WHO Academy Inaugural Conference

Technical report

11th February 2025, Lyon, France

World Health Organization

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Executive summary

The inaugural WHO Academy Conference on Lifelong Learning in Health: A Global Outlook took place on Tuesday, 11 February 2025 at the WHO Academy campus in Lyon, France, with an option for online participation for some of the conference sessions.

Following the opening of the Academy in December 2024, this conference represented a timely opportunity for the lifelong learning in health community to share insights and best practices in the design, development and delivery of healthcare education in interaction with WHO Academy experts and stakeholders.

This conference brought together more than 100 professionals and policy-makers from across the globe to contribute to quality assurance processes for high-quality lifelong learning and to impact health outcomes. The central theme of the conference was lifelong learning for social inclusion and equity, addressing how lifelong learning can promote access to education for all, particularly learners in low- and middle-income countries (LMICs).

The conference agenda included:

- Introduction from the WHO Academy Executive Director, David Atchoarena
- Keynote address by Professor Asha Kanwar (Beijing Normal University), Chair of the WHO Academy Advisory Group on Lifelong Learning in Health
- Round table discussion featuring global learning and health experts who shared best practices and success stories on improving learning opportunities and implementing online and blended courses
- Series of in-person workshops on the localization of learning content, the potential of team-based learning and assessments, and learning recognition of WHO Academy courses
- Closing plenary by Professor Janusz Janczukowicz (Medical University of Lodz), Chair of the WHO Academy Quality Committee

This technical report summarizes key messages from each of the conference sessions.

Introduction from the Academy

David Atchoarena, Executive Director of the WHO Academy, opened the conference. He explained that:

"Quality is essential and it is a keyword for the entire operation of the Academy. The aspiration is for the Academy to become the global leader for lifelong learning in health, which will require bringing a lot of expertise together, and to build a lifelong learning ecosystem in partnership with other institutions, such as WHO collaborating centres."

David Atchoarena added that as there are more than 65 million health workers globally, online training is considered to be an important modality that in turn requires a specific pedagogic approach. In 2024, the WHO Academy published its *Collaboration Framework*, and the *WHO Academy Quality Standards* will be published later in 2025. The work on quality is also related to the broader mandate of WHO.

Currently, the WHO Academy learning platform[1] offers 109 different courses, reaching close to 200 when counting courses in the various languages. As social accountability is one of the key principles of the WHO Academy, all courses are available at no cost to the

[1] https://whoacademy.org/

learner. Most of the courses are currently delivered in English, but the platform offers courses in 12 languages in total.

Keynote presentation

Professor Asha Kanwar (Beijing Normal University), Chair of the WHO Academy Advisory Group on Lifelong Learning in Health delivered the keynote presentation. In her keynote, Professor Kanwar focused on the status of lifelong learning in health through establishing the context and later outlining perspectives on lifelong learning, lifelong learning in health and the way forward regarding self-directed learning and community learning.

The content of the presentation was structured around Sustainable Development Goal 3 (Good Health and Wellbeing)[2] for which the recruitment, development, training and retention of the health workforce are crucial. In particular, she outlined the fact that currently 4.5 billion people are lacking access to essential health services and by 2030, according to WHO, there will be a shortfall of 11 million healthcare workers.

The three key trends affecting the healthcare sector are demographics, technological developments and the climate crisis.

There is a need for lifelong learning in health to stay abreast of the latest developments, improve critical thinking and problem-solving skills and enhance communication and

[2] https://www.globalgoals.org/goals/3-good-health-and-well-being/

collaboration skills, as well as to provide continuous professional development, quality healthcare, maintain compliance with regulatory requirements and improve patient outcomes.

When looking at the perspectives on lifelong learning, there are three dimensions of lifelong learning:

1. When? (Life phases: from cradle to grave; life-wide)
2. How? (Modality of delivery: formal, non-formal, informal)
3. What? (Learning domains: personal, social, cultural, developmental)

According to John Aitchison (2004), there are also two competing visions of lifelong learning: "the one visionary and all-encompassing, the other driven by narrower interests related to training, competency and the world of work".[3]

Professor Kanwar presented examples of lifelong learning from four countries: Australia, Singapore, Malta, and Trinidad and Tobago.

When looking at lifelong learning in health, there is a focus on Continuing Professional Development (CPD) and self-directed learning, but there are certain challenges such as a lack of appropriate CPD systems (encompassing support, fitting in with family obligations and recognition).

According to work by Professor Salman Guraya, the key pillars in lifelong learning are interprofessional education and practice, medical professionalism, academic and physician leadership, digital professionalism and collaborative practice.

Lifelong learning should not be perceived as a mere course or a programme. It is a culture that needs to be integrated in every aspect of life, to support the individual, community and society. Policies and programmes should focus on promoting a "learning culture".

Professor Kanwar concluded by illustrating the way forward and the setup in which the WHO Academy will need to operate to address the challenges of today and tomorrow.

[3] https://cae.ukzn.ac.za/wp-content/uploads/2022/10/LLinSA.pdf

- According to the World Economic Forum report from 2020, over 50% of healthcare professionals will need skilling or upskilling by 2025.[4]
- Lifelong learning at present is dominated by pedagogy, but there is less andragogy (non-formal, self-directed learning) and almost no heutagogy (informal, learner-determined learning). Self-directed learning faced phenomenal growth during the COVID-19 pandemic.
- Lifelong learning content is needed in local languages and in low bandwidth settings in order to reach the "bottom billion" and address inequalities.
- Health educators need to offer more content with Open Educational Resources (OER).
- Micro-credentials are gaining popularity. However, the critical success factor for micro-credentials is providing learner support and, in many contexts, human-human interaction is crucial.
- Lifelong learning is a social process. Social capital is a key success factor and support groups/self-help groups are helpful for health outcomes.

[4] https://www.weforum.org/publications/the-future-of-jobs-report-2020/

Roundtable

Speakers:

- **Sheila Bonito** (Dean, University of the Philippines Manila)
- **Isabel Duré** (Consultant, Pan-American Health Organization – PAHO – Virtual Campus for Public Health)
- **Tambri Housen** (Associate Professor, Australian National University)
- **Saturnin Enzonga Yoca** (Director for Quality Assurance, African and Malagasy Council for Higher Education CAMES)
- Moderator: **Bart Janssens** (Director for Learning and Innovation, WHO Academy)

According to Professor Saturnin Enzoga Yoca, the **fundamental challenge to implementing lifelong learning in health globally** is the digital gap, which hampers access to online training and resources and the access issues exacerbated by the lack of

connectivity and digital literacy. Currently, there is no internationally recognized framework for lifelong learning. The heavy workload of healthcare workers must also be considered, and inclusive practices are vital here. As a response to these challenges, the CAMES[5] member states have established digital online universities to support training in this area.

Tambri Housen mentioned that there has also been a change in lifelong learning, requiring it to become more entertaining and engaging due to changing learning styles. The ultimate question is how to keep learners engaged, and how to engage them in the way in which they prefer to learn.

It was also mentioned that trainings need to be relevant and context-specific, and meet the needs of learners globally through an appropriate balance between standardization and localization. A strong culture of lifelong learning in the healthcare sector can only be achieved if this learning is recognised and counts towards career progression.

With regards to **better collaboration and sharing of good practices to improve the quality of professional lifelong learning training opportunities in healthcare**, Isabel Duré provided the example of the PAHO Virtual Campus for Public Health[6] that was launched 20 years ago and currently has more than 300 active courses. The educational model of this campus is based on work as a lever for learning. The courses on the Virtual Campus are free, and while 80% of the learners are Spanish sp

.eakers, courses are also available in English, French and Portuguese. The challenges encountered by this campus have also included adapting to new technologies and aligning the context of courses with the needs of different PAHO countries.

Professor Sheila Bonito provided her experience from the University of the Philippines Manila as a WHO collaborating centre[7] where contextualization of learning and learning materials is a priority. She emphasised that the quality of professional lifelong learning opportunities can be improved by the content, context, focus on the learner and by leveraging technology.

When asked to share **a success story of implementing an online or blended lifelong learning programme in a health-related field**, Professor Saturnin Enzoga Yoca referred to the new Master's degree in Public Health with a specialty in One Health, implemented by the Université de Lomé in Togo[8] for hospital and university staff who already have a

[5] https://www.lecames.org/
[6] https://campus.paho.org/en
[7] https://apps.who.int/whocc/Detail.aspx?1BBbavjDwKL+UYV6x4LDUw
[8] https://yop.l-frii.com/formations/ul-appel-a-candidatures-2023-2025-master-sante-publique/

doctorate in medicine or pharmacy, and mentioned that these students are highly motivated as they are not yet tenured.

Isabel Duré gave the example of primary healthcare where the intention is to georeference the users of this course and train them for a certain accredited system through the PAHO Virtual Campus, as well as an example from psychologist training for which the content on mental health was obtained from WHO Academy's mhGAP: Integrating mental health into primary care[9], amongst others. In addition, the Virtual Campus is a mandatory supplement to other courses in some countries, and certain universities in the region now recognise Virtual Campus certificates in their post-graduate degree programmes.

[9] https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme

Tambri Housen mentioned that at the Australian National University, they developed modules on contact tracing[10] at a time when there were no resources available. These modules were hosted on their COVID-19 platform and later translated into six languages. Tambri Housen added that WHO is in a good position to identify and understand the learning needs around the world, even in acute emergencies.

Professor Bonito referred to the successful example of the Leadership Development Programme for public health nurses and midwives (LDC-PHN)[11] that includes six courses representing the six public health pillars of WHO, where the shift from face-to-face to online learning took place due to the COVID-19 pandemic.

All panellists agreed that in the development of courses, cooperation with researchers is crucial as practice needs to be evidence-based. Similarly to WHO, PAHO also has collaborating centres. Identification of learning needs are the backbone of research, and there is an increased need for robust monitoring and evaluations systems in order to measure the impact of trainings.

The roundtable participants were also asked to comment on **the relevance of georeferencing**[12] mentioned by Isabel Duré when discussing her work on the PAHO Virtual Campus, and the relevance of measuring impact. In her response, Isabel Duré underlined the need to localize training to ensure it is relevant to target audiences, including those in underserved areas. Tambri Housen responded that measuring impact is tricky as the line between contribution and attribution is thin, and it is important to secure more investment in training. Professor Bonito added that monitoring is possible if it is integrated as part of the learning design process, and the participants are aware of this from the beginning.

An important question was raised by the audience on **whether there must be a limit for investment in CPD because of the use of fraudulent certificates** and whether there is an interoperable system for ensuring authenticity.

[10] https://nceph.anu.edu.au/news-events/news/contact-tracing-requires-community-trust
[11] https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/10045
[12] Georeferencing is the technique of spatially locating an entity or phenomenon in a specific geographic coordinate system. This makes it possible to associate territorial information with an exact location on the Earth's surface using coordinate systems. It is a GIS. PAHO Virtual Campus' (VCPH) georeferencing involves spatially locating users both in their places of residence and in the health facilities where they work. This allows the VCPH to align its training programs with the specific needs of local and regional health services. VCPH users' georeferencing is crucial for personalizing health education, improving service efficiency, and strengthening technical cooperation at the regional, national, and subnational levels through virtual campus nodes. Of course, georeferencing then correlates with localization.

In her response, Professor Bonito explained that within her institutional context, there are measures to confirm the validity of e-certificates and a tool for validating that the training took place. It is also important that those learners who stand to benefit most from the training are admitted to the training.

Bart Janssens concluded that, in this conference, two worlds came together; those who work in lifelong learning for public health and those who have expertise in lifelong learning in general. The healthcare sector has always been a somewhat conservative world that is prone to inequity, and has a lot to gain from embracing the potential of new developments. To do this, we must be open to the input and shared learnings of general experts on lifelong learning.

In-person workshops

From global to local: principles for localization of WHO Academy courses

Workshop co-led by **Tambri Housen** (Associate Professor, Australian National University), **Charlotte Berquin** (Team lead, Localization, WHO Academy), **Monty King** and **Megan Sulewski** (Consultants, WHO Academy Quality team)

The workshop aimed to explore how courses can be adapted to different linguistic, cultural, and socio-economic contexts, particularly in LMICs.

The discussion during the workshop focused on:

- defining foundational principles for localization within the Academy;
- grouping principles into broad themes to create a structured localization framework, and;
- applying these principles to a real course case study (Essential postpartum family planning counselling) to assess their applicability in different contexts.

The key insights during the workshop emerged along several themes:

- Course-specific needs analysis and contextual adaptation

    - The development of each course should include a structured needs analysis to determine the extent of localization required.
    - Localization must go beyond language translation and consider cultural norms, healthcare systems and learner needs.
    - Community engagement in course design is essential. Involving local experts, healthcare practitioners and learners in decision-making ensures that courses remain relevant and impactful.
- Embedding localization in course design and pedagogy
    - The course design should be flexible and adaptable to allow for smoother and more effective localization from the very start of the course development process.
    - Pedagogical approaches must be contextually appropriate, considering diverse learning styles, digital access and literacy and professional roles in different regions.
- Ensuring accessibility for all learners
    - Technological accessibility has to be considered when designing courses, including solutions for low-connectivity settings (e.g. offline access, mobile-friendly formats).
    - Disability inclusion must be prioritized with features such as closed captions, screen reader compatibility, alternative text and adaptable formats.
    - We need equity in access, considering localization for different literacy and digital literacy levels, and the needs of marginalized groups.
- Strengthening partnerships and local capacity
    - We must strengthen collaboration with local universities, non-governmental organizations and training institutions to enhance the effectiveness of localized courses.
    - There is a need to promote community-driven approaches involving community health workers and local institutions in adapting content to ensure relevance and sustainability.
    - Local facilitators should be trained and empowered to deliver and adapt courses over time, ensuring long-term sustainability beyond initial localization efforts.
- Applying data-driven decision-making and MEAL[13]
    - We must establish mechanisms to collect feedback from learners, health professionals, and community stakeholders on the effectiveness of localized courses.
    - We need to ensure regular course evaluation and updates to keep content aligned with evolving local needs.

[13] Monitoring, Evaluation, Accountability and Learning

The next steps for the WHO Academy regarding the localization of courses are to:

- develop a structured localization process ensuring that the localization needs assessment and implementation plan are systematically integrated into course development;
- create a localization toolkit (including standard operating procedures, checklists, guidance for learning designers, etc.) to guide course teams in embedding localization from the outset, and;
- engage stakeholders and regional partners to operationalize localization approaches in a cost-effective manner.

Optimizing assessments for team-based learning

Workshop co-led by **Professor Jennifer Cleland** (Professor, Nanyang Technological University Singapore), **Ifunanya Ikhile** and **Lindsay Coyle** (Consultants, WHO Academy Quality team)

The workshop aimed to explore ideas around how to best design and implement assessments for WHO Academy courses in team-based environments.

The discussion during the workshop focused on:

- an overview of assessment in Team-Based Learning (TBL);
- a worked example: Mass Casualty Management course at the WHO Academy, including discussion of its application;
- application of the approach to a course the workshop participants are familiar with.

Peer assessment of Mass Casualty Management Exercise

Please assess how each member of your team has performed in this exercise.

Role of peer being assessed (circle as appropriate): Incident Commander, Resource Lead, Clinical Lead, Security Lead

For each row, please tick either the 'meets standard' box or the 'does not meet standard' box. In each row there is also the option to add comments about your peer's performance.

	Meets standard	Does not meet standard	Comments (optional)
1. communication and team dynamics, encompassing: -clear communication across roles -evidence of active listening and effective collaboration			
2. Role execution - participant fulfils their responsibilities effectively and adapts to challenges			
3. **Decision-Making and Prioritization** - Demonstrates logical and evidence-based decisions under pressure.			
4. Scenario Outcome, encompassing: - Appropriate quality of triage and patient care. - Effective management of resources and security			

Please provide any additional feedback on your peer's performance below.

At the beginning of the workshop, the facilitators gave an overview of TBL, including its application as a "flipped classroom approach" in which students are expected to complete "remembering" and "understanding" type activities in advance of classes, meaning that class time can be used for valuable "creating", "evaluating" and "analysing" exercises. It was highlighted that pre-formed teams are a crucial element of TBL, and while in the academic settings the teams build trust over the academic year, in clinic settings the trust within the team is implicit.

Further, during the workshop, the participants analysed the elements of the in-person components of the Mass Casualty Management course and considered if and how the TBL elements could be assessed within the course.

The key insights during the workshop emerged along the following themes.

- Organisation of TBL
    - Having experience of an active scenario (even hypothetical) allows learners to have prior learnings that can be applied to the scenario if it were to occur in real life.
    - Leadership is important, as well as having clarity around the team roles and the chain of command, especially in hierarchical structures.
- Use of peer assessment forms
    - The confidentiality of the process may impact the objectivity of scoring. Participants suggested that the assessment phase could be confidential but with space for discussion during a debriefing session.
    - How has the choice of competencies to be scored by peers been made, and would peers be objective in their scoring of the outcomes?
    - The weighting of the overall learners' score attributed to peer scoring versus assessor scoring.
- Considerations during team-based assessment
    - Team members may not be able to objectively assess their own performance or may not be willing to score other team members harshly, especially in hierarchical cultures.
    - Highly specialised, experienced teams may be more critical of gaps in performance and decide on lower scores than less experienced teams.
    - It may be assumed that everyone involved in the activity is qualified to assess others' clinical specialties, when this may not actually be the case.
    - Such assessments should ideally be a combination of the judgment of the knowledge of peers and their contribution during the emergency management scenario.

The next steps for the WHO Academy regarding the implementation of team-based assessment are to:

- consider including an element of "external validity" within peer assessments, for example adding the role of a journalist or other impartial body to increase objectivity and review the team's response during a TBL activity externally;
- further exploit the WHO Academy's reach and collect numerous data points on such assessment activities to make it easier to aggregate and calibrate scores;
- explore other team-based assessment methods that incorporate elements of team reflection, and an iterative improvement process based on competency prioritization, and;
- work on a simple, actionable method for developing competencies that could be replicated across a number of contexts, including online, and could be scaled up.

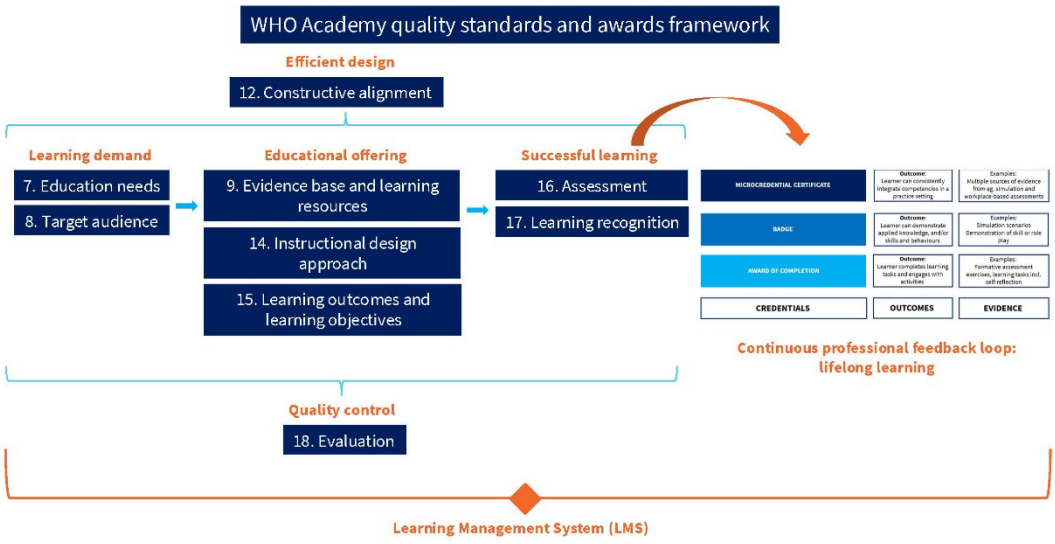
Learning recognition for WHO Academy courses and continuing professional development

Workshop co-led by **Daniel Baril** (Managing Director, Institute for Cooperation in Adult Education), **Asnate Upmace**, **Hossein Hamam** and **Kun Yu** (Consultants, WHO Academy Quality team)

The workshop aimed to generate ideas on how to best support the practical application and external recognition of learning opportunities afforded by the WHO Academy.

The discussion during the workshop focused on:

- identifying the key elements that can best support the practical application of the Academy's award types (especially for learners in LMIC contexts);
- identifying the challenges and opportunities for continuing professional development and learning recognition within participants' local contexts;
- exploring how these elements could be further integrated into the course design or delivery.



The workshop started by presenting the 18 quality standards for courses developed by the WHO Academy and the WHO Academy's awards framework. The facilitators presented the possible recognition tracks as either based on the award itself (Award of Completion, Micro-credential badge or Micro-credential certificate) or based on a particular course or module through higher education credits or CPD.

Daniel Baril provided his insight on adult learning where the dialogue takes place between three actors: the instructor team, the ecosystem, and the learners. The role of quality standards framework is to frame the process of constant flexibility and, with an

operational model based on quality standards, the instructor teams have a tool to build a coherent learning system that is relevant for learners. By means of a badge (i.e. a universal learning credential, separate to the "Badge" award type attributed by the WHO Academy) the learning institution communicates that this learner has truly mastered this knowledge or these competencies, based on a quality framework. The more information provided on the badge, the more it certifies the relevance and value of the course.

The workshop participants were given the opportunity to apply this theory through the practical example of the Basic Emergency Care course.

The discussions during the workshop were structured along the following themes:

- Utilisation of a course such as Basic Emergency Care in a localized context
    - There are three dimensions to a course: Useful – Usable – Used. It is essential to conduct an analysis for each dimension to ensure that the course meets actual needs and is effectively utilised.
    - It is important to demonstrate courses truly respond to the potential learner's needs, and to communicate the relevant information regarding this.
    - The challenge of localization of a course lies in adapting the approach to the context while maintaining the integrity of the content for all learners.
- Recognition of credits awarded by WHO Academy in the local context
    - A credential is fundamentally a matter of trust, and the credentialing process provides learners with a valuable tool for their personal development, career advancement, and employers.
    - It is important to collaborate with governments/ministries of health and higher education establishments to raise the awareness of the materials produced at the WHO Academy and to determine how WHO Academy awards can be recognized and facilitate career progression.
    - The credentials awarded for online and in-person training should not necessarily be identical, as the learning modalities differ. However, in practice, what truly matters are the competencies acquired and the learner's ability to apply them effectively, rather than the format through which they were obtained.
    - The key information to be included in the course presentation to foster recognition includes the expected workload for course completion for the learner, prerequisites, evaluation methods, a brief explanation of the course development process and the stakeholders involved (e.g., alumni who have tested their knowledge against real-world professional experience).

- A micro-credential can lead to a macro-credential (e.g. a master's degree) where micro-credentials can be stackable and or counted towards a macro-credential.

The next steps for the WHO Academy regarding the recognition of its courses are to:

- collaborate with governments/ministries of health and higher education institutions to raise awareness of the materials produced at the WHO Academy and to determine how WHO Academy awards could be recognized;
- explore the possibilities for WHO Academy courses to be certified by national public certification agencies;
- communicate the work completed on defining the standards and criteria for continuing education in the health sector so that national systems could be inspired by and recognize the Academy's criteria to improve their own system, and;
- explore the possibilities for establishing academic partnerships that enable learners to receive university credits from the institution offering the course (an example of collaboration with the University of Geneva was shared).

Plenary session

Professor Janusz Janczukowicz (Medical University of Lodz), Chair of the WHO Academy Quality Committee delivered the plenary session closing the conference. In the plenary session Professor Janczukowicz explained that when talking about lifelong learning, undergraduate education, post-graduate education and CPD usually form the basis of the discussion, but that in fact lifelong learning starts before learners enter the formal education system.

One of the key elements in lifelong learning is interprofessional learning and the “doctor at the top” model does not work anymore. In the healthcare sector, all actors are considered equal and we can only be effective if everyone collaborates.

Most of the individual competencies of healthcare workers are not developed from the patient's perspective. Health literacy of patients and populations must be established before inclusivity is discussed.

One of the greatest achievements in lifelong learning in healthcare has been the transition from the health workforce to the health and care workforce. However,

healthcare professions tend to learn in silos, and there is a separation between the public health and other sectors.

The period of the COVID-19 pandemic was useful for education, but people seem to be regressing to previous post-COVID habits.

Social suffering and structural violence are two issues affecting both patients and healthcare workers. An example of overcoming these barriers comes from Georgia, where students of the Tbilisi State Medical University are sent to remote areas of the country from the beginning of their medical training to care for more elderly populations. This way, patients are partners in education and experts by experience.

Learners' roles are changing, with learners becoming agents of change. They are co-owners of the process of quality improvement in healthcare education for all. The element of sharing is important not just learning for our own learning, but also for supporting others.

There are different sets of competencies (reference to RCCE-IM[14]) and also competency frameworks that differentiate levels of expertise of healthcare professionals (for example, the progression from junior to senior leader).

A new concept that has emerged relatively recently is that of trauma-informed education, which involves seeing people through the lens of trauma. This trauma-informed care approach has been listed as a competency. There are different levels of trauma. Healthcare workers need to be educated to understand patient trauma, but there is also a need to understand the trauma caused by education. Another important aspect to consider is how educational systems support the development of empathy, as generally speaking, education does not emotionally support learners.

Professor Janczukowicz concluded by stating that "Education is needed for peace and peace is not just the absence of war but a state of serenity, good health and life."

[14] https://www.who.int/europe/emergencies/our-work-in-emergencies/rcceim

Way forward

Currently, there are no widely accepted global standards for high-quality learning courses in health.

The WHO Academy will promote the incorporation of quality best practices in learning in the design and delivery of training across WHO to optimize the impact of lifelong learning.

Building on the WHO's 75 years of expertise in setting global norms and standards, the WHO Academy aims to promote quality assurance standards in developing, implementing and evaluating learning materials.

The inaugural WHO Academy Conference brought together global learning and health experts to discuss the role of quality in health learning, training and capacity building. The insights from the conference will inform the finalization and implementation of the *WHO Academy Quality Standards and Criteria*, which will be published later in 2025.