WHO UPDATE.....

MENTOR-VIP—a global mentoring program for violence and injury prevention

On a global level, there has been measurable progress in terms of placing the issue of injury squarely on the public health agenda. Recent World Health Organization (WHO) reports such as the *World report on violence and health*¹ and the *World report on road traffic injury prevention*² have documented the magnitude of effects of injury and violence, and have provided the evidence base for effective injury prevention. Both reports have provided framework recommendations for injury prevention and have been supported politically through World Health Assembly and General Assembly resolutions, as well as practically through a range of documents and tools to assist countries to act on the recommendations.

Nevertheless, historical neglect of the injury area means many countries have little capacity to act on and implement these recommendations and tools. The result is a pressing need to develop capacities for injury prevention. In terms of the human resource capacity needs, there is both a deficit of sufficiently well-trained personnel, and of personnel with sufficiently developed skill sets to be effective.

With support from many partners, WHO has contributed towards tackling global training needs with the development of TEACH-VIP, a modular injury prevention and control curriculum³ (available through http://www.who.int/violence_injury_prevention). Since its launch in October 2005, this curriculum is being used in more than 60 countries among a wide variety of training audiences. Translation into six languages other than English has been completed or is being completed, and WHO is actively working to have this material formally integrated in the curriculum of public health schools through its regional offices. Although TEACH-VIP is an excellent means to transfer knowledge about injury, it is not designed to assist people to acquire and develop key skills.

Whereas knowledge refers to an awareness of information or facts and principles, skills refers to an ability to do something well, typically something requiring training and experience. Skills relevant for injury prevention and control include both those primarily technical in

nature and skills relying more on personal interactions. Examples of relevant technical skills include conducting research, establishing surveillance systems or contributing to policy development. Examples of skills related more to personal interactions include effective communication, providing leadership or project management, fund-raising, and intersectoral collaboration and networking.

Definitions of mentoring typically emphasize skills development through the exchange of experience between a more skilled or experienced person and a lesser-skilled person, and mentoring is an established approach to developing skills. Therefore, the rationale for WHO developing a global mentoring program for injury and violence prevention—hereafter referred to as MENTOR-VIP—is to respond directly to the skills building (as opposed to training) aspect of the human resource capacity needed for injury prevention and control.

MENTOR-VIP has emerged as a follow-up priority and as an important complement to WHO's injury training work. Consensus on the overall vision and structure of the mentoring program has come from a wide-ranging set of discussions among WHO and its collaborating centres network, followed by meetings with global injury prevention and control experts during the eighth World Conference on Injury Prevention and Safety Promotion, and a WHO consultation in June 2006.

These decisions include structuring the program around individual-to-individual forms of mentoring involving a mentor and a mentee. The mentoring arrangements will have a duration of 12 months, with the first cycle of the program beginning in September 2007. Each mentoring pair will be responsible for composing a mentoring accord that clearly describes the work the pair will undertake together over the mentorship. This accord will unambiguously define and describe key aspects of the mentorship such as the skills development objectives of the mentee, the communication plan, as well as clarification of commitments to one another and whether meetings are planned or institutional support is to be expected. Apart from the mentoring

accord, other key documents for the program include a mentor and candidate profile which will allow matching between mentors and mentees, and a program description and terms document that lays out a general description of the program, including its underlying principles and issues related to its administration.

MENTOR-VIP will be pilot tested for 2 years, with two cycles of 15 mentor/mentee pairs. The program will, at least initially, target younger injury practitioners from low- and middle-income settings. The program will be structured around low-cost interaction, such as electronic and telephonic forms of communication and interaction. WHO will initially constitute a group to be known as the core group, of 7–9 individuals who will provide overall guidance to the program, approach individuals to become mentors, assess candidatures and award mentorships, and provide guidance for important activities related to the program, such as evaluations.

Evaluation of MENTOR-VIP will be conducted after the pilot test phase and after its first 5 years of function. WHO expects that MENTOR-VIP will be an important contribution to building global capacity for violence and injury prevention and control. There is a strong argument for targeting skills development as an approach to strengthening the human resource component of this capacity, and the program is timely as well as having a good potential to further catalyze collective effort among the international injury prevention community.

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