

# WHO Academy Strategy

## 2024-2026

Leading lifelong learning for a  
healthier world



## Contents

List of boxes	ii
List of figures	ii
Abbreviations	iii
Foreword	iv
Preface	v
I. The Academy's response to global health learning challenges	01
1.1 Contributing to the delivery of WHO's strategic objectives	04
1.2 Vision, mission and goal	06
1.3 Target learners	06
1.4 The WHO Academy Campus	08
1.5 Theory of change	08
II. Operational strategy: Expanding and enhancing learning opportunities for the health and care workforce globally	11
Objective 1: Provide innovative learning content on WHO's and Member States' priorities	12
Objective 2: Create high-quality learner-oriented courses	16
Objective 3: Build a partnership-based global learning ecosystem that promotes innovative lifelong learning practices in the health sector	24
Objective 4: Develop and disseminate quality standards and a competency-based recognition framework	25
Objective 5: Foster a culture of continuous learning within WHO	27
Cross-cutting flagship initiatives	29
III. Our operations	32
3.1 Governance	33
3.2 Resources	33
3.3 Monitoring, evaluation and learning	35

## Contents

3.4 Communications strategy .....	35
3.5 Implementation plan .....	35
References .....	37
Annexes .....	38
Annex 1: The Academy's Results Framework .....	38
Annex 2: Monitoring, Evaluation, and Learning Framework .....	40
Annex 3: WHO Academy first courses (2022-2024) by WHO Strategic goals .....	42
Annex 4: WHO Academy priority areas for course development (2024-2025) .....	43

## List of boxes

Box 1: Lifelong learning and Health .....	03
Box 2: The Site .....	08
Box 3: The Academy's learning experience platform .....	17
Box 4: Learning pathways .....	22
Box 5: WHO Academy quality standards .....	26
Box 6: Promoting gender equality .....	30
Box 7: Meeting the needs of Small Island Developing States (SIDS) .....	31

## List of figures

Figure 1: The WHO Academy's Theory of change .....	10
Figure 2: Portfolio strategy .....	15
Figure 3: WHO Academy learning design model .....	19
Figure 4: WHO Career development .....	28

## Abbreviations

CBE	competency-based education
FAO	Food and Agriculture Organization of the United Nations
GPW 13	thirteenth general programme of work
GPW 14	fourteenth general programme of work
GTH-B	Global Training Hub for Biomanufacturing
IARC	International Agency for Research on Cancer
LMIC	low-and middle-income countries
LXP	Learning experience platform
MEL	monitoring, evaluation and learning
OECD	Organisation for Economic Co-operation and Development
PHC	primary health care
QNS	quality assurance, norms and standards
SDG	Sustainable Development Goal
SIDS	Small Island Developing States
SoFraSimS	Société Francophone de Simulation en Santé
UN	United Nations
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
WOAH	World Organisation for Animal Health
WHO	World Health Organization



# Foreword

In 2017, as we launched WHO's Transformation, we consulted Member States and our own workforce to understand their needs. The response was clear and consistent: the need for training. Countries told us they needed support to build capacity for emergency preparedness and response, to tackle the dual challenge of communicable and noncommunicable diseases, and to strengthen their health systems. We recognised the need to establish an academy capable of transforming lifelong learning in health.

The COVID-19 pandemic reaffirmed this need, highlighting how important it is to ensure that health and care workers not only have open access to WHO's world-leading, evidence-based technical guidance, but can also develop the skills and competencies to keep their communities healthy and safe. The rapid pace of scientific discoveries and technological advancements makes it critical for those working in health to continue learning throughout their careers.

In the context of constantly evolving health challenges, and in order to reach health workers in countries around the globe, we need to approach learning differently. Traditional methods such as classroom-based training alone cannot meet the scale and scope of future needs. The WHO Academy aims to lead the way by investing in innovative, qualitative, and globally-accessible learning solutions. By harnessing the latest advancements in adult and competency-based learning, and leveraging new technologies, the Academy will offer learning experiences, delivered at the right time and place for health and care workers, managers, and decision-makers, both online and in-person. As WHO's primary learning centre, the Academy will also offer courses for the organization's workforce and guide them throughout their career development journey.

Since the very inception of the WHO Academy, France and His Excellency President Emmanuel Macron have been very strong supporters, and continue to be. I am very grateful to France, and particularly to President Macron for his personal commitment to the Academy, and to seeing it built in Lyon.

The Academy campus, to be inaugurated in December 2024, will reflect WHO's values and ambitions. It will be an innovative, eco-friendly, collaborative and interactive facility, featuring a state-of-the-art simulation centre.

This inaugural WHO Academy strategy (2024-2026) charts a course to establish the WHO Academy as the world leader in lifelong learning in health. WHO cannot achieve this goal alone. The Academy will forge partnerships with academic, health, and research institutions globally. We invite the engagement of countries, partners, and donors.

The WHO Academy is an investment in equity, health, education, and technology. But ultimately, it's an investment in people, and in a healthier, safer, and fairer future for all.



Dr Tedros Adhanom Ghebreyesus  
Director-General, WHO

# Preface

When I had the privilege of joining the WHO Academy in May 2023, I was both inspired by the potential impact that equitable access to quality health learning could make around the world and convinced by WHO's ambition to become a pioneer provider of digital health learning and a global leader in the adoption of innovative approaches to health education.

The WHO Academy opens to learners globally in 2024, becoming the World Health Organization's learning centre for everyone striving to improve global health outcomes. We will provide free and fair access to quality learning both online and in person, including in our purpose-built new campus in Lyon, France. As we reach this major milestone and begin an exciting phase of growth, I am deeply grateful for the partnerships and support already received and conscious of the scale of the work before us.

The WHO Academy must serve WHO Member States as they tackle challenges in achieving the health-related Sustainable Development targets. By improving how health professionals learn throughout their careers, we hope to catalyse capacity building at the local, national and regional levels in line with Member States' urgent needs. The WHO Academy will ensure that innovations in adult learning and the use of new technologies enable every learner to apply new competencies and drive change in their community. The WHO Academy must also serve the WHO workforce by becoming the organization's main learning centre and contributing to ensure that everybody working within WHO can effectively deliver impact.

This strategy outlines our roadmap for the coming years (2024-2026) and details how we will work towards positioning the Academy at the centre of a global lifelong learning ecosystem. It is ambitious but justifiably so. Building stronger health systems has never been more critical and investing in the people running them is at the heart of this endeavour. Our vision is a world where health and care workers, policy makers and WHO staff have the skills and competencies they need to achieve health for all. We recognise that realising this vision will require substantial, sustainable and predictable investment, particularly during our expansion phase from 2025 to 2029.

I hope you will be inspired by our strategy, and I invite you to join us in leading lifelong learning for a healthier world.

A handwritten signature in blue ink, appearing to read 'Atchoarena', with a horizontal line underneath.

Dr David Atchoarena  
Executive Director, WHO Academy



# Chapter 1

The Academy's response to global health and learning challenges



The WHO Academy strives to enhance the lifelong learning capacity of the health workforce (Box 1). By promoting competency-based learning, we ensure that learners achieve specific skills and knowledge outcomes in practice-oriented situations and settings. The Academy extends learning resources to a wide spectrum of stakeholders, including health and care workers, policy makers, researchers, and WHO staff. We provide accessible and comprehensive opportunities for health and care workers across their careers, regardless of their socioeconomic status or location. We are committed to ensuring that our learning opportunities are accessible to health professionals in all countries.

The WHO Academy was established to respond to critical gaps in health worker education. The world is not on track to achieve the health-related Sustainable Development Goals (SDGs) by 2030. Progress is at half the required rate of change. To make faster progress, health systems and health and care workers need to make better use of evidence-based solutions. Health and care workers also need better access to learning throughout their careers to adapt to evolving healthcare practices and to continually acquire the new skills needed to deliver programmes and services for essential public health functions. These needs are greatest in low-and middle-income countries (LMICs), and the Academy's priority is to reach learners in these countries. The Academy is committed to driving equity in access to learning for health and care workers.

The COVID-19 pandemic highlighted the vital role of a well-trained and skilled health workforce in responding effectively to public health emergencies and protecting the health of populations worldwide. The pandemic showed how important it is for health and care workers to rapidly acquire new skills and stay updated with the latest scientific evidence and guidelines. The pandemic also accelerated the uptake of remote learning, which will be one of the main ways the WHO Academy will share learning.

According to WHO estimates, there were 65 million health workers in 2020 (1) and there will be a shortfall of around 10 million by 2030. Traditional delivery models such as classroom teaching reduce the number of people who can access training, and, in many areas, they also limit the quality of learning. To accelerate the development of a skilled healthcare workforce, workers need access to efficient and evidence-based lifelong learning methods and greater ownership and engagement with their own learning.

Whilst WHO has been providing health guidance based on scientific evidence for the last 75 years, uptake remains too slow. At the same time, rapid scientific and technological advances have sped up the rate at which WHO issues new guidance.

This has made it even more challenging for health and care workers and policy makers to keep pace with change and apply WHO's policy and practice recommendations. Reflecting its importance, the 'timely delivery and uptake of high-quality WHO normative, technical and data products to enable impact at country level' is one of four WHO Corporate Outcomes in the fourteenth general programme of work (GPW 14) (2). By providing access to courses rooted in current WHO guidance, the Academy will play a pivotal role



in making WHO's technical and normative guidance and policy recommendations accessible more rapidly, thereby supporting delivery of this GPW 14 outcome.

There are already many online health-related training courses available. However, the quality of these courses varies greatly and there are multiple and sometimes confusing approaches to recognising learning achievement. This lack of standardisation of both course quality and operational recognition frameworks means that learners take risk taking courses that fail to improve their skills and competencies. There is also a risk that certification is given without evidence of knowledge or skills acquisition. WHO and partners, including UNESCO, OECD, and ILO are collaborating to develop a global framework for the recognition of competency-based lifelong learning in health.

The WHO Academy will lead in operationalising these standards, awarding micro-credentials to recognise learning achievements. We believe this will help to give confidence to learners and employers and help accelerate the uptake of quality lifelong learning in health using the WHO Academy platform.

### **Box 1: Lifelong learning and health**

*Lifelong learning refers to the continuous process of acquiring knowledge, skills, and competencies throughout one's life. Lifelong learning is crucial to ensure that health professionals stay updated with best practices, and evidence-based approaches.*

*It involves the continuous development of competencies and the acquisition of new skills to meet the evolving needs of the healthcare sector and provide high-quality care to individuals and communities.*

*Lifelong learning enables health workers to adapt to new technologies, emerging diseases, and changing healthcare policies. It supports career progression and contributes to the overall improvement of health systems and population health outcomes.*

# 1.1 Contributing to the delivery of WHO's strategic objectives

WHO is launching the Academy to help it deliver the GPW 14 and focus on the priority needs of our Member States. The Academy has a key role in assisting WHO in achieving the overarching goal of the GPW 14, 2025-2028, namely, 'To promote, provide and protect health and well-being for all people, everywhere' (2).

The WHO Academy will advance WHO's delivery of the six strategic objectives of the GPW 14. It will underpin them by fostering an informed, skilled, and adaptable global health workforce. During the strategy period, we aim to be able to provide targeted learning to support all six strategic objectives, ensuring they guide new content on the Academy's platform. We strive to support the strategic objectives of the GPW 14 in the following ways:

## 1.1.1. To promote health

**Responding to climate change:** The WHO Academy will provide access to specialised training modules on climate change and its impacts on health. The Academy will help policy makers integrate climate resilience into public health planning and advocacy, enhancing the global response to this escalating health threat. Health workers will be able to access courses examining the direct and indirect consequences of climate change on public health, including the increased prevalence of vector-borne diseases, food insecurity, and extreme weather events.

**Addressing health determinants and root causes of ill health:** By incorporating social determinants of health into the curriculum offered by the Academy, we will help Member States address the root causes of ill health in policies across sectors. The Academy will give access to courses that explore the interplay between social, economic, and environmental factors and health outcomes, fostering a multi-sectoral approach to health promotion.





### 1.1.2. To provide health

**Advancing the primary health care (PHC) approach:** The WHO Academy supports the advancement of the PHC approach and will strengthen essential health system capacities for universal health coverage by providing access to courses on foundational and advanced aspects of PHC. In time, these courses will cover effective engagement with communities, the development of people-centred care models, and the integration of health services across the continuum of care.

#### **Improving health service coverage and financial protection to address inequity and gender**

**inequalities:** The Academy will provide access to training on health financing models, promote equitable access to health services and protect populations from financial hardships due to healthcare costs. Through targeted modules on health equity, gender-sensitive health service delivery, and financial risk protection mechanisms, the Academy will ensure that health policy makers are equipped to improve health service coverage and advance financial protection strategies.

### 1.1.3 To protect health

**Preventing, mitigating, and preparing for risks to health from all hazards:** The WHO Academy's courses on preparedness will enable learners to anticipate, prevent, and mitigate risks to health stemming from natural disasters, pandemics, and other hazards. In close collaboration with WHO technical units, we anticipate providing training in emergency preparedness, risk communication, and health system resilience.

**Rapid detection and effective response to health emergencies:** Through specialised courses in epidemiology, surveillance, and emergency response operations, the WHO Academy will enhance the capacity of health workers to rapidly detect and respond to health emergencies. In partnership with WHO technical units, we will offer simulations, case studies, and real-time outbreak response exercises, helping Member States prepare and act decisively and effectively in crisis situations.

By providing access to these and other courses, the Academy will support the 'Timely delivery and uptake of WHO normative, technical and data products' to enable positive changes at country level (Corporate Outcome 2). It also supports progress in Corporate Outcome 3, 'WHO tailored country support and cooperation accelerates progress on health', specifically with respect to 'Strengthening access to and use of WHO normative products for impact in all countries'. The GPW 14 (2) notes the Academy's role in providing systematic access to WHO's standards, policy options, guidelines, and other normative products, as well as its role in working with countries to strengthen priority national institutions and capabilities.

## 1.2 Vision, mission and goal

WHO's vision is of a world in which all peoples attain the highest possible level of health. Supporting this, the WHO Academy's vision is a world in which health and care workers, policy makers and WHO staff have the skills and competencies they need to achieve health for all.

The WHO Academy's mission is to build a lifelong learning ecosystem that enables health and care workers, policy makers and WHO staff to develop their capabilities.

To deliver its mission, the WHO Academy has a single goal: to expand and enhance learning opportunities for health and care workers globally.

The Academy has five strategic objectives that, together, aim to deliver this goal.

The Academy's strategic objectives are to:

1. Provide innovative learning content on WHO's and Member States' priorities.
2. Create high-quality, learner-oriented courses.
3. Build a global learning ecosystem that promotes innovative lifelong learning practices in the health sector.
4. Develop and disseminate quality standards and a competency-based recognition framework.
5. Foster a culture of continuous learning within WHO.

## 1.3 Target learners

The Academy targets five main categories of learners. The Academy will prioritise the needs of the first three learner groups in LMICs as these countries have the greatest training needs.

### Health and care workers

This group constitutes the priority target for the Academy and includes medical doctors, nursing and midwifery personnel, pharmaceutical professionals, health and hygiene personnel, medical and laboratory scientists, and community health workers.

### Senior decision-makers

In national health systems, public servants and public health experts who have a mandate to provide oversight or manage national health systems, as well as other decision-makers responsible for mainstreaming health in other public policy domains (e.g., One Health).



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## National institutes for health training

This target comprises institutions providing training to health workers at national level, in support of disease prevention as well as emergency preparedness and response, with a particular focus on LMICs.

## The public

Recognising the pivotal role members of the community play in improving individual and community health and well-being, the Academy also aims to build capacities to promote knowledge and healthy practices across communities.

## WHO workforce

The Academy will be a centre of learning for WHO's own workforce, with a focus on health-related skills as well as general professional competencies. Underpinning the entire WHO transformation agenda process, the Academy will contribute to building a diverse, motivated and fit-for-purpose WHO workforce.

## 1.4 The WHO Academy Campus

The WHO Academy campus is a purpose-built, new learning facility in Lyon, France. It features a high-fidelity simulation centre, advanced distance-learning classrooms, and dynamic spaces tailored for research and collaboration (See Box 2).

When it opens its doors at the end of 2024, the campus will serve as a global hub for learning, attracting learners from all corners of the world. Its primary focus will be on training of trainers and policy makers. In addition to hosting the WHO Academy team, and other WHO learning teams, the campus will also welcome academics and researchers to collaborate on producing innovative learning content. It will provide a venue for high-level conferences and seminars. The campus will also be home to the WHO Lyon office.

### Box 2: The Site

- 11,000 sq.m
- 22 training rooms
- 2 distance learning rooms
- 1 simulation centre with immersive experience
- 1 emergency operations centre training room
- 1 auditorium with interpretation booths
- 1 TV recording studio
- 1 library
- 1 medical station

## 1.5 Theory of change

The Theory of change for the WHO Academy, see Figure 1, describes a pathway from the current state of global lifelong learning in health education to our vision: a future where health professionals, regardless of their location, can access world-class learning experiences. This change is predicated on strategic educational interventions, rigorous standards, and a commitment to continuous improvement and collaboration.

### 1.5.1 Current status

Gaps in health education restrict the capabilities of the health and care workforce to respond effectively to global health challenges. Limited access to high-quality and up-to-date information, coupled with varying educational standards and a lack of widely recognized competency frameworks, hampers the efficacy and responsiveness of the global health workforce.



### 1.5.2 Assumptions

- Cohesive and strategically designed educational content, aligned with WHO priorities, can enhance the knowledge and skills base of health professionals globally.
- Innovative and learner-oriented approaches increase course engagement, satisfaction, and completion rates, thereby improving learning outcomes.
- A global learning ecosystem that promotes innovative lifelong learning practices encourages collaboration, knowledge sharing, and continuous professional development.
- Establishing quality standards and competency-based recognition frameworks enhances the credibility and consistency of health education, leading to broader acceptance and implementation across the sector.
- Continuous skills development and a robust culture of learning among health workers worldwide and within WHO are imperative for addressing current and evolving global health challenges effectively.

### 1.5.3 Strategic interventions and pathways to change

- Development and provision of innovative learning content: By identifying and prioritising learning content based on WHO priorities and integrating cutting-edge techniques, the Academy will enhance the quality of health learning and its relevance.
- Global learning ecosystem construction: Through fostering partnerships and collaborative platforms, the Academy will enable the exchange of knowledge and experiences, establishing a global community of practice in lifelong learning for health education.
- Quality standards and competency-based frameworks implementation: By developing and advocating for the adoption of online educational quality standards and competency-based frameworks, the Academy will ensure that learning achievements are recognised globally, facilitating a harmonised approach to health education.
- Facilitation of continuous learning and skills development: Support for ongoing professional development amongst the health and care workers globally and in WHO underpins a culture of continuous improvement and adaptation to new health challenges.

### 1.5.4 Desired outcomes, goal and impacts

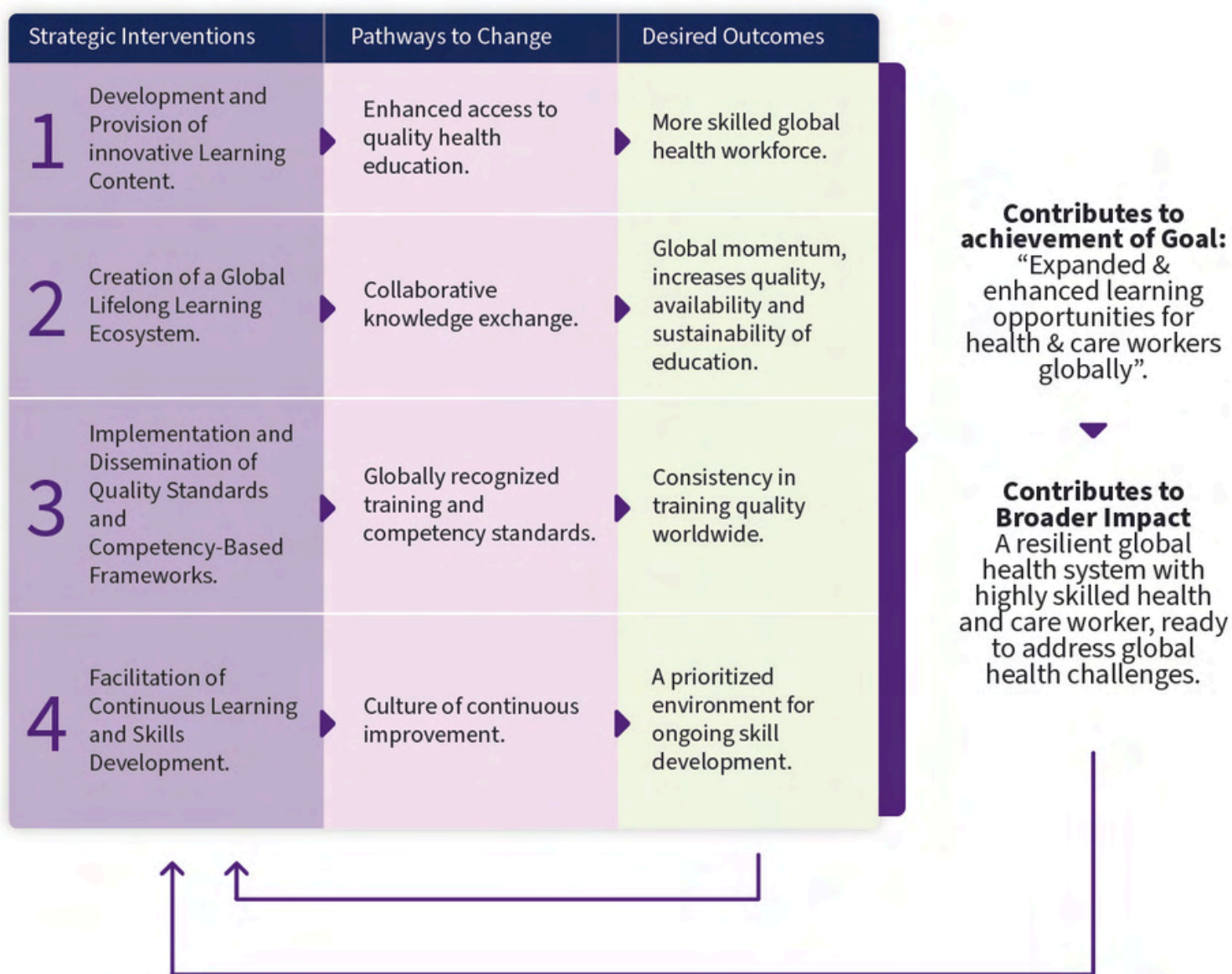
- A more skilled and responsive global health workforce capable of innovating and adapting to tackle health issues effectively.
- Enhanced access to high-quality health education and professional development opportunities, especially in low-resource settings, contributing to the reduction of educational inequalities.
- The establishment of a globally recognised and harmonised framework for online health education, supporting consistency in training quality and competencies worldwide.
- A strengthened culture of continuous learning among the health workforce globally and within WHO, fostering an environment where ongoing skill development is prioritised and valued.

### 1.5.5 Feedback loops and adaptation mechanisms

Continuous evaluation of educational outcomes and feedback mechanisms will ensure that the WHO Academy's initiatives remain aligned with global health needs and adapt to the changing landscape of health challenges and educational technologies. Our initial results framework, which operationalises this theory of change, is included in Annex 1, along with our monitoring, evaluation and learning (MEL) plan (Annex 2).

**Fig. 1: The WHO Academy's Theory of change**

**Situation:** Gaps in health education restrict the capabilities of the health and care workforce to respond effectively to global health challenges.



Source: Authors' own elaboration



# Chapter 2

Operational strategy: Expanding and enhancing learning opportunities for the health and care workforce globally



As set out in our theory of change, the mission of the WHO Academy is to establish a lifelong learning ecosystem for health and care workers to enhance capabilities and promote global health literacy. By providing continuous learning opportunities, the Academy aims to ensure that health and care workers are equipped with the knowledge, skills and competencies necessary to address evolving challenges in healthcare.

To deliver on this mission, our single goal, to expand and enhance learning opportunities for health and care workers worldwide, guides all our operations and initiatives. We have clustered them into five objectives, and we have cross-cutting flagship initiatives and priorities. These objectives are, therefore, mutually reinforcing and interdependent. This section outlines the objectives and how we intend to implement them.

## **Objective 1: Provide innovative learning content on WHO's and Member States' priorities**

### **Competency-based learning**

The WHO Academy aims to be the world's platform for high-quality health education and to help build health and care workers' capabilities worldwide. In delivering its goal, the Academy will focus on the learning needs of users and be responsive to new health learning needs. Starting with essential public health activities, our courses will follow WHO's universal standards and other competency guidelines, focusing on practical, skill-based learning. The Academy will design an impact evaluation system that connects assessment processes to health and systems performance indicators.

The competency-based approach guides the entire process implemented by the Academy. It underpins course design, delivery modes, teaching tools, learning activities, assessment and recognition of learning achievement, the evaluation of learning impact, and the transfer to practice. We develop our courses following a rigorous process that identifies specific learning outcomes.

Course activities are designed to reinforce learning and our assessment methods identify whether learning has been achieved, helping the learner to reach the required standard. All courses on the platform will meet the quality standards developed by the Academy (Box 5).

### **Portfolio of courses**

Learning content will be produced and hosted in a variety of ways:

#### **1. WHO Academy courses**

These courses are produced in-house by the Academy and WHO technical units, based on WHO recommendations and guidelines and will be available on the WHO Academy learning experience online

platform (LXP). A first set of 50 Academy courses is being produced and will be available online from October 2024 (Annex 3). The Academy's courses are developed by our learning specialists, in collaboration with WHO technical teams.

## **2. Other WHO courses**

In the medium-term, all WHO learning platforms and courses from headquarters and regional offices will be available through the Academy's LXP. Due to the variety and volume of existing courses, reaching this aim will be a gradual process, which has started with the migration of learning content from the International Agency for Research on Cancer (IARC), OpenWHO and regional offices.

## **3. Hosted courses**

These are courses produced by external partners but hosted on the Academy's platform. These courses result from partnerships developed between the Academy and academic and health institutions.

## **4. Gateway courses**

The LXP will provide access to courses which meet our quality standards and that are produced and hosted on external e-learning platforms.

All courses, including 'Gateway courses' hosted and developed by other providers, will meet the Academy's quality standard criteria (3).

## **Prioritisation**

All learning that the WHO Academy provides on its platform will respond to WHO's identified priorities. The Academy focuses on promoting and facilitating learning on topics that are WHO's and Member States' highest priorities related to health and care workers' skills and tasks.

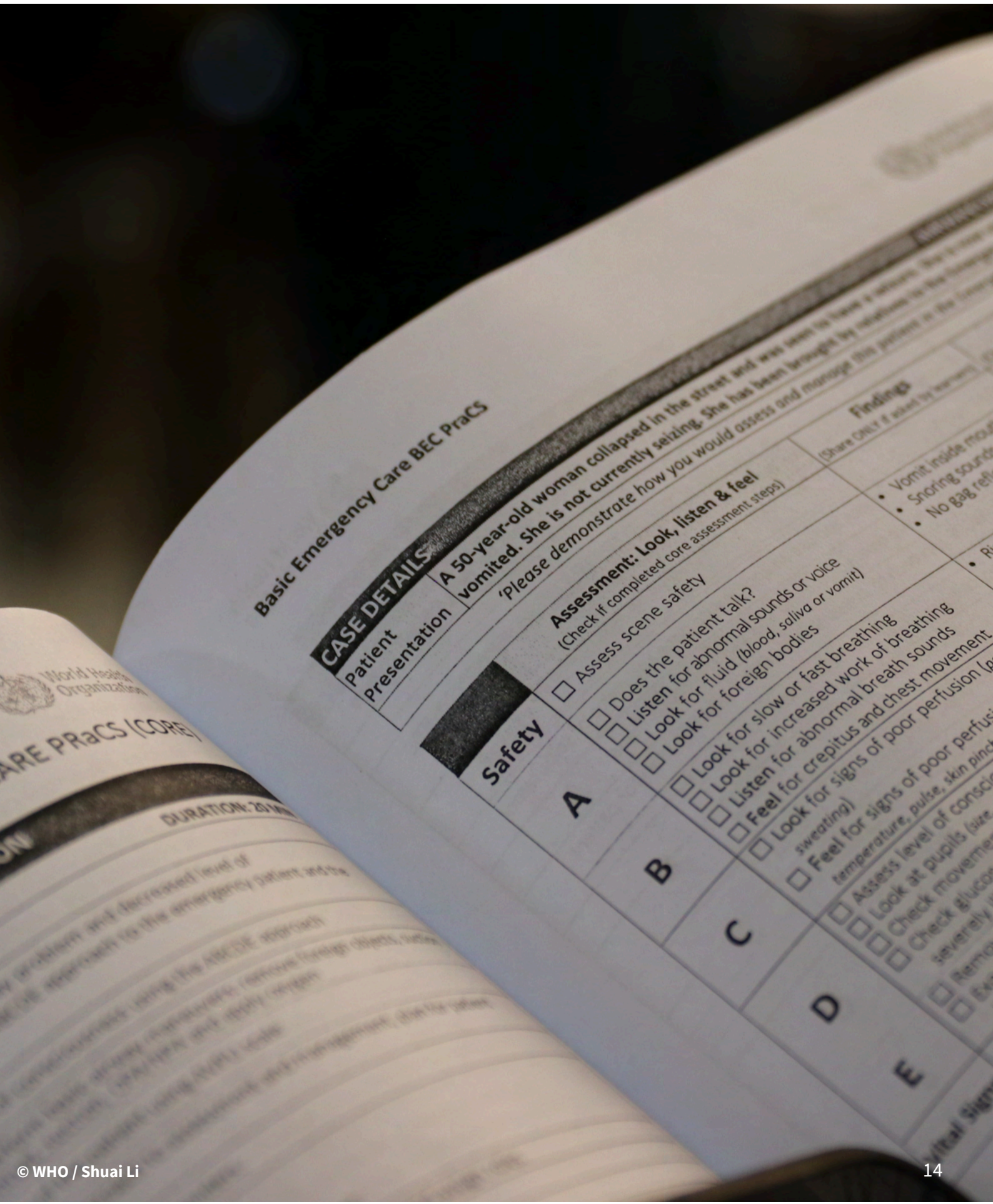
For the first series of internally designed courses, the Academy brought together a WHO-wide selection committee to identify priority thematic areas and target learners, including WHO Departments, and regional and country offices. This ensured that the first series of courses aligns with WHO's priorities as formalised through the Triple Billion targets, the GPW 13 and the SDGs, as well as the needs of individual countries (see Figure 2).

To date, the Academy has developed courses aligned to WHO's priorities of universal health coverage, health emergencies, healthier population and transformational leadership. Specifically, the Academy is producing courses on 1) Universal health coverage, 2) Health emergencies; 3) Better health; 4) Efficient WHO; and 5) Cross-cutting issues. Our portfolio (Annex 3) addresses health systems planning and management as well as direct health care.

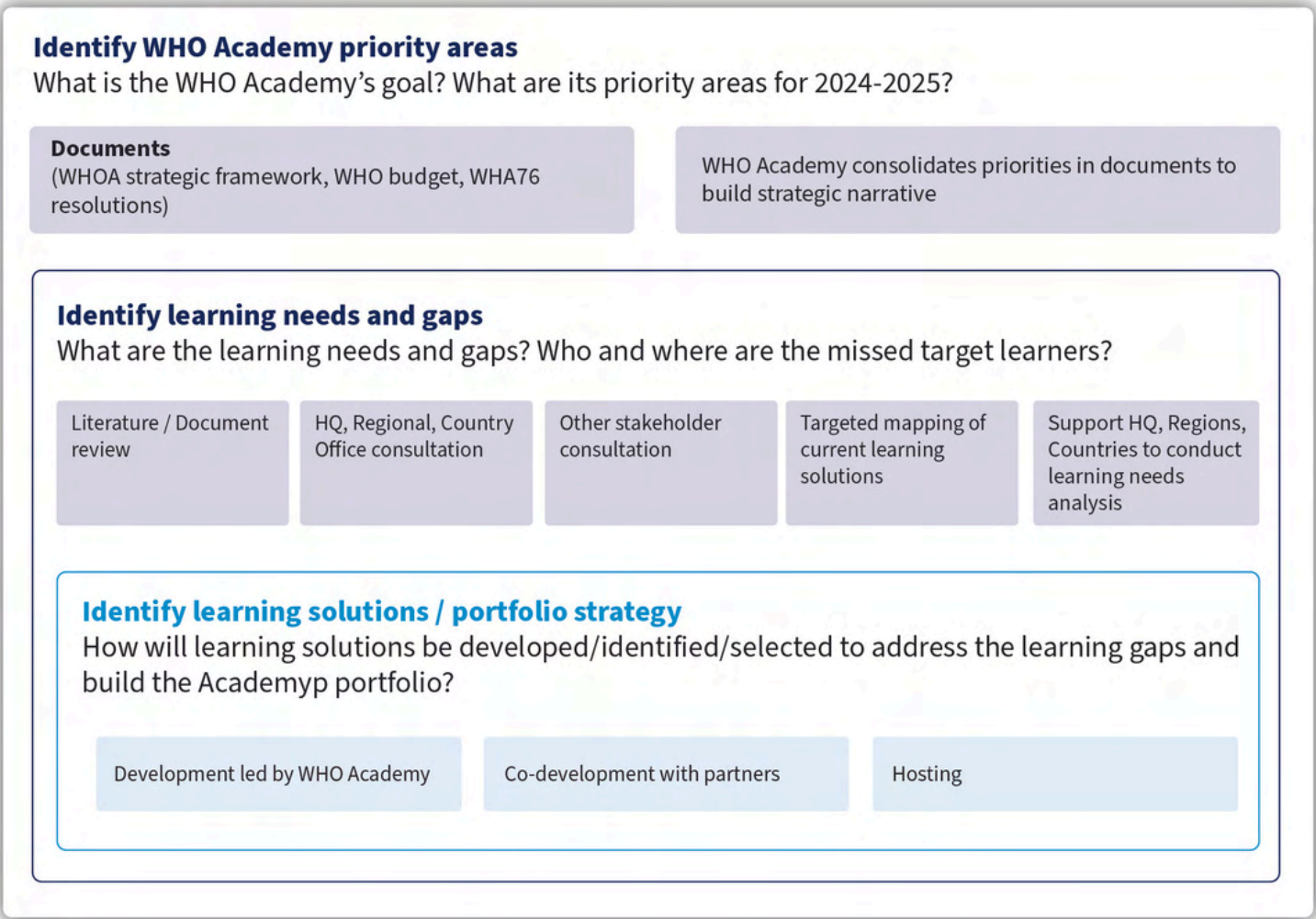
To ensure the Academy develops and hosts material tailored to current and future learning needs, we have refined our approach to identifying priority learning needs – both in terms of theme and geographic location. The priority list was created with input from WHO technical units and regional and country offices (Annex 4).



The list was further shaped by looking at technical unit training plans, reports mapping out learning solutions, national assessment reports, and expert studies identifying gaps. As mentioned above, all our future topics will align with the strategic objectives identified in the GPW 14.



**Fig. 2: Portfolio strategy**



Source: Authors’ own elaboration

**The WHO learning platform for the global health and care workforce**

The Academy will be WHO’s main learning centre, and in the medium term, all WHO courses will be available from the WHO Academy learning experience platform (LXP). WHO currently has many online access points for health worker education material produced by different WHO departments and offices. WHO has committed to making the Academy and its platform the single repository and gateway for all WHO learning materials and providing a ‘one-stop-shop learning solution’.

Due to the variety and volume of existing courses, integration will be gradual. The Academy has developed a roadmap in partnership with the platform owners. It has already made progress towards migrating or hosting material from other parts of WHO, including WHO’s International Agency for Research on Cancer (IARC), OpenWHO and Regional Offices.

This process of integration will accelerate during the period of the Strategy. The Academy’s platform will benefit from the lessons and experience developed by WHO’s largest existing platform, a significant source of learning for health professionals during the COVID-19 pandemic, with millions of users.



The WHO Academy aims to provide universal and equitable access to our online learning on the LXP. Both our learning content and the platform have been designed to favour inclusion and accessibility. For example, learning is organised in small, modular segments, which not only provides flexibility and improves retention for the learner but also enables efficient updates to course content. Equally, this approach facilitates adaptation to the learner's profile and context, such as their preferred language or educational background.

Features like offline mode, seamless progress updates and mobile optimisation ensure a seamless learning experience and address connectivity challenges, while printable resources and audio content cater to diverse learning preferences and accessibility needs. Intuitive navigation and flexible assessment options further empower learners from various backgrounds to engage effectively with educational content. By combining these and many other platform features with our expertise in the design of learning content for adults, the Academy will ensure that everyone, everywhere has fair access to lifelong learning.

OpenWHO's expertise in reaching learners without internet or with low bandwidth is particularly valuable.

## Objective 2: Create high-quality learner-oriented courses

The Academy provides access to learning in a variety of formats. These are adapted to learner preferences and needs as well as learning content and objectives. Some learning can be done online, whereas others require in-person engagement. Some will require observed decision-making and hands-on engagement in simulated environments. The Academy, therefore, provides online, in-person and blended learning approaches:

- **Online:** The online components are delivered on the Academy's LXP, which can be accessed from desktop and mobile devices (see Box 3).
- **Blended learning:** A subset of Academy courses will combine online self-paced learning with live (instructor-led) and/or in-person training at the Lyon Academy campus or in target countries. This will create a dynamic, effective learning environment with peer learning and personalised learning experiences for participants. Courses with hands-on components and/or the need for dialogue with peers and mentors/instructors are most suitable for this delivery model. Examples of these in the initial WHO Academy portfolio include clinical skills or emergency care skills, as well as courses that impact system-level healthcare decision-making. We will increase this portfolio as the Academy expands and we learn more about learner needs. The Academy will provide the online self-paced learning material for blended learning courses, as well as the curriculum, recommended learning activities and facilitators' guides for the non-self-paced learning components.
- **Training hosted in Lyon will focus on leadership courses and training-of-trainers:** The Academy campus will also host a high-fidelity, high-tech simulation centre capable of offering immersive real-world experiences. This simulation centre will aim to become an international centre of reference in simulation-based training for the health sector.



### **Box 3: The Academy's learning experience platform**

*The LXP is a digital learning solution designed to enhance the overall learning experience for individual learners. It goes beyond traditional learning management systems by focusing on user-centric design, personalisation, and a more dynamic approach to learning.*

**1. Content aggregation and curation:** *The LXP aggregates and curates learning content from various sources, including internal and external repositories, online courses, videos, articles, and more. Content curation involves organising and presenting the content to make it more relevant and engaging for each learner.*

**2. Personalisation:** *The LXP uses artificial intelligence and machine learning algorithms to tailor learning paths based on individual preferences, skills, and performance. Personalisation enhances engagement and ensures that learners receive content that is most relevant to their needs.*

**3. User-generated content:** *The LXP facilitates creating and sharing user-generated content, encouraging collaboration and knowledge-sharing among learners. This includes discussion forums and social learning features.*

**4. Social learning:** *The LXP incorporates social learning features, allowing users to connect with peers, mentors, and experts within the organization or outside on social platforms. Social elements such as discussion forums, chat, and collaborative projects enhance the social aspect of learning.*

**5. Microlearning:** *The LXP supports microlearning, which involves delivering content in small, easily digestible chunks. This approach is effective for busy workers who prefer learning in short, focused sessions.*

**6. Analytics and insights:** *Advanced analytics provide administrators and learners with insights into learning progress, engagement metrics, and areas for improvement. Data-driven insights help content creators and subject-matter experts make informed decisions about learning and development strategies.*

**7. Mobile accessibility:** *The LXP is accessible via mobile devices, enabling learners to access content on the go and promoting a flexible learning environment.*

**8. Integration with other systems:** *The LXP will aim to achieve a degree of integration with other enterprise systems such as human resource management software, talent management systems, and performance management tools to provide a seamless learning experience aligned with organizational objectives for internal staff.*

**9. Verifiable micro-credentials with open badges:** *The LXP will offer verifiable credentials with open badges and wallet option for learners to share the certifications achieved and provide a safe verification/validation process.*

**10. Gamification:** *Gamification elements, such as points, leader boards, and rewards, will be incorporated to make the learning experience more engaging and enjoyable.*

## Quality by design

Academy courses are developed following a rigorous design process developed by the Academy itself. Our processes ensure that courses are both of high quality and meet learners' needs.

The WHO Academy uses a competency-based education (CBE) approach to transform the education and training content for the health workforce to improve population and health outcomes. CBE is a learner-centric and outcomes-based approach to learning (4). It identifies the development of competencies, that is the abilities of learners to integrate and apply the relevant knowledge, skills and attitudes, as the key outcome of impactful learning. The outcomes for each course need to be defined from the start so that success can be measured, and learning and assessment activities can be constructively aligned to the intended outcomes.

Consistent and systematic application of this approach is achieved by effectively implementing relevant competency frameworks, e.g., the Global Competency and Outcomes Framework for Universal Health Coverage (5). This framework provides a powerful method through which to align education strategies in relation to the context, health systems, and population health needs. Other competency frameworks will be relevant to address various fields of expertise. The WHO Academy will continue to collaborate with the Health Workforce Department to apply other competency frameworks.

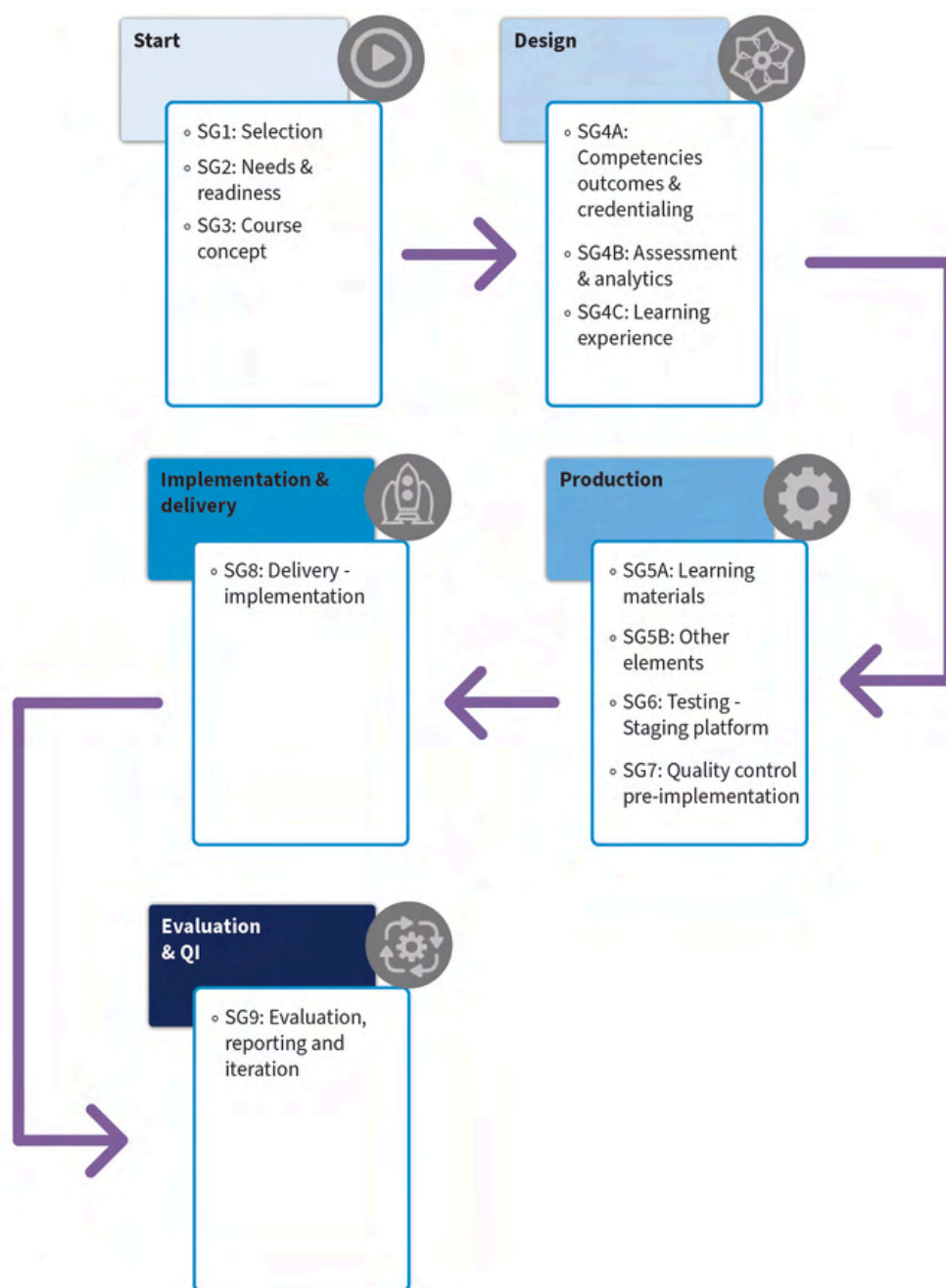
## The WHO Academy Approach

- **Education & Training:** Competency-based education (CBE) model
- **Learning Design:** Learning design model and 9-Stage-Gate process
- **Project Management:** Agile, complex systems
- **Quality & Standards:** Quality by design, quality improvement, and quality control; and the Quality Cycle System, a tool for implementing the WHO Academy approach.

The WHO Academy designs competency-based learning that maximises the potential of education to effectively meet population health needs. The quality and relevance of health worker knowledge, skills and competencies are ensured by aligning learning with population health needs and workforce requirements. Those competencies are assessed in the context of practice activities within a learner’s role and responsibilities, and progress is defined by competence achieved.

The WHO Academy model has five phases (Start, Design, Development, Implementation & Delivery, and Evaluation & Quality Improvement (QI)) and nine stage-gates (SG). The stages and sequencing of our process are summarised in Figure 3 below.

**Fig. 3: WHO Academy learning design model**



Source: Authors’ own elaboration

## Guiding learners through learning pathways

Pathways are structured routes that guide learners through a series of learning experiences tailored to specific learning outcomes. These pathways are designed to provide a sequential and constructively aligned learning journey, incorporating learning assets and resources from various courses to support acquiring knowledge, skills, and behaviours.

A learning pathway within the WHO Academy framework is a crafted learning journey tailored to address specific health challenges and diverse needs of health workers, and communities. At its core, a pathway serves as a structured learning roadmap based on targeted competencies and behaviours, combining various learning assets from across WHO. These assets may include foundational courses, specialised modules, and skill-based practice activities. By integrating these resources, learning pathways aim to provide comprehensive and contextually relevant learning experiences (See Box 4 for examples).



The Academy's LXP enables learners to progress through personalised learning pathways that align with their profile, learning objectives and prior knowledge. Academy pathways incorporate complementary courses developed in collaboration with other WHO entities and partner institutions. The platform will guide learners through this additional content in a structured and progressive manner. Some of the benefits of personalised learning pathways, especially in the context of health education, include:

- **Targeted skills development:** Personalised learning pathways allow learners to develop specific skills or areas of expertise relevant to their professional development. Technical units can conduct competency assessments or analyse learner data to identify existing skills, knowledge gaps, and career aspirations. This information can support the creation of personalised pathways that address specific needs, ensuring a more targeted and effective learning experience.



- **Relevance to roles and responsibilities:** Health professionals often have diverse roles within the healthcare system. Offering personalised learning pathways can enable learners to focus on content that is relevant to their specific roles, whether they are administrators, clinicians, emergency responders, or decision-makers.
- **Skill-based certifications:** The WHO Academy can implement an award system tied to specific skills or competencies for targeted professionals. Learners can earn badges or micro-credentials upon completing specific learning pathways.
- **Agile learning approach:** Instead of needing to complete courses in a linear and enforced manner or completing a generic curriculum, learners can streamline their learning journey and progress through courses at their own pace, which accommodates varying levels of experience and prior knowledge. Learners can access a range of courses, modules, or resources, while course administrators can track progress and adjust pathways and recommendations based on individual performance and goals. This is especially crucial in the dynamic field of healthcare, where professionals work with demanding schedules and varying levels of experience.
- **Continuous professional development:** Learning pathways support ongoing learning and continuous professional development. Offering personalised recommendations and options to choose courses or modules based on their role and interest can help health professionals stay updated on the latest best practices, guidelines, and innovations in their areas of interest. Learners can complete self-assessment questionnaires to reflect on their strengths, weaknesses, and learning preferences. This information can be used by the platform to make recommendations aligned with their needs and customise their learning pathways accordingly, ensuring the learner plays an active role in their learning journey.
- **Cross-functional collaboration:** Learning pathways can be designed between different technical units to contribute to the development of comprehensive and personalised learning pathways, thus ensuring that the learning content is both specialised and interconnected.

With flexibility in pacing and a focus on practical skills, the personalised learning pathways at the WHO Academy empower healthcare professionals to stay current, excel in their roles, and contribute meaningfully to the evolving landscape of global health.



## **Box 4: Learning pathways**

*WHO's Integrated management in primary and acute care training (IMPACT) is a flexible set of modular resources that can be powerfully combined with other learning assets to create pathways. Building on this WHO foundation programme, WHO Academy pathways will combine the foundations of care from more than 50 WHO disease and life-course programmes to support country action on specific priority health areas. The examples below provide illustrations of the resulting pathways.*

### **1. Improving emergency care for the injured**

*Combining learning content across:*

- *Basic Emergency care – injury*
- *Triage*
- *Trauma registries*

*This pathway, which combines live skills sessions and online modules, covers a series of interventions proven to save lives. This content has been associated with a 34-50% mortality reduction in district hospitals in Africa and Asia.*

### **2. People-centred management of chronic conditions (asthma):**

*Combining learning content across:*

- *Primary care clinical-decision support and family education*
- *Basic emergency care for difficulty breathing*
- *Service planning for prevention and management of asthma across the life course*
- *Critical care skills*

*This pathway reflects a people-centered approach to meeting health needs across the life course, driving communication and coordination for effective management of a chronic condition frequently associated with acute exacerbations.*

### **3. Strengthening health systems to address life-threatening conditions (sepsis):**

*Combining learning content across:*

- *Primary care and early recognition of infection*
- *Basic emergency and critical care*
- *Guidance on referral*
- *Advanced modules on the management of sepsis*

*This pathway helps planners optimise movement across the health system and ensures health worker capacity to identify and treat life-threatening conditions at all levels.*



## Courses tailored to local contexts

The WHO Academy is committed to providing content that empowers learners from diverse linguistic and cultural backgrounds to acquire knowledge and skills effectively. We will implement a course localisation framework, working with national experts to make content relevant to local needs. Courses will be adapted to different healthcare contexts, cultural norms, and levels of health system maturity.

This localisation process reflects the Academy's learner-centred approach, including making learning content accessible for learners with disabilities and available in different languages. The LXP will be offered in the six official languages of the United Nations (UN) and courses will be available in priority languages for the target audiences, including the six official languages when appropriate and beyond.



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## Promoting immersive learning: The Academy health simulation centre

The WHO Academy campus will offer simulations to support the skill development of health and care workers. Simulation activities facilitate learning and decision-making and provide a safe and controlled environment for health and care workers to practice skills before applying them in real-life situations.

The campus's high-fidelity health simulation centre will use state-of-the-art equipment to provide interactive and immersive experiences that replicate real-world public health and healthcare situations, including emergency and crisis contexts.

To ensure the simulation centre meets learning needs more broadly, the Academy conducted a simulation learning desk review and needs analysis within WHO and benefited from insights provided by an expert

group established by the Société Francophone de Simulation en Santé (SoFraSimS), with the support of the French Ministry of Higher Education and Research.

The Academy and the WHO Emergencies Simulation Exercise team collaborate to build synergies and maximise WHO's effectiveness in delivering emergency simulations. Simulation-based courses will initially focus on providing health emergency and emergency response simulations and will target 'training of trainers' or 'training of facilitators', and training of decision-makers.

Simulations will span small-scale groups of participants in one place to large-scale simulations of major crises that require coordination between public health decision-makers, health care teams and operational decision centres in different locations. Regarding the subject matter, the simulation centre will facilitate training in disaster management, mass casualty management and epidemic management.

In addition to being a training centre, the simulation centre will be a centre for innovation and research into learning and assessment methodologies and scalability. The Academy will serve as a hub for testing new methodologies, including new technologies or digital tools, and for enhancing the quality and impact of simulation-based training through research. We will cooperate with other institutions and organisations, including universities, to produce and share knowledge on improving healthcare quality through simulation-based training.

## **Objective 3: Build a partnership-based global learning ecosystem that promotes innovative lifelong learning practices in the health sector**

Addressing global health challenges and improving the capacity of the health workforce requires a collective effort. The Academy aims to establish partnerships that promote and sustain innovative lifelong learning practices in health. To do this, the WHO Academy will develop an ecosystem - a network of interconnected entities, organizations and individuals that collaborate to support the Academy's mission and objectives.

The WHO Academy aims to foster innovation through research and partnerships and will contribute to the identification of gaps in existing evidence. We will facilitate research in health worker education design and delivery by undertaking in-house research or working with partners to close key knowledge gaps.

Besides its contribution to knowledge production, the WHO Academy campus will first play a role in knowledge sharing by organising, co-organising and hosting training programmes, workshops, seminars, conferences and exhibitions. These will target a variety of audiences including public health and global health experts, clinicians and the public. Within that framework, the Academy will take advantage of the opportunities for partnerships created by the location of our campus in the Lyon-Gerland Biodistrict. This local eco-system combines many stakeholders involved in the global health landscape, including universities, research institutes, and biotech industries.

At the global level, the Academy will promote cooperation with and among WHO Member States, academic and research institutions, international organizations, the UN system, and the private sector. To contribute to the WHO Academy's course content development and curation, WHO technical teams and regional offices will collaborate with the Collaborating Centres they manage, representing a network of over 800 research institutes or universities in more than 80 countries designated by WHO to support it. The Academy will strengthen existing partnerships and explore new opportunities to form alliances, networks, and forums that support the development of training for the health workforce. Within this ecosystem, the WHO Academy aims to foster collaboration, coordination, and knowledge sharing. It will leverage the varied knowledge resources and networks of its partners to improve and scaleup the creation and implementation of high-quality educational programmes.

## **Objective 4: Develop and disseminate quality standards and a competency-based recognition framework**

### **Quality standards**

The Academy cannot meet all the lifelong learning needs in the field of health and does not intend to do so. There will be a continuing need for others to provide access to health learning content. However, there are currently no widely accepted standards establishing what constitutes a high-quality health course.

Learners seeking to enhance their skills are uncertain about the evidence base and effectiveness of the courses available. The Academy aims to address this by developing and modelling quality standards in its own material and the courses it hosts. These standards are based on those set by WHO's Department for Quality Assurance of Norms and Standards (QNS), which has established them for WHO's normative products.

The WHO Academy will disseminate quality standards for health training in collaboration with other parts of WHO and its partners. These standards will serve as benchmarks that our recognised course providers will have to adhere to. Our aim is that, over time, these learning standards will become a reference point for other programmes and institutions, ensuring consistency and excellence in health education.

With the support of the WHO Academy Quality Committee, an external reference group, we have already developed quality criteria (3) for the courses offered through the Academy. These criteria will continue to be refined and tested, with the intention of making them widely known and integrated as global reference points in the provision of health education materials.

### **Box 5: WHO Academy quality standards**

*The WHO Academy has developed quality standards for learning materials to improve the quality of learning provided to the health workforce. The rigorous quality standards that have been put in place provide a quality guarantee, whether learners access courses developed by the WHO Academy or via hosting and gateway modalities. The quality standards can also serve as a reference for learning materials and courses being developed by other WHO entities and partners.*

*Ensuring that WHO's exacting standards in developing robust and evidence-based content in the health domain are maintained in developing learning materials has been a key pillar in the development of the quality standards. WHO Academy's quality standards are in alignment with the WHO-wide minimum quality standards established by the QNS Department.*

*The WHO Academy's quality standards related to best practices in learning have been developed and tested by WHO Academy's experts on learning and learning technologies with guidance from the Quality Committee, the WHO Academy's expert advisory body.*

## **Competency-based recognition framework**

The Academy is working with more than 30 WHO technical units, external partners and our Quality Committee to develop a competency-based recognition framework through a system of digital credentialing. Our aim is to facilitate a flexible system for assessing learning outcomes and recognising acquired skills and competencies. Certificates that meet the criteria will carry a higher level of recognition and credibility. Employers and other stakeholders will be able to trust that individuals holding these credentials have acquired the necessary knowledge, skills, and competencies in their respective health fields. This will enhance the employability and professional advancement opportunities for certificate holders.



## **Objective 5: Foster a culture of continuous learning within WHO**

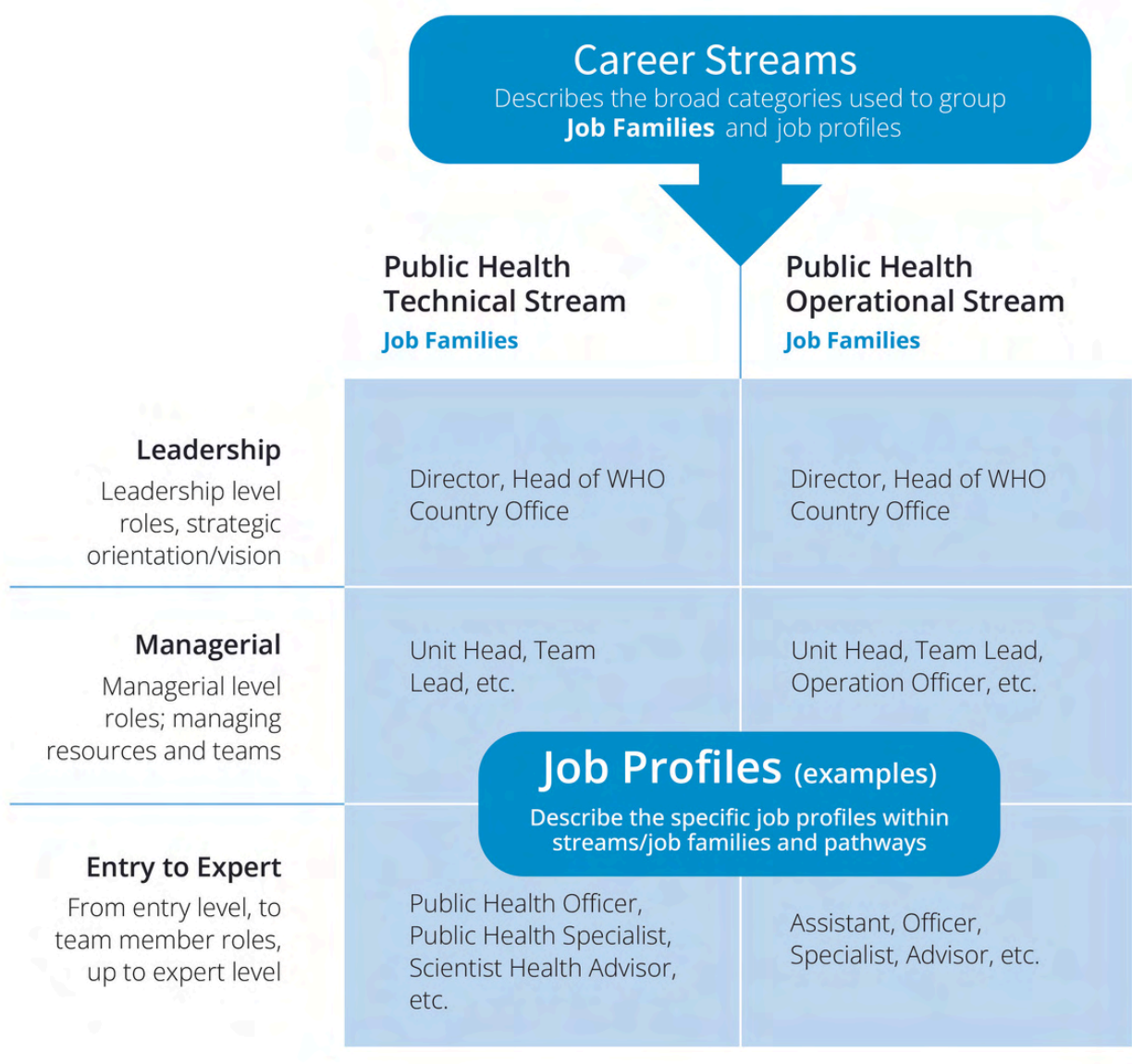
As part of WHO's 'enabling pillar' function, the Academy has a key role in enabling WHO staff to improve and update their professional skills. In liaison with the Department of Human Resources, the Academy will champion effective continuous learning practices throughout WHO. The Academy will provide all staff access to targeted courses and promote and recognise their learning. Learners will have a single point of access to their lifelong learning needs, with a coherent catalogue of courses and recognised credentials.

In accordance with our commitment to nurture career development and foster a culture of continuous learning within the WHO, we propose a strategic transition aimed at optimising training resources and maximising staff development opportunities (see Figure 4). Our strategy entails gradually consolidating staff training on the WHO Academy platform, eventually positioning it as the primary provider of training initiatives for our global workforce. This strategic shift is underpinned by our dedication to providing comprehensive career development support, ensuring that all staff have access to a diverse range of training opportunities, tools, and resources.

By centralising training efforts within the WHO Academy, we aim to streamline the delivery of career by enhancing workshops, webinars, and masterclasses, which cover a large array of topics. Additionally, the WHO Academy will facilitate access to self-assessment tools, career and learning pathways, and 360° feedback mechanisms, empowering staff to proactively manage their professional development journeys.

This strategic alignment ensures consistency, quality, and compliance with organizational standards, while promoting a culture of lifelong learning and career advancement for all WHO personnel. Through these concerted efforts, we are poised to cultivate a highly skilled, resilient, and adaptive workforce capable of addressing the complex challenges in global health with confidence and efficacy.

**Fig. 4: WHO Career development**



Source: WHO Career paths (6)

# Cross-cutting flagship initiatives

The WHO Academy is collaborating with key partners to develop a series of cross-cutting flagship initiatives spanning all our objectives. The initiatives will help to reinforce WHO's work in priority areas. They address major current global health challenges where there is an urgent need for stronger learning. For each of our key initiatives, the Academy will:

Host online courses

Organise and host in-person conferences and other initiatives for knowledge sharing and policy learning

Document good practices and inform policies through research on effective learning strategies

The Academy's 2024-2026 flagship initiatives are:

## 1. Biomanufacturing

Responding to critical needs revealed by COVID-19, this initiative aims to provide LMICs with the know-how, skills and competencies to manufacture vaccines. Within the framework of a partnership signed in 2023 between WHO and the Republic of Korea, the Academy will support and guide the design and delivery of training programmes aimed at empowering LMICs in biomanufacturing.

The programmes will cover the full spectrum of biological manufacturing. The initiative will support an increasing number of trainees at a Global Bio Campus to be launched in 2024. The Global Training Hub for Biomanufacturing (GTH-B) will be operated by the Ministry of Health and Wellbeing Welfare of the Republic of Korea and WHO and will be part of the Global Bio Campus. Regional training hubs will complement it. Within this framework, the Academy's role is to facilitate and support the pooling of a comprehensive learning offer on biomanufacturing.

The Academy also promotes the application of quality assurance standards in the development, implementation and evaluation of learning materials on biomanufacturing. The Academy will also support WHO in engaging with other emerging initiatives that aim to develop competencies in bio-manufacturing.

## 2. One Health competencies

The COVID-19 crisis has shown that we need to take a holistic approach to pandemic preparedness and response. The holistic approach, known as One Health, recognises the threat to public health from the interaction between humans and animals, as well as environmental and climate change.

Within the framework of the Quadripartite Programme for One Health gathering the Food and

Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), WHO and the World Organisation for Animal Health (WOAH), the Academy will develop courses to help health and care workers gain knowledge, skills and competencies in implementing a One Health approach.

The Academy will work closely with the WHO One Health Initiative and support the One Health Joint Plan of Action to improve public health and global health security. Courses will also promote policy learning and share best practices and research.

### 3. Cities, health and well-being

With more than 70% of the world's population projected to live in cities by 2050, cities play a crucial role in promoting and protecting health. They can enable active lifestyles, healthy aging, and reduce the burden of non-communicable diseases and prevent their spread. Additionally, cities can build resilience against climate events and epidemics through a One Health approach.

The Academy will develop learning materials to help urban planners, city councillors, mayors, and other stakeholders support the healthy cities approach, making cities centres of health and well-being. This initiative will be coordinated with the WHO healthy cities network and WHO programme on Urban Health.

The Academy may engage in additional flagship initiatives during this strategy's timeframe, depending on emerging priorities and resources.

#### **Box 6: Promoting gender equality**

*In line with WHO's gender policy, the Academy will incorporate a gender transformative approach and design and implement strategies that not only address gender disparities but also work toward reshaping the underlying social structures, practices, and beliefs that perpetuate gender inequality. The WHO Academy aims to contribute to closing the gender gap in health education and leadership, promoting health equity and social justice.*

*To integrate this approach into its programmes, in line with the Organization's work toward gender equality, human rights and health equity, the Academy will:*

- *Integrate gender equality principles into all learning materials and courses, ensuring that content actively challenges stereotypes and promotes equitable gender norms, roles, and relations.*
- *Design courses that specifically address gender as a determinant of health, covering topics such as women's health.*



- *Partner with organizations that focus on women and other marginalised groups in health to co-create courses that address their unique challenges and empower them.*
- *Use inclusive language and diverse representations in course materials.*
- *Employ learning approaches that encourage critical reflection on gender biases and involve learners in questioning and challenging these biases.*

### **Box 7: Meeting the needs of Small Island Developing States (SIDS)**

*To effectively address the unique health learning needs of SIDS, the WHO Academy will develop and implement tailored strategies that recognize SIDS' specific challenges. WHO is reviewing how it strengthens its engagement with SIDS, and the Academy will ensure it makes a strong contribution to meeting their health learning needs.*

*Given the vulnerability of SIDS to climate change, natural disasters, and their often-limited resources for healthcare and education, we propose to:*

- *Offer courses specifically tailored to address the unique health challenges faced by SIDS, such as managing the health impacts of climate change, disaster preparedness, and vector-borne diseases.*
- *Ensure our courses address the resilience needs of health systems in SIDS, addressing areas like emergency preparedness, environmental health, and sustainable healthcare delivery.*
- *Provide training tailored to the challenges experienced by SIDS governments in health policy and management.*

# Chapter 3

## Our operations



This section sets out how the WHO Academy will operate, in relation to our resourcing, governance, communication and how we will monitor and improve our performance.

## 3.1 Governance

The Academy is an integral part of WHO and is headed by the Executive Director, who is directly accountable to WHO's Director-General. The Academy is guided by the Internal WHO Academy Steering Committee, which is comprised of senior management, assistant directors-general, directors of headquarters divisions, and representatives of all WHO's regional offices. The Academy reports on progress to the Steering Committee, which provides guidance and strategic oversight, ensuring we are responsive to country needs.

In addition, the Academy has established the Advisory Group on Lifelong Learning in Health, which brings together leading external experts. The Advisory Group provides programmatic recommendations, contributes to the development of our strategy, advises on innovative approaches, and on how we contribute to a lifelong learning ecosystem for health.

We have also established the external advisory Quality Committee that provides advice on quality and standards for course design, delivery and assessment. The Quality Committee is supported by a series of working groups with a mandate to develop guidelines on specific topics, such as assessment, training of trainers or engagement with patients and communities.

At the operational level, the Academy works with technical and programmatic Regional Focal Points across all six regions of WHO. They provide advice on the implementation and operationalisation of strategic decisions and ensure appropriate outreach.

## 3.2 Resources

The Academy is committed to providing global public goods, and therefore, to guaranteeing equity of accessibility. To achieve this, the Academy relies on a variety of funding sources:

- Financial contributions from Member States, donors, the philanthropic community, and the private sector.
- Partnerships with multilateral organizations and UN agencies.
- Joint mobilisation of resources with technical units.
- Internal cost-recovery from WHO technical units.
- In-kind contributions from governments, multilateral organizations and the private sector.



France, the host country of the WHO Academy campus, was the founding donor for establishing the WHO Academy in Lyon. Moving forward the Academy will diversify its sources of funding by increasingly mobilising other resources, in particular, programme funding from Member States, foundations and the private sector, and cost-recovery from WHO technical units.

The full establishment of the Academy as WHO's main learning centre will require, among other things, changes in the allocation of budget and funding associated with learning projects and activities. Increasingly, such funds are to be allocated directly to the WHO Academy following internal planning exercises. Until such institutional changes are fully in place, the Academy will recover direct programmatic costs from major offices and budget centres for specific projects.



These costs relate to the production of courses, the migration and hosting of existing courses to the Academy's LXP and the administration and delivery of courses on the LXP.

Besides programmatic direct costs, the Academy will also incur administrative and management costs attributable to programme implementation. These costs relate to strategy development, communications, advocacy, strategic meetings, resource mobilisation, compliance, ICT equipment and administrative support. In line with WHO's organization-wide cost recovery policies, the Academy will ensure that these direct support costs are fully charged to those programmes and will include them in proposals to external funding partners.



## 3.3 Monitoring, evaluation and learning

We are adopting a comprehensive approach to MEL designed to ensure that our collective response effectively contributes to WHO's GPW 14 global health objectives. This approach hinges on a structured framework that employs both qualitative and quantitative methods to assess the relevance, efficiency, effectiveness, impact, and sustainability of our initiatives.

By integrating a feedback loop, the Academy will continuously refine its initiatives based on evidence and stakeholder insights. This MEL strategy should help the Academy validate the attainment and application of competence among the workforce and ensure we adapt our interventions to evolving global health challenges. This, in turn, will ensure the long-term relevance and impact of our initiatives. The main elements of our MEL plan are set out in Annex 2, alongside our initial results framework (Annex 1).

## 3.4 Communications strategy

The Academy is dedicated to developing and implementing a communication, visibility, and advocacy strategy, harmonised with the WHO communications strategy.

The communications strategy is designed to enable cohesive and timely dissemination of information about the Academy, the LXP, and the courses to key stakeholders, including Member States, technical and financial partners, health and care workers, policy makers, and WHO staff.

To showcase the Academy's expertise and amplify its core messages, we will produce advocacy and informational materials, such as brochures, infographics, social media assets, press kits, and multimedia content. In addition, the Academy will develop a tailored outreach plan to promote courses, disseminating success stories and best practices to engage target learners effectively and build a lasting relationship with them.

To ensure the seamless execution of the strategy, we will establish and maintain close relationships with relevant technical teams at global, regional, and national levels, as well as with external stakeholders.

## 3.5 Implementation plan

The Academy's Strategy will be supported by a detailed implementation plan. This will help guide day-to-day operations, strategic decision-making, and long-term growth of the Academy, ensuring it fulfils its mission of empowering health professionals worldwide with the knowledge and skills to improve public health outcomes.

The implementation plan will specify the activities, timelines, resources, and stakeholders involved in delivering our objectives globally. It will also include milestones for course development, and set out the Academy's communication plan, risk management, budget, and MEL framework together with key performance indicators.





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## Annex 1: The Academy's Results Framework

The table below sets out the Academy's initial results framework. The Academy's Implementation Plan will refine the framework and establish baseline and target indicators for the Strategy period.

**Table A1.1**

Objective	Outcome	Indicator	Output	Activity
<b>1. Provide innovative learning content on WHO priorities.</b>	Increased utilization of WHO priority content in healthcare practice.	Number of courses covering WHO priorities with high user engagement.	1.1 Develop and launch innovative courses on WHO priorities.	Focusing on WHO priority areas; design and produce interactive courses; monitor engagement and feedback.
			1.2 Establish a feedback mechanism for course improvement.	Implement post-course surveys; refine content based on feedback.
<b>2. Create high-quality, learner-oriented courses.</b>	Enhanced learner achievement and satisfaction.	Improvement in learner satisfaction scores; increase in course completion rates.	2.1 Implement learner-centred design and strategies.	Learner-centred methodologies enable users to develop learning pathways. Consolidation of WHO learning on Academy platform.



Objective	Outcome	Indicator	Output	Activity
			2.2 Continuous evaluation and updating of courses.	Schedule regular course reviews; update content and methods accordingly.
<b>3. Build a global learning ecosystem that adopts innovative lifelong learning practices in the health sector.</b>	Creation of a collaborative global health learning network.	Number of active participants in global learning ecosystems; number of collaborative projects initiated.	3.1 Facilitate global partnerships and learning communities.	Establish partnerships with health institutions; develop online forums and communities for knowledge exchange.
			3.2 Launch of a platform for sharing innovative learning practices.	Develop a platform for sharing best practices; organize virtual and in-person seminars and workshops.
<b>4. Develop and disseminate quality standards and a competency-based recognition framework for courses.</b>	Adoption of WHO educational standards and frameworks globally.	Number of institutions and courses adopting WHO standards.	4.1 Develop a comprehensive quality and competency framework for health education.	Engage with experts to refine standards; pilot with select courses; refine based on feedback. Develop competency-based recognition framework.
			4.2 Dissemination and advocacy for standard adoption.	Organize campaigns and workshops; provide technical support to institutions adopting standards.

Objective	Outcome	Indicator	Output	Activity
<b>5. Facilitate skills development and foster a culture of continuous learning within WHO.</b>	Enhanced skills and continuous learning culture among WHO staff.	Participation rate in continuous learning activities; feedback on learning environment improvement.	5.1 Develop targeted professional development programs.	Identify staff learning needs; implement tailored training programs.
			5.2 Promote a culture of continuous improvement and learning.	Introduce recognition programs.

## Annex 2: Monitoring, Evaluation, and Learning Framework

Our Monitoring, Evaluation, and Learning (MEL) framework is designed to ensure that the Academy's learning not only meets the highest standards of quality and relevance but also effectively contributes to the World Health Organization's strategic objectives, as set out in the GPW 14. This framework outlines our approach to systematically assess our programs' effectiveness, efficiency, and impact, facilitating informed decision-making and strategic adjustments where necessary.

### Objectives

Our MEL framework will aim to:

- Measure the attainment and application of competences among the health and care workforce who use our learning.
- Assess the relevance and accessibility of our programmes across diverse health contexts.
- Evaluate the impact of our training on a subset of public health practices, policies, and outcomes.
- Foster a feedback loop to continuously refine and enhance our offerings based on evidence and insights.

## Evaluation Criteria

The effectiveness of the WHO Academy's initiatives will be assessed against the following criteria:

- **Relevance:** The extent to which our courses align with current global health priorities and learners' needs.
- **Efficiency:** The optimal use of resources to maximise the accessibility and reach of our courses.
- **Effectiveness:** The achievement of learning objectives and the tangible application of acquired competences in practice.
- **Impact:** The broader contribution of our courses to improving public health systems, policies, and outcomes.
- **Sustainability:** The long-term viability and adaptability of our courses to evolving global health challenges.

## Key Performance Indicators (KPIs)

To quantitatively and qualitatively measure our progress, we will seek to use the following KPIs:

- Enrolment and completion rates across all courses.
- Learner satisfaction and perceived value based on post-course evaluations.
- Application of course learnings to real-world health settings, as documented in follow-up assessments and case studies.
- Changes in public health policy or practice directly attributed to our educational interventions.
- User engagement metrics for digital and e-learning platforms.

## Data Collection and Analysis

We will employ a mixture of quantitative and qualitative data collection methods, including:

- Pre- and post-course evaluations to measure changes in knowledge and skills.
- Surveys and interviews with learners and stakeholders to gather feedback on course relevance and effectiveness.
- Analysis of digital learning analytics to assess participant engagement and learning patterns.
- Compilation of success stories and case studies highlighting the practical application and impact of our training.

## Feedback Loop for Continuous Improvement

Insights gained from our MEL activities will be integrated into the planning and execution of our courses.

This feedback loop will ensure that:

- Courses are updated to reflect the latest evidence and learning methodologies.
- Underperforming courses are re-evaluated and adjusted to better meet learner needs.
- Successful strategies are scaled up to maximize their impact on global health education.

# Annex 3: WHO Academy first courses (2022-2024) by WHO Strategic goals

<div data-bbox="102 443 547 483" data-label="Section-Header"> <h2>Universal health coverage</h2> </div> <div data-bbox="758 394 896 533" data-label="Image"> </div> <div data-bbox="92 551 904 1308" data-label="List-Group"> <ol style="list-style-type: none"> <li>1. Analysis and use of routine health facility data: HIV</li> <li>2. Analysis and use of routine health facility data: Malaria</li> <li>3. Antimicrobial resistance and antimicrobial use surveillance: Competencies for policies and practice</li> <li>4. Basic emergency care (BEC)</li> <li>5. Cervical cancer screening, diagnosis, and management of precancer</li> <li>6. Cervical cancer policies and programs for screening, diagnosis, and management of precancer</li> <li>7. Counselling and prescribing of contraception in pharmacies</li> <li>8. Critical care</li> <li>9. Essential childbirth care</li> <li>10. Essential newborn care</li> <li>11. Essential postpartum family planning counselling</li> <li>12. Global scales for early development</li> <li>13. Harnessing the power of routine health facility data: District analysis</li> <li>14. Harnessing the power of routine health facility data: TB</li> <li>15. Human resources for health: Leadership and management</li> <li>16. Integrated management for primary acute and chronic care (IMPACCT)</li> <li>17. Integrated management of childhood illness (IMCI)</li> <li>18. Medical abortion</li> <li>19. mhGAP: Integrating mental health into primary care</li> <li>20. My Five Moments for Hand Hygiene</li> <li>21. Operative care: Surgery in limited resource settings</li> <li>22. Patient safety essentials</li> <li>23. Primary health care: Leading health system transformation toward UHC and SDGs</li> <li>24. Quality rights on mental health and disability: Eliminating stigma and promoting human rights</li> <li>25. Regulatory preparedness to authorize use of pandemic vaccines in importing countries</li> <li>26. Self-care: HPV self-sampling for cervical pre-cancer</li> <li>27. Social participation for universal health coverage</li> </ol> </div>	<div data-bbox="959 443 1307 483" data-label="Section-Header"> <h2>Health emergencies</h2> </div> <div data-bbox="1345 394 1484 533" data-label="Image"> </div> <div data-bbox="952 555 1297 784" data-label="List-Group"> <ol style="list-style-type: none"> <li>1. Acute trauma care</li> <li>2. Basic emergency care, conflicts</li> <li>3. Chemical hazards</li> <li>4. COVID-19 virtual patient simulation</li> <li>5. Emergency care checklists</li> <li>6. Emergency care triage</li> <li>7. Emergency unit management</li> <li>8. Infodemic management</li> <li>9. Mass casualty management</li> </ol> </div> <div data-bbox="959 864 1192 904" data-label="Section-Header"> <h2>Better health</h2> </div> <div data-bbox="1345 824 1484 963" data-label="Image"> </div> <div data-bbox="952 974 1501 1276" data-label="List-Group"> <ol style="list-style-type: none"> <li>1. Air pollution: A clinical approach</li> <li>2. Behavioural counselling: Brief interventions in primary care for non-communicable disease risk factors</li> <li>3. Child maltreatment: What health care providers should do</li> <li>4. Climate change and health</li> <li>5. Health taxes</li> <li>6. Noncommunicable diseases: Surveillance, implementation, and evaluation</li> <li>7. Strengthening health systems readiness for women subjected to violence</li> <li>8. Strengthening the health sector's role in the sound management of chemicals</li> </ol> </div>
<div data-bbox="102 1393 349 1433" data-label="Section-Header"> <h2>Efficient WHO</h2> </div> <div data-bbox="632 1346 770 1485" data-label="Image"> </div> <div data-bbox="92 1505 638 1632" data-label="List-Group"> <ol style="list-style-type: none"> <li>1. Coding mortality and morbidity data with the International Classification of Diseases, 11th revision (ICD 11)</li> <li>2. Delivering impact in every country (DIEC)</li> <li>3. Establishing quality improvement programs (EQUIP)</li> <li>4. Managing infrastructure for medical research</li> </ol> </div>	<div data-bbox="826 1388 1059 1431" data-label="Section-Header"> <h2>Cross cutting</h2> </div> <div data-bbox="1345 1346 1484 1485" data-label="Image"> </div> <div data-bbox="820 1496 1153 1574" data-label="List-Group"> <ol style="list-style-type: none"> <li>1. Fundamentals of risk management</li> <li>2. Gender rights and equity</li> <li>3. Urban health and wellbeing</li> </ol> </div>



# Annex 4: WHO Academy priority areas for course development (2024-2025)

Priority area	Definition with inclusion/exclusion criteria
<b>Physical and mental health</b>	
Behavioural and mental health	<ul style="list-style-type: none"> <li>• Courses related to behavioural health topics such as eating disorders, gambling addiction, self-injury, and substance abuse</li> <li>• Courses related to mental health topics such as bipolar disorder, depression, schizophrenia</li> </ul>
Infectious, neglected tropical, and non-communicable diseases	<ul style="list-style-type: none"> <li>• Course topics related to infectious diseases that are caused by pathogenic microorganisms such as bacteria, viruses, parasites, or fungi that can be spread from one person to another including HIV, TB, malaria; excludes sexually transmitted infections which fall under sexual health and reproductive rights</li> <li>• Course topics related to neglected tropical diseases such as Chagas, dengue, and leprosy</li> <li>• Course topics related to non-communicable disease including: <ul style="list-style-type: none"> <li>◦ Chronic diseases such as cardiovascular disease, such as asthma and COPD</li> <li>◦ Health promotion topics such as exercise, nutrition, alcohol and tobacco which aligns closely with urban health</li> <li>◦ Cancer surveillance, prevention and early detection, control, and research infrastructures and methods</li> </ul> </li> </ul>
Sexual and reproductive health	<ul style="list-style-type: none"> <li>• Course topics related to reproductive systems including contraception, abortion, maternal health (pregnancy/antenatal health, childbirth, postpartum health), as well as sexually transmitted infections (excluding HIV, which falls under infectious diseases)</li> </ul>
<b>Health systems strengthening</b>	Topics related to the six essential building blocks of a well-functioning health system
Health emergencies and emergency care	<ul style="list-style-type: none"> <li>• Course topics related to strengthening global preparedness and response to health emergencies</li> <li>• Course topics related to strengthening management and delivery of emergency medicine</li> </ul>
Health financing	<ul style="list-style-type: none"> <li>• Course topics related to strengthening policies and management of health financing to promote financial risk protection</li> </ul>
Health information systems	<ul style="list-style-type: none"> <li>• Course topics related to health information systems, including the process of producing, analysing, visualizing, and using data to inform health system management</li> </ul>
Health workforce	<ul style="list-style-type: none"> <li>• Course topics related to the production, licensing, and management of the health workforce</li> </ul>
Leadership and governance	<ul style="list-style-type: none"> <li>• Course topics related to the processes, structures, and institutions that oversee and manage health systems at the country, regional, and global levels</li> </ul>
Medical products, vaccines, and technologies	<ul style="list-style-type: none"> <li>• Course topics related to the research, development, production, supply chain, and regulation of medicines and technologies, especially in LMICs</li> </ul>
Primary health care and universal health coverage	<ul style="list-style-type: none"> <li>• Course topics related to promoting PHC and UHC in regions and countries</li> </ul>

Priority area	Definition with inclusion/exclusion criteria
<b>Transversal priorities</b>	
Climate change	<ul style="list-style-type: none"> <li>• Courses topics related to climate-related hazards including extreme weather events, heat, sea level rise, air pollution, water scarcity, and reduced food production and their effect on climate-sensitive health outcomes including heat-related illness</li> <li>• Cross-cutting topic, aligns closely with health emergencies, One Health, and urban health</li> </ul>
Digital health and AI	<ul style="list-style-type: none"> <li>• Course topics related to digital health and AI, including policies, implementation, and use of digital health and AI products</li> <li>• Cross-cutting topic, aligns closely with health systems strengthening especially health information systems</li> </ul>
Gender and human rights	<ul style="list-style-type: none"> <li>• Course topics related to identifying, monitoring, and addressing gender and human rights issues</li> <li>• Cross-cutting topic across all thematic areas, aligns closely with health systems strengthening/primary health care, sexual and reproductive health, population-specific health, and urban health</li> </ul>
One Health	<ul style="list-style-type: none"> <li>• Courses related to One Health including AMR, laboratory capacity for diagnosis and surveillance, food and water safety, zoonoses, and field epidemiology</li> <li>• Cross-cutting topic, aligns closely with climate change, health emergencies, and urban health</li> </ul>
Urban health	<ul style="list-style-type: none"> <li>• Cross-cutting topics that focus on improving health at the city-level, including social determinants of health such as the built environment (e.g., housing, transportation, sanitation and waste management), pollution, and heat. Also includes health literacy and education</li> </ul>
Population-specific health	<ul style="list-style-type: none"> <li>• Course topics related to specific WHOA priority populations, including: <ul style="list-style-type: none"> <li>◦ Indigenous groups</li> <li>◦ Refugees and migrants</li> <li>◦ Newborns, children, and adolescents</li> <li>◦ Elders/healthy aging</li> </ul> </li> <li>• Course topics related to maternal health covered under sexual and reproductive health and gender and human rights</li> </ul>

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