teams Training Programme (RRT TP)
- 2.2 Demonstration and practice: IPC skills stations: hand hygiene, chlorine, PPE
- 2.3 Roles in the Rapid Response Teams Advanced Training Package (RRT ATP) facilitation team
- 2.4 Teambuilding activity

Module 3: Practicing the RRT skills drill

- 3.1 Purpose and features of the RRT drill
- 3.2 C0 Introduction to the RRT skills drill
- 3.3 C1. RRT activated
- 3.4 C2. At Karan General Hospital: interview with medical staff
- 3.5 C3. At Karan General Hospital: interview with patient and sample collection
- 3.6 C4. Community engagement
- 3.7 C5. Active case finding and contact tracing
- 3.8 C6. Investigation report

Module 4: Ready to facilitate the RRT ATP

- 4.1 Evaluating the RRT ATP
- 4.2 Facilitation team preparatory meeting

Direct link to the RRT TOT package: <https://extranet.who.int/hslp/content/training-trainers-rapid-response-teams-training>

3.4 Block 4: RRT Advanced Training Package (RRT ATP)

The RRT ATP is a structured comprehensive collection of training resources and tools facilitating relevant training institutions to organize, run and evaluate face-to-face training for RRTs tailored to country specific needs.

The package materials are to be downloaded, adapted to country context, and used to deliver a 5-day face-to-face training, with the objective to provide members of RRTs with advanced knowledge, skills, abilities, and tools needed to deploy as part of an RRT, anywhere and anytime to early detect and provide an effective public health response to events. The training builds on and operationalizes the knowledge offered by RRT Essentials Online Course.

The RRT ATP includes the following units and modules:

UNIT A – RRT in context

- A1 Frameworks for emergency response
- A2 RRTs: functioning & coordination
- A3 Deployment & logistic requirements
- A4 RRT deliverables
- A5 Occupational Safety and Health
- A6 Emergency Operations Centers and IMS
- A7 Ethics, prevention of sexual abuse and exploitation in emergencies

UNIT B – Technical modules

- B1 Basic epidemiology for public health practice
- B2 Epidemiological surveillance in public health emergencies
- B3 Data management in emergencies
- B4 Outbreak investigation
- B5 Risk assessment
- B6 Infection Prevention & Control
- B7 Laboratory sample management
- B8 Social mobilization/community engagement
- B9 Emergency risk communications
- B10 Psychological First Aid

UNIT C – Skills drill

- C1 RRT activated
- C2 At the hospital: interview with medical staff
- C3 At the hospital: interview with patient
- C4 Communication and community engagement
- C5 Active case finding and contact tracing
- C6 Investigation report

UNIT D – Evaluation and way forward

- D1 Participant satisfaction
- D2 Participant learning
- D3 Learning transfer to the job

Direct link to the RRT ATP: <https://extranet.who.int/hslp/content/all-hazard-rrt-training-package-version-20>

Once adapted to the national level country context, this training package can be further tailored by Member States to suit the needs of their subnational level RRTs.

3.5 Block 5: RRT Continuous Learning (RRT CL)

RRT Continuous Learning block is composed of a variety of resources aimed at engaging and maintaining RRT managers, RRT members and RRT trainers into a continuous learning process through:

- Providing access to selected specialized online courses and learning resources on technical areas relevant to RRTs and to disease-specific online courses
- Providing access to the RRT Knowledge Network (RRT KN), a global network of RRTs.

The RRT CL block includes learning resources on the following technical areas:

UNIT 5.1 Specialized online courses and learning resources

Emergency preparedness and response
Outbreak investigation
Epidemiology and surveillance
Infection Prevention and Control
Laboratory
Community engagement and risk communication
Psychological First Aid
Ethics during emergencies
Responder wellbeing, Occupational Health and Safety
Soft skills

UNIT 5.2: Disease-specific online courses and learning resources

COVID-19
Ebola Virus Disease
Cholera
Respiratory diseases
Monkeypox

All RRT training participants and facilitators will receive an invitation to join the RRT KN upon completion of their trainings.

Direct link to the RRT continuous learning: <https://extranet.who.int/hslp/package/block-5-rrt-continuous-learning>

Important:

- **An overview of the RRT TP**, consisting of a detailed description of the five learning blocks presented above, including units, modules, activities and learning objectives is available on the RRT TP implementation toolbox (tool 1).
- All tools and templates mentioned on this guide are listed down in annex 1.

4. Step-by-step guide for implementation of the RRT TP

Preliminary assessment

Prior to starting the implementation of the RRT Training Programme, it is recommended that Member States take stock of where they are with regards to RRT capacity.

The assessment of RRT capacity should be done in collaboration with RRT stakeholders and partners – that may need to be mapped - as it is critical to identify key players, understand their roles and responsibilities, and at what stage of the response they are involved in.

RRT capacity can be assessed based on the review and analysis of the following elements:

- Country capacity score reported to the World Health Assembly (WHA) on the implementation of capacity requirements under the International Health Regulations (more specifically capacity C8 National Health Emergency Framework¹).
- Country scores and recommendations further to Joint External Evaluation, more specifically R1.4. Activation and coordination of health personnel and teams in a public health emergency²).
- Existing plans for RRT management, including strategic and operational plans for rapid response programs in-country
- Existing SOPs for RRTs (rostering, staffing, activation, pre-deployment, deployment post deployment, training, Monitoring and Evaluation and improvement planning, etc.)
- Existing national guidelines for RRTs
- National preparedness and response framework/infrastructure, including situating where RRTs fit and how they relate to other national response actors.

These assessment activities can be carried out with the support of WHO and partners.

A 10-step process

A 10-step process was designed to support Member States on the implementation of the RRT Training Programme. For each step, standard templates and tools are provided, that can be used as is or adapted to Member States contexts, needs and constraints.

From the training participant perspective not all steps are successive, the sequence of steps may vary according to the specific learning pathway (RRT managers, trainers, or members).

Figure 2 below shows the recommended phases and steps for implementing the RRT TP, that are further described in subsequent sections.

¹ Guidance document for the State Party self-assessment annual reporting tool, available at: <https://www.who.int/publications/i/item/WHO-WHE-CPI-2018.17>

² Joint external evaluation tool: International Health Regulations (2005) - third edition, available at: <https://www.who.int/publications/i/item/9789240051980>

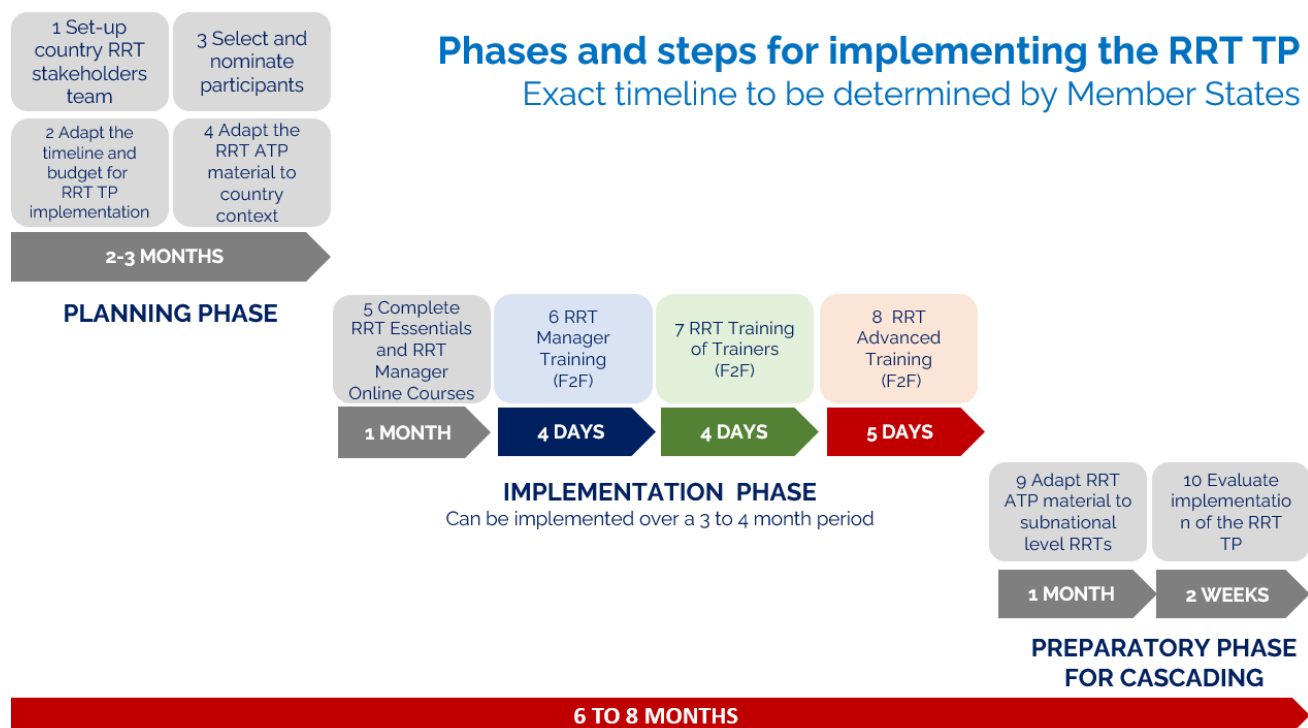


Figure 2. Phases and steps for implementing the RRT TP

4.1 Planning phase

4.1.1 Step 1: Set-up an RRT Country Stakeholders Team (RRT CST)

RRT Country Stakeholder Team composition

The creation of a RRT Country Stakeholder Team (RRT CST) is recommended to support and follow-up on all aspects of the implementation of the RRT TP. The CST can be composed of:

- Ministry of Health/national authorities' representatives, from department or sector in charge of emergency preparedness and response (such as Public Health Emergency Operations Center or equivalent structure)
- Representative of corresponding WHO Regional Office having a responsibility to support emergency preparedness and response
- Representative of WHO Country Office (WHO CO) having a responsibility to support country emergency preparedness and response
- Representatives of Global Outbreak Alert and Response Network (GOARN) partners
- Representatives of selected Public Health Institute and/or local academic institution, covering areas related to health emergency preparedness and response.

In addition to their affiliation and expertise in the technical areas relevant to RRTs, CST members should:

- Be familiar with the national emergency response system
- Have good knowledge and experience with training planification

- Capacity to work collaboratively with team members to achieve results
- Capacity to relate and work well with people of different cultures, gender, and background
- Excellent organizational and monitoring skills.

RRT Country Stakeholder Team terms of reference

Mission

The mission of the RRT CST will be to provide strategic orientation, operational support, and follow-up on all aspects of the programme implementation. The team key tasks may include:

- Review the RRT TP implementation guide and toolbox (this document)
- Review and adapt the RRT TP implementation timeline
- Develop a budget for local costs for implementing the RRT TP
- Lead the process for nomination of participants including RRT national trainers and RRT members, both from national and subnational levels
- Monitor progress of RRT TP implementation
- Contribute to the evaluation of the RRT TP
- Develop a medium-longer term RRT training plan, including cascading of RRT training to subnational levels and continuous learning using the template available on the RRT TP implementation testing toolbox.

Functioning

The RRT CST may be led by the National Authorities (i.e., Ministry of Health) and be supported by the WHO Country Office. The leading person/entity will call and schedule meetings, propose meeting agenda based on the implementation timeline and needs, write, and share meeting minutes, share any relevant documents with the rest of the team.

The RRT CST would hold periodic progress monitoring meetings (virtually or at face-to-face) as well as ad hoc meetings based on specific needs. It is recommended that meetings are held on a weekly basis. The RRT CST may use MS Teams, Google docs, or any other platform/space for sharing documents and working collaboratively.

WHO Country Office may provide technical and organizational support to the implementation of the RRT TP.

Important:

- *Completion of the above listed tasks will be facilitated by the use of templates and tools available on the RRT TP implementation toolbox, that will be referenced on each relevant section below.*

4.1.2 Step 2: Adapt the timeline and budget for the RRT TP implementation

The RRT CST will review the RRT TP implementation timeline available on the RRT TP implementation toolbox and adapt it based on decisions made regarding the implementation overall timeframe.

The timeline will list down in details work packages and activities to be implemented for each phase, the person in charge, deadlines for completion. This can be done using and adapting the RRT TP implementation timeline available on the RRT TP implementation toolbox (tool 2).

The RRT CST will develop/refine the budget for local costs to implement the RRT TP using and adapting the template available on the RRT TP implementation toolbox (tool 3).

While the RRT TP implementation plan and preparatory activities move forward, the RRT CST will develop a medium- and longer-term plan for RRT learning in country, including cascading of RRT training to sub-national levels and engagement of RRT trainees in continuous learning.

The RRT CST will also develop a provisional budget for implementation of RRT capacity building plan in the medium- and longer-term.

Important:

- *Planning for implementation of the programme can be supported by using and adapting the **RRT Training Programme implementation timeline (tool 2)**.*
- *The budget for local costs to implement the RRT TP using and adapting the **template available on the RRT TP implementation toolbox (tool 3)**.*
- *It is critical to establish a budget and secure resources/supplies/materials needed for the RRT TP well before the beginning of the training activities.*

4.1.3 Step 3: Select and nominate participants

Member States will select and nominate participants in each target group – RRT managers, RRT members, RRT trainers - according to recommended requirements defined on Selection and nomination requirements, available on the RRT TP implementation toolbox (tool 4) and recommended numbers listed below. Both requirements and numbers of participants nominated may be adapted to country context specificities.

To ensure proper documentation, enable future follow up of participants and feed (or create) an RRT roster, a list of participants nominated should be accurately completed.

Important:

- *Details on requirements for RRT managers, RRT members and national trainers are available on the **RRT TP implementation toolbox (tool 4)**.*
- ***The template List of participants** available on the RRT TP implementation toolbox (tool 5) will help you collect comprehensive and accurate participant information.*

National RRT Trainers (30-32 persons):

Members of national level RRTs and partners (such as GOARN partners), having a solid field experience in responding to outbreaks and other public health events, having some experience in training facilitation, and expertise on the technical areas listed below:

- Emergency preparedness and response (good knowledge of national structures/mechanisms)
- Epidemiology, surveillance, outbreak investigation, contact tracing
- Data management
- Infection Prevention and Control
- Laboratory sample management
- Risk communication and community engagement
- Mental Health, Psychology, Psychological First Aid
- Health emergency logistics
- Occupational Health Safety
- Ethics during emergencies and prevention of sexual abuse, exploitation, and harassment.

Furthermore, persons having strong organisational and people management skills should be identified as national trainers team coordinators.

Selected national trainers should be committed to facilitating RRT training in the future and allowed to do so by their supervisors/hierarchy.

Important:

- Additional details on **requirements for national trainers** are available on the RRT TP implementation toolbox (tool 4).

RRT members (30 to 35 persons):

Depending on availability of human resources in the country, the 30-35 RRT members may be a mix of national level RRTs (20-25) and subnational level RRTs (10-15). This may include actual members of national and subnational level RRTs and/or professionals foreseen as future members of a national and subnational level RRTs.

Participants' profiles may include epidemiologists, surveillance officers, clinicians - doctors and nurses - laboratory experts, communication and risk communication officers, logisticians, psychosocial support experts, data managers, infection prevention and control specialists, environmental experts, who are likely to be deployed as members of RRTs when an alert is given in their country.

Important:

- Additional details on **requirements for RRT members** are available on the RRT TP implementation toolbox (tool 4).

RRT Managers (number based on country needs, 30 maximum for the face-to-face training):

Professionals fulfilling RRT management roles listed below should be invited:

- RRT Manager/Management Lead
- Deployment/Surge Coordinator
- Training Specialist/Coordinator
- Roster Manager/Data Analyst
- Monitoring and evaluation specialist

RRT managers profiles may include:

1. Emergency response manager/coordinator positions and/or individuals involved in public health emergency response decision-making
2. Rapid response team managers or country equivalents
3. Emergency Operation Center (EOC) managers, if they exist in the country's response structure
4. Human Resources/Administration/Finance for public health emergency response
5. Regional focal points within the country with expertise on cross-border or regional response
6. Individuals involved in public health emergency response decision making at the regional, national and subnational level.

Important:

- Additional details on **requirements for RRT managers** are available on the RRT TP implementation toolbox (tool 4).

4.1.4 Step 4: Adapt RRT Advanced Training Package to country context

The RRT CST and the national trainers' team will be in charge of overseeing the review and adaptation of the content of the RRT Advanced Training Package (RRT ATP) for national level RRTs to the specific context and needs of the country. This may be done through a combination of individual preparatory work, face-to-face-workshop and virtual meetings.

Preparatory work:

Prior to starting the adaptation of the RRT ATP materials all national trainers/experts involved should:

- Complete the RRT Essentials Online Course, accessible at:
<https://extranet.who.int/hslp/training/enrol/index.php?id=385>
The programme is composed of 12 short online interactive modules, that can be completed in 30 to 45 minutes each.
- Review carefully the 5-day recommended package, accessible at:
<https://extranet.who.int/hslp/content/all-hazard-rrt-training-package-version-20>
- National trainers/experts may want to look at the full RRT ATP, accessible from the link above.

RRT ATP adaptation methodology:

- One or more face-to-face adaptation workshops (3 days minimum) can be organized by the RRT CST, involving national trainers selected/experts.

- When needed, and especially if the adaptation of the material is not finalized during the workshop, a virtual meeting can be scheduled to discuss and review proposed modifications.
- It is strongly recommended that a focal person (i.e., from the RRT CST) compiles all material adapted, and does a final review for consistency check, quality control for presentation length.
- All RRT ATP material adapted/finalized can be uploaded into a dedicated platform (MS teams or other) on a date defined by the RRT CST, for easy access to all.
- WHO CO could contribute with the national trainers and experts to the adaptation workshop. Support can be provided in person or at a distance.

Steps for adaptation of the RRT ATP may include:

- Review and adaptation of the RRT ATP standard agenda
- Review of presentations and exercises – in groups by areas of expertise
- Presentation of proposed modifications in plenary
- Implementation of agreed modifications, choice of pre-post-test questions
- Presentation of final version of presentations and exercises in plenary
- Finalization of the adapted agenda

Key recommendations for adaptation of the RRT ATP include:

- All presentations and exercises start with slides that include “Notes to facilitators” in red: these slides provide orientation on content areas that can or need to be customized or completed.
- Existing data and references can be replaced by data and references from the national context (including guidelines, SOPs, etc.).
- Existing examples can be replaced drawn from national trainers/experts own professional experience.
- Diseases in scenarios/exercises can be replaced by diseases that are more common/relevant to the country.
- The length of the presentations should be adapted to the time available for the session (as an average, count 15-18 slides for a 30-minutes timeslot). Be aware that exercises require debriefing, plan for sufficient time.
- The content should be prioritized/lightened if the presentations are too detailed and long.
- Proposed changes/modifications should be highlighted (i.e., in red, yellow) so that they can be easily identified, or added as comments.

Important:

- ***An RRT adaptation workshop agenda, a presentation introducing the recommended methodology to adapt the RRT ATP to country context, and an RRT ATP adaptation tracker are available on the RRT TP implementation toolbox (tools 6, 7 and 8).***
- ***It is recommended to adapt in priority the technical modules/didactic component of the RRT ATP. The RRT skills drill may be run as is, or with minor adjustments that reflect the national context (e.g., describing specific roles of community members such as elected officials, religious leaders, names of departments, role players names, cities, and country name, etc.). If the national team intends to further adapt the RRT skills drill to the country context (i.e., for subnational level RRTs), plan for a 3-day workshop at a later stage, only for that purpose.***
- ***All the adapted material should be consolidated before the Training of Trainers. It is recommended that the files are organized in folders per day, according to the ATP agenda.***

4.2 Implementation phase

4.2.1 Step 5: Complete RRT Essentials Online Course and RRT Managers Online Course

RRT Essentials Online Course (RRT ESOC)

All participants nominated will be invited to create a user account on the Health Security Learning Platform, and complete their profile indicating their name, affiliation, and country, as well as their function.

All participants will be invited to complete the RRT Essentials Online Course. Once the programme successfully completed, participants may be requested to share their certificate of completion with the RRT CST. It is strongly recommended that successful completion of the RRT ESOC is considered by Member States as a requirement for qualifying participants to engage into the next phases, as follows:

- RRT National Trainers: they qualify to participate to a 4-day face-to-face Training of Trainers.
- RRT members: they qualify to participate to the 5-day face-to-face RRT Advanced Training Programme.

Proposed email message to participants:

Dear participants,

In order to start the RRT Training Programme, we are pleased to provide you access to the [Rapid Response Teams Online Course](#) (RRT ESOC) available on the WHO Health Security Learning Platform (HSLP).

If you do not have an HSLP user account, you will be prompted to create one when accessing the course. You will find attached a step-by-step guide on how to register and trouble shoot some common issues.

The online course is composed of 12 short modules (30' to 45' each approximately, but no need to complete them all at once). Upon successful completion of a module (80% at final quiz) you will be granted a Certificate of Completion (you can retake the quiz as many times as needed). Once you have completed all 12 modules, the system will automatically generate a Certificate of RRT ESOC Completion.

Please share your Certificate of Course Completion by email with **insert name of RRT CST focal point (insert RRT CST focal point email)** as soon as you are done, and in any case on **insert completion date at the latest**. If you encounter any issues with completion of the online course, please contact Mrs. Paula Gomez (ihrhrt@who.int).

Important:

- *To prevent and address common challenges in registering and accessing the RRT ESOC, attach to the email to participants the **step-by-step guidance on how to create a user account and register**, available on the RRT TP implementation toolbox (tool 9).*

RRT Managers Online Course

All RRT managers nominated will be invited to use the account they created on the Health Security Learning Platform.

RRT managers will be invited to complete the [RRT Managers Online Course](#). Once the programme successfully completed, participants may be requested to share their certificate of completion with the RRT CST. Successful completion of the RRT MOC will qualify them to engaging into the next phase, as follows:

- RRT Managers on-job assignments
- RRT Managers face-to-face workshop.

Proposed email message to RRT managers:

Dear RRT managers,

In order to move to the next step of your learning pathway on the RRT Training Programme, we are pleased to provide you access to the RRT Managers Online Course available on the WHO Health Security Learning Platform (HSLP) at: <https://extranet.who.int/hslp/training/course/view.php?id=386>.

If you do not have an HSLP user account, you will be prompted to create one when accessing the course. You will find attached a step-by-step guide on how to register and trouble shoot some common issues.

The online course is composed of 8 short modules (30' each approximately, but no need to complete them all at once). Upon successful completion of a module (80% at final quiz) you will be granted a Certificate of Completion (you can retake the quiz as many times as needed). Once you have completed all 8 modules, the system will automatically generate a Certificate of RRT MOC Completion.

Please share your Certificate of Course Completion by email with **insert name of RRT CST focal point (insert RRT CST focal point email)** as soon as you are done, and in any case on **insert completion date at the latest**. If you encounter any issues with completion of the online course, please contact Mrs. Paula Gomez (ihrhrt@who.int).

Important:

- *To prevent and address common challenges in registering and accessing the RRT MOC, attach to the email to RRT managers the **step-by-step guidance on how to create a user account and register**, available on the RRT TP implementation toolbox (tool 10).*

4.2.2 Step 6: RRT Managers Face-to-face workshop

Participant prerequisites

RRT managers having successfully completed the RRT MOC will qualify to participate to the RRT Managers face-to-face workshop.

Facilitation team

The RRT Managers face-to-face workshop could be run with the support of WHO and partners, upon request by Member States. Facilitators of RRT MTP may also include national facilitators, provided that they have the necessary experience and comply with requirements. Four to six facilitators may be

needed to facilitate the RRT MTP; requirements for facilitating the RRT MTP are described in tool 4 Requirements for RRT MTP facilitators.

The RRT MTP facilitation team should be led by a training coordinator, responsible for overseeing the overall implementation of the training, including logistic, organizational, administrative, and instructional aspects. Additional information on the role of the training coordinator can be found on the RRT MTP facilitation team manual, downloadable on the RRT MTP webpage.

Preparatory work for participants

To prepare for the face-to-face workshop, an on-the-job learning period – in between the online and face-to-face components – is recommended, to enable RRT managers to gather and review any plans, SOPs, and guidelines relevant to RRT management available in country, if any, otherwise identify the SOPs that may be needed for RRT management according to the country context. This preparatory work will facilitate their enhancement/adaptation during the face training.

On-the-job assignments will be started only once a decision has been made by a Member State to run the RRT Managers face-to-face workshop.

Instructions to be sent to RRT managers for completion of on-the-job learning activities:

Dear RRT managers,

Congratulations for completing the RRT Manager Online Course. In order to prepare for the RRT Manager face-to-face workshop that will take place from **insert date to insert date in insert city, insert country**, we kindly ask you to complete the following preparatory work:

- Gather existing plans for RRT management and national guidelines for RRTs
- Gather SOPs available for RRTs (rostering, staffing, pre, post deployment processes, etc.)
- Review existing national guidelines for RRTs, and based on what you have learnt through the RRT Manager Online Course (RRT MOC) identify areas to be strengthened
- Review existing SOPs for RRTs and based on what you have learnt through the RRT MOC, identify what SOPs are missing, what is missing in existing SOPs
- Develop an organigram showing where RRTs are located within national emergency preparedness and response infrastructures

Please complete the above tasks and sent the files by email to **insert name of RRT CST focal point (insert RRT CST focal point email)**, at the latest on insert date.

If you have any questions related to the preparatory work, please revert to us at your earliest convenience.

With thanks and regards,

Insert name of RRT CST focal point

Preparatory work for workshop facilitators/support team

Workshop facilitators/support team will review national preparedness and response guidelines, RRT management plans, national RRT guidelines and SOPs, in view of adapting the standard RRT Managers face-to-face workshop content to the country context and existing RRT management capacity.

A virtual consultation will be held by the RRT MTP the support/facilitation team with the RRT Country Stakeholder Team to review the proposed workshop agenda and content tailored to country context and current RRT capacity. Both teams will establish clear roles and responsibilities before, during, and after the workshop.

Implementation of RRT Managers Face-to-face Workshop

Training organizers and facilitators will:

- Download the standard content of the RRT MTP from the Health Security Learning Platform, at: <https://extranet.who.int/hslp/package/block-2-rrt-managers-learning-programme>
- Review the content of the RRT MTP and adapt it to the country context and existing RRT management capacity.
- Refer to the RRT MTP Facilitation Team Manual available on the Facilitators guidance folder for step-by-step guidance on how to deliver the RRT MTP.

Important:

*To support operational planning and implementation of RRT MTP, TOT and ATP, use the **RRT training planning checklist, tool 11** on the RRT Training Programme Implementation Toolbox.*

***RRT Managers face-to-face standard workshop agenda is provided as tool 12** available on the on the RRT Training Programme Implementation Toolbox.*

Certificate of RRT MTP completion

A certificate of completion for the entire RRT MTP may be delivered to participants. Signing instances would be defined on a case-by-case basis, depending on institutions involved in organizing and supporting the training.

4.2.3 Step 7: RRT Training of Trainers

Participant prerequisites

National facilitators nominated and having successfully completed the RRT ESOC qualify to participate to the RRT Training of Trainers face-to-face training.

Facilitation team

The RRT Training of Trainers Programme may be facilitated with the support of WHO (and potentially selected partners), but also by national TOT facilitators (so called master trainers) provided that they have the necessary experience and comply with TOT facilitators/master trainers' requirements. Four to six master trainers may be needed to facilitate the RRT TOT; requirements for facilitating the RRT TOT are described in tool 4 Requirements for RRT TOT facilitators.

The RRT TOT facilitation team should be led by a training coordinator, responsible to oversee the overall implementation of the training, including logistic, organizational, administrative, and instructional aspects. Additional information on the role of the training coordinator can be found on the RRT TOT facilitation team manual, downloadable on the RRT TOT webpage.

Preparatory work for participants

To get prepared and fully benefit from the TOT, participants should complete the pre-course activities listed below prior to the beginning of the TOT:

- Complete the [Rapid Response Teams Essentials Online Course](#)
- Review the content of the Rapid Response Teams Advanced Training Package (RRT ATP), preferably the version of the package that has been adapted to the country context.
- Carefully go through the content of the RRT skills drill (Block C), particularly the facilitators package (can be accessed using the link above).

Proposed message to be sent to RRT TOT participants (national RRT trainers), at least two weeks before the beginning of the TOT:

Dear RRT Training of Trainers participants,

In order to get prepared and fully benefit from the forthcoming training of trainers, to be held from **insert dates** in **insert training venue, city, and country**, we kindly ask you to complete the following pre-TOT activities on **insert date** at the latest:

- A. Complete the [Rapid Response Teams Essentials Online Course](#). Once done, please send your certificate of completion to **RRT CST focal point name**, email **RRT CST focal point email address**.
- B. Carefully go through the RRT ATP material adapted to the context of **insert country name**, available at: **insert link to access the RRT ATP adapted to country context, as a result of the RRT ATP adaptation workshop**.
- C. Carefully go through the RRT skills drill facilitator guide, available on the folder 'TOT content', 'Skills drill' at: <https://extranet.who.int/hslp/content/training-trainers-rapid-response-teams-training>

We look forward to your active engagement during the TOT and to your commitment as a national RRT trainer in the future.

With thanks and best regards,

Insert name of RRT CST focal point

Preparatory work for facilitators

Prior to the start of the TOT, each member of the TOT facilitation team is expected to become familiar with the RRT Training Implementation package, and more specifically:

- Complete the [Rapid Response Teams Essentials Online Course](#)
- Carefully go through the content of the Rapid Response Teams Advanced Training Package (preferably the version of the package that has been adapted to the country context). The content of the standard/global Rapid Response Teams Advanced Training Package is available on the WHO Health Security Learning Platform: <https://extranet.who.int/hslp/content/all-hazard-rrt-training-package-version-20>
- Review the content of the RRT Training of Trainers Package (available at <https://extranet.who.int/hslp/content/training-trainers-rapid-response-teams-training>), including:
 0. TOT facilitation team guidance
 1. TOT content
 2. TOT toolbox
 3. TOT evaluation

Implementation of RRT Training of Trainers

Training organizers and facilitators will:

- Download the content of the RRT TOT from the Health Security Learning Platform, at: <https://extranet.who.int/hslp/content/training-trainers-rapid-response-teams-training>
- Review the content of the RRT TOT
- Refer to the RRT TOT Facilitation Team Manual available on the [RRT TOT webpage](#), on the Facilitators guidance folder for step-by-step guidance on how to deliver the RRT TOT.

Important:

- *To support operational planning and implementation of RRT MTP, TOT and ATP, use the **RRT training planning checklist, tool 11** on the RRT Training Programme Implementation Toolbox.*
- *Requirements for facilitating the RRT TOT are described in tool **4 Requirements for RRT TOT facilitators/master trainers**.*
- *The **RRT TOT standard agenda** can be found, as **tool 13**, on the RRT TP implementation toolbox.*

4.2.4 Step 8: RRT Advanced Training Package (national level)

Participant prerequisites

RRT members nominated and having successfully completed the RRT ESOC qualify to participate to the RRT Advanced Training Programme.

Facilitation team

The RRT ATP will be facilitated by national trainers who completed the RRT TOT. A minimum of 10 to 12 facilitators is required to deliver this training, given that facilitators will both act as Subject Matter Experts in their areas of expertise and contribute to that facilitation of the RRT skills drill, either as team coaches, evaluators and/or role players. Requirements for national trainers are described in tool 4.

The RRT ATP facilitation team should be led by a training coordinator, responsible to oversee the overall implementation of the training, including logistic, organizational, administrative, and instructional aspects. Additional information on the role of the training coordinator can be found on the RRT ATP facilitation team manual, downloadable on the [RRT ATP webpage](#).

Preparatory work for participants

To get ready to fully benefit from the RRT ATP, participants should complete the RRT Essentials Online Course (ESOC). This course will consolidate their knowledge on technical areas relevant to RRTs and ensure all RRT members share a common understanding of each other areas of expertise.

Proposed message to be sent to RRT ATP participants (RRT members), at least three weeks before the beginning of the training:

Dear RRT Advanced Training Programme participants,

In order to start the RRT Training Programme, we are pleased to provide you access to the [Rapid Response Teams Online Course](#) (RRT ESOC), available on the WHO Health Security Learning Platform (HSLP).

If you do not have an HSLP user account, you will be prompted to create one when accessing the course. You will find attached a step-by-step guide on how to register and trouble shoot some common issues.

The online course is composed of 12 short modules (30' to 45' each approximately, but no need to complete them all at once). Upon successful completion of a module (80% at final quiz) you will be granted a Certificate of Completion (you can retake the quiz as many times as needed). Once you have completed all 12 modules, the system will automatically generate a Certificate of RRT ESOC Completion.

Please share your Certificate of Course Completion by email with **insert name of RRT CST focal point (insert RRT CST focal point email)** as soon as you are done, and in any case on **insert completion date at the latest.**

If you encounter any issues with completion of the online course, please contact Mrs. Paula Gomez (gomezp@who.int).

We look forward to your active engagement during the RRT ATP and to your commitment as an RRT member.

Preparatory work for facilitators

- Download the content of the RRT ATP from the Health Security Learning Platform, at: <https://extranet.who.int/hslp/content/all-hazard-rrt-training-package-version-20>
- Review the content of the RRT ATP and adapt it to the country context (see step 4: Adapt RRT Advanced Training Package to country context).
- A preparatory meeting involving the entire facilitation team ahead of the beginning of the training. Resources/supplies/materials needed for the RRT ATP should be systematically checked by the facilitation team before the start of each activity. On the Facilitation team guidance folder, the team will find a preparatory meeting agenda that will help ensure all the team has followed all preparatory steps. Facilitators will also establish clear roles and responsibilities before, during, and after the training.

Planning and design considerations

- It is recommended that RRT TOT and ATP are conducted some time apart (i.e., 2 to 4 weeks, maximum 2 months, and scheduled on workdays only as much as possible).
- If needed, for maximizing the use of resources available, the RRT TOT and RRT ATP may be conducted back-to-back (with a weekend in between the two training events). In this case, it may be necessary to add one more day to the TOT to allow the national trainers who will facilitate the ATP the following week to organize themselves and distribute the roles and tasks as a team of facilitators.

- It is recommended that the RRT TOT and the RRT ATP are residential, to maximize availability of trainers and participants, and provide opportunities for informal experiences sharing out of working hours.
- The RRT ATP can be run throughout 5 days, but it could also work broken up over two time periods or more (for example have the didactic sessions split up from the skills drills).

Implementation of RRT Advanced Training Package

- Refer to the RRT ATP Facilitation Team Manual available in the Facilitators guidance folder for step-by-step guidance on how to deliver the RRT ATP.
- An RRT skills drills facilitator guide can be found on the 'Skills drill' folder: this guide provides step-by-step guidance on how to prepare for and facilitate the RRT skills drill.

Important:

- *To support operational planning and implementation of RRT MLP, TOT and ATP, use the **RRT training planning checklist, tool 11 on the RRT Training Implementation Toolbox.***
- *Ensure you have the participant list ahead of the beginning of the RRT ATP (including names, area of expertise, function, contact details), compose groups (ensure a random assignment of participants with a balanced distribution of expertise and skills between teams) and inform participants about their group and table assignments at sign in.*
- *IDs should be assigned to ATP RRT participants to use for pre and post testing to enable them to verify the immediate impact of the training on their knowledge.*
- *The **RRT ATP recommended 5-day agenda can be found, as tool 14, on the RRT TP implementation toolbox.***

4.3 Preparatory phase for cascading RRT training at subnational levels

4.3.1 Step 9: Adaptation of RRT Advanced Training Package to subnational level RRTs

The RRT CST, national trainers and subnational level RRT members will be in charge of reviewing and adapting the content of the National RRT Advanced Training Package (RRT ATP) for subnational level RRTs. This may be done through a combination of individual preparatory work, face-to-face-workshop, and virtual meetings.

Prior to starting the adaptation of the RRT ATP materials to subnational level RRTs, all trainers/experts involved should:

- Complete the RRT Essentials Online Course, accessible at:
<https://extranet.who.int/hslp/training/enrol/index.php?id=385>
The programme is composed of 12 short online interactive modules, that can be completed in 30 to 45 minutes each.
- Review carefully the 5-day package adapted to the country context.

Adaptation approach:

- One or more face-to-face adaptation workshops (2-3 days) can be organized by the RRT CST, involving all selected trainers/experts.
- When needed, and especially if the adaptation of the material is not finalized during the face-to-face workshop, a virtual meeting can be scheduled to discuss and review proposed modifications.
- It is strongly recommended that a focal person (i.e., from the RRT CST) compiles all material adapted, including following up with reviewers, final review, and quality control for presentation length.
- All National RRT ATP material adapted to subnational level/finalized can be uploaded into a dedicated platform (MS teams or other) on a date defined by the RRT CST, for easy access to all.
- WHO CO could contribute with the national and subnational trainers and experts to the adaptation workshop. Support can be provided in person or at a distance.

Important:

*The methodology and tools used for the adaptation of the RRT ATP to the country context, available on the RRT Training Programme Implementation Toolbox (**workshop agenda tool 6, presentation with methodology tool 7, adaptation tracker tool 8**), can be used to adapt the RRT materials for subnational level RRTs.*

4.3.2 Step 10: Evaluation of the RRT TP implementation

The RRT TP c could be evaluated using a combination of methods, including:

Training analytics that can be made available by WHO:

- Through the digital environment hosting the RRT TP online learning programmes (RRT Essentials Online Course and RRT Managers Online Course), selected indicators will be generated (number of modules completed, average scores, number of accesses, etc.)
- Feedback questionnaires embedded into online modules.

Evaluation data collected by RRT training organizers:

- Online/paper-based feedback questionnaires (participants, facilitators, WHO CO and national counterparts' focal points)
- Interviews with selected stakeholders (participants, facilitators, WHO CO and national counterparts' focal points)
- RRT program key performance indicators - measuring how these change over time would help identify gaps/challenges to address in future trainings.

Evaluation data will be analyzed by the RRT CST, and decisions will be made regarding modifications needed on the adaptation of content, methodologies, guidance documents and tools of the RRT TP

5. Cascading RRT training at subnational levels

5.1 Cascading model

Member States should develop a plan/strategy for cascading RRT training at subnational levels, taking into consideration mainly the administrative structure of the country (number of regions, districts, municipalities), the number of RRTs and RRT members to be trained by levels, human and financial resources available, the time factor.

Different approaches are possible. If Member States need to train their RRTs at the subnational levels, they may need to create a pool of national trainers who will cascade RRT training at subnational levels (this requires conducting several RRT TOT events until the desired number of national trainers is reached).

National trainers may be from the central level only, but RRT facilitation teams can also be created at subnational levels, through implementation of RRT Training of Trainers events.

Figure 3 below introduces how the cascading model can be built:

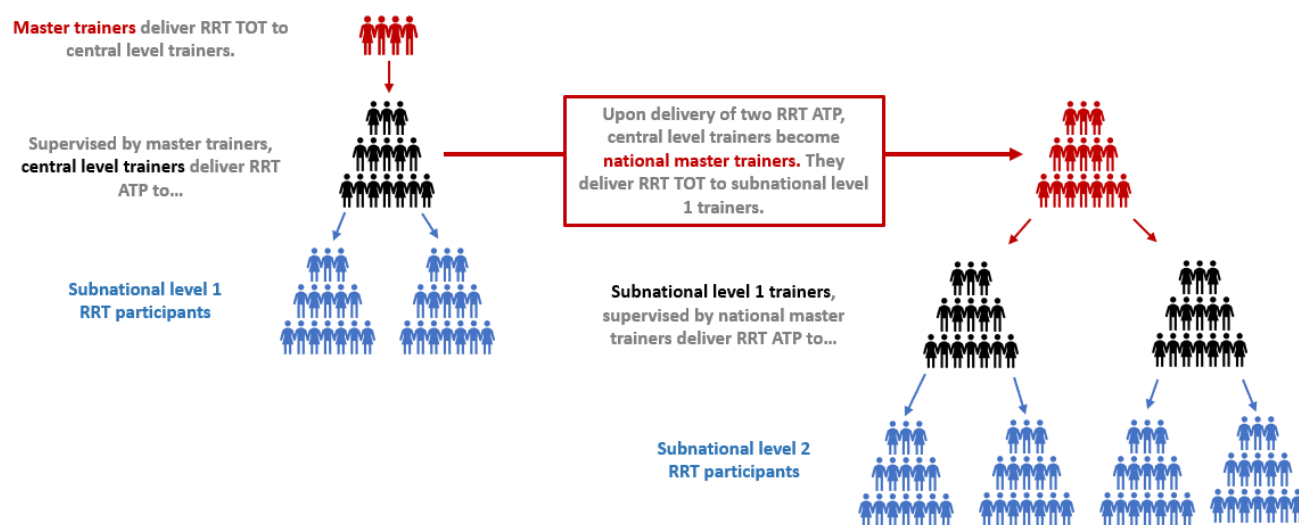


Figure 3: Building the RRT training cascading model

5.2 Considerations for cascading RRT training

National trainers' teams will cascade the RRT training at the subnational levels using the appropriate material. The RRT Advanced Training Package may be adapted to the subnational levels' context and needs or used as is).

An important consideration is that, in addition to adapting the RRT ATP materials to subnational level RRTs context and needs, including sensitivity and awareness of cultural issues, there may be a need for translating the contents into national language.

Ideally, the cascading of RRT training to subnational levels should start within one to three months of the completion of the training of trainers.

The cascading model above presented is based on the idea that master trainers, who deliver RRT TOT, supervise national trainers of the next level below, at the minimum the first-time national trainers deliver the RRT ATP. This would help ensure that the quality of the RRT ATP delivered does not suffer and remains standard throughout the cascading process.

WHO Regional Offices and/or Country Offices may be able to support fundraising for the implementation of the RRT Training Programme.

Annexes

Annex 1: List of tools and templates provided in electronic format as stand-alone editable files on the RRT TP toolbox to facilitate adaptation and completion

- Tool 1 Overview of the RRT TP
- Tool 2 RRT TP implementation timeline template
- Tool 3 RRT TP budget template
- Tool 4 RRT TP selection and nomination requirements
- Tool 5 List of participants' template
- Tool 6 RRT ATP adaptation workshop agenda
- Tool 7 RRT ATP methodology to adapt the RRT ATP to country context
- Tool 8 RRT ATP modifications tracker
- Tool 9 RRT ESOC step-by-step guidance to create a user account and register
- Tool 10 RRT MOC step-by-step guidance to create a user account and register
- Tool 11 RRT training planning checklist
- Tool 12 RRT Managers face-to-face standard workshop agenda
- Tool 13 RRT Training of Trainers standard agenda
- Tool 14 RRT Advanced Training Package standard agenda