

Shape the first global health learning hub, together

Investment Case for the WHO Academy



Shape the first global health learning hub, together: Investment Case for the WHO Academy

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Shape the first global health learning hub, together

Investment Case for the WHO Academy



WHO Academy

About us

The WHO Academy

The WHO Academy is a key initiative of the World Health Organization (WHO), set to become a leading global institution for lifelong learning in health. Opened in December 2024, the Academy will offer online and in-person training to health and care workers, senior decision makers, and the WHO workforce.

Building on WHO's extensive experience and collaboration with external partners, the Academy has developed a comprehensive portfolio of programmes across all health topics addressed by WHO. The courses will be tailored to specific country needs and answer urgent health priorities, with a focus on continuous learning to adapt to rapidly changing environments and evolving knowledge. They will adhere to rigorous quality standards and incorporate WHO's commitment to evidence-based content.

The Academy will promote equitable access to innovative health learning content online and in person through:

- its digital Learning Experience Platform (LXP) which will enable learners to access online courses from anywhere in the world;
- its very own campus in Lyon that features a world-class health simulation centre and collaboration spaces designed for in-person learning and educational research;
- partnership arrangements at regional and sub-regional levels to decentralize training delivery.

The WHO Academy was established with the support of the French Government and other local authorities, which enabled the construction of the state-of-the-art campus in Lyon.

This Academy will significantly contribute to the achievement of the health Sustainable Development Goals by empowering health and care workers, decision-makers, and the WHO workforce with the necessary skills and knowledge to improve global health.



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Abbreviations

AI	Artificial intelligence
AMR	Antimicrobial resistance
BEC	Basic emergency care
GPW 14	Fourteenth General Programme of Work
HCWs	Health and care workers
LMICs	Low- and middle-income countries
LXP	Learning experience platform
MCI	Mass casualty incidents
MOOC	Massive open online course
NCDs	Noncommunicable diseases
PHC	Primary health care
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
TB	Tuberculosis
WHO	World Health Organization

Foreword

Our world faces multiple intersecting and overlapping health challenges: deep inequalities in access to health services; slowing or stalling progress on communicable diseases and maternal and child mortality; the growing burden of noncommunicable diseases; the steady march of antimicrobial resistance; the overshadowing threat of climate change; and the ever-present threat of epidemics, pandemics and other health emergencies.

Meeting these challenges depends on a well-prepared, highly skilled global health and care workforce. That is the aim of the WHO Academy: a global hub for lifelong learning, to equip health and care workers, health policy- and decision-makers and the WHO workforce with the knowledge and competencies they need to meet current and future needs, through an expansive portfolio of courses and learning opportunities, delivered virtually and in-person at the campus in Lyon.

The WHO Academy was born from the recognition that while WHO has rich knowledge and expertise, we have never – until now – had a systematic or institutionalized way of sharing it. WHO is known for its world-class technical products – guidelines, norms and standards – but translating them

into real-world action has often been hindered by a lack of training in how to use them. While WHO does provide ad-hoc training in countries, it has never before been institutionalized or provided at the scale needed.

In that sense, I believe the WHO Academy will truly be a game-changer in equipping the global health and care workforce with the skills and competencies they need to deliver health for all. The Academy is a key initiative of the WHO Transformation – a journey we began in 2017 to design and implement the most wide-ranging set of reforms in WHO’s history, to make it more effective, efficient and focused on delivering an impact at the country level – and more able to do so.

France has played a central role in turning this dream into a reality. During the G20 Leaders’ Summit in Argentina in 2018, I had a chance meeting in a corridor with President Emmanuel Macron, and mentioned to him our idea for the WHO Academy. He grasped the concept immediately and invited me to the Elysée to discuss it with him in more detail. In 2019 we signed a letter of

intent to establish the Academy in Lyon; in 2021 we broke ground, and in 2024, we opened its doors together.

Our vision for the WHO Academy is not modest: the world’s foremost hub for lifelong learning for health and care workers, policy-makers and the WHO workforce. But this vision can only be achieved through collaboration, and with the support of committed partners. I invite partners to join us as we shape the future of health learning. Because investing in health workers is investing not just in a healthier world, but in a more stable and secure world for all.



**Dr Tedros Adhanom
Ghebreyesus**

Director-General,
World Health Organization

A handwritten signature in blue ink, reading "Tedros Adhanom Ghebreyesus".

Foreword

I am honoured to present this investment case for your consideration. In the document that follows, you will find a careful assessment of why investing in lifelong learning in health is sensible, profitable and impactful. You will gain a better understanding of how, by 2028, the WHO Academy aims to upskill and train three million health and care workers, 900 senior decision-makers, 13 000 public health and healthcare managers, and a number of national organizations for health training. You will learn more about our achievements to date and what makes the WHO Academy's approach unique and transformative, and you will appreciate how this initiative addresses a significant and critical gap in the current health ecosystem.

Beyond the facts and figures, I hope this investment case inspires you to envision an alternative future for health professionals—one where their work is valued, their careers are fulfilling, and their achievements are celebrated. Your support will be essential in bringing this vision to life, and I look forward to working with you.

”



Dr David Atchoarena

Executive Director,
WHO Academy

A blue ink handwritten signature of Dr David Atchoarena, written in a cursive style with a long horizontal flourish underneath.

Executive Summary

Now more than ever, the global health workforce needs a continuous learning solution that is accessible to all, regardless of gender, ethnicity, social background and geography.

The world will face a shortfall of 10 million health and care workers by 2030, of which more than half will be in Africa. This will impact other regions too, as the workforce is expected to considerably shrink in coming years due to an ageing population of health workers, difficult working conditions which often lead to fatigue and stress, and inadequate professional support. Training new health and care workers will take decades, taking us well beyond 2030. Through lifelong learning we can take actions that will produce effects in the short term.

The world will face a shortfall of
10 million
health and care workers by 2030

While they often already operate at full capacity to compensate for chronic personnel shortages, health and care workers also must continuously adopt new standards and technological advances in line with rapidly developing science. Between 2013 and 2023, the number of registered clinical studies worldwide was multiplied by three.¹ Scientific breakthroughs have huge potential to advance health and human development; but they will fall short of their ambitions if health systems around the world are not well-equipped and supported to absorb them. The lack of adequate training opportunities constitutes one of the main obstacles to the effective dissemination and application of WHO guidelines in Member States.

Now more than ever, the global health workforce needs a continuous learning solution that is accessible to all regardless of gender, ethnicity, social background and geography to respond to the chronic shortages of health workers and the widening competency gap. The WHO Academy is ideally positioned to provide the highest quality of continuous learning across a large range of health topics to health and care workers and their decision-makers around the world.


The WHO Academy's innovative learning approach leverages the potential of new technologies to advance lifelong learning in health. The Academy offers a cutting-edge campus in Lyon, featuring world-class learning technologies such as a simulation centre, and augmented and virtual reality. It has developed 50 courses, drawing on the expertise of world-class professionals. By 2028, the Academy will have trained 3 million health and care workers, 900 decision-makers, 13 000 public health and healthcare managers, through 260 new courses, flagship and special programmes. The courses will equip the health workforce to implement task sharing and better distribute the workload; integrate new technologies to automate certain tasks; absorb new standards and scientific knowledge; and continue to learn throughout their career to ensure that professional and personal development are accessible every step of the way. Ultimately, the translation of this knowledge into practice will contribute to saving lives.

Realizing the WHO Academy's mission is instrumental to achieve WHO's Fourteenth General Programme of Work (GPW 14) objectives and contribute to saving 40 million lives by 2028. To fully realise these ambitions, the WHO Academy requires technical collaboration, partnerships, and predictable and sustainable financial support. The Academy's total budget for the GPW 14 period 2025-2028 is US\$ 126 million, of which 65% will be dedicated to developing new high-impact learning materials.

The Academy invites and welcomes support and funding from a wide range of partners: Member States, foundations, international organizations, the private sector, and academic institutions.

1. ClinicalTrials.gov, Total number of registered clinical studies since 2000 (as of April 2024). ClinicalTrials.gov; 2024. (<https://clinicaltrials.gov/>, accessed July 2024)

The health workforce is facing **two key challenges**



10 million
Health workers shortage by 2030
>50% in Africa



~10 years
The time it can take for health systems in LMICs to adapt to medical innovations*



Those challenges require **immediate & specific action**

Support the adaptation and resilience of health systems and their workforce



Enable the workforce to stay up-to-date with latest scientific and technical knowledge

The **WHO Academy** is uniquely positioned to **drive those actions**

– As of December 2024 –

- 250** courses offered online
- 9** blended courses
- 1** Team of in-house experts
- 1** campus in Lyon

2025-2028
(GPW 14 period)

US\$ 126 million budget

REACH (estimated cumulative audience 2025-2028)

- 3 million** Health & care workers (clinicians, nurses, & others health workers) trained
- 900** Senior decision-makers in HC trained
- 13 000** Managers in HC trained
- National organizations for health training

THROUGH

- 6-10** priority programmes
- 260** new courses
- Impact & return** on investment for 8 courses

1 Why invest in the WHO Academy now?

Lifelong learning to change
the course of health

1.1 Health systems are under strain in a turbulent world

As stated in GPW 14, health systems are facing ever growing challenges

The burden of noncommunicable diseases (NCDs) continues to increase. They kill 41 million people every year, representing 74% of all deaths and the vast majority of premature mortality worldwide, with the greatest impact in low- and middle-income countries (LMICs). Meanwhile, **communicable diseases still kill 7.5 million people every year:** respiratory infections are responsible for 35% of those, while tuberculosis (TB), HIV/AIDS and malaria together account for 30%.

The increasing number of global crises and the danger of future pandemics worsen these trends. Disease outbreaks such as COVID-19, mpox, cholera, or dengue expose the fragility of health systems, while economic uncertainty, inflation, and shrinking fiscal space affect social sector spending. **The pace of climate change and environmental degradation has accelerated,** and it is estimated that climate change will cause 250 000 additional deaths annually between 2030 and 2050 from malnutrition, malaria, diarrheal, and heat stress alone.²

Demographic shifts are also significant. The world's population over 60 years is expected to make up 22% of the global population in 2050 (vs. 12% in 2015), 80% of which will be living in LMICs³. Countries need to ensure their health and social systems are ready to make the most of these demographic shifts. In parallel, **increasing urbanisation has a significant impact on health,** with over 55% of the world's population living in urban areas with inadequate

housing and transport, poor sanitation and waste management, and air quality that fails to meet WHO guidelines.⁴

These challenges have delayed our progress towards achieving the Sustainable Development Goals (SDGs). The journey towards achieving SDG3, “Ensure healthy lives and promote well-being for all at all ages”, by 2030 is only about one third complete.⁵ More than half of the world's population is still not covered by essential health services, while one in four people suffer financial hardship or incur catastrophic expenditures to access health services.⁶

“No health without a skilled workforce”

The WHO Fourteenth General Programme of Work (GPW 14) objective of saving an additional 40 million lives cannot be achieved without building a stronger and better trained health and care workforce (clinicians, nurses, midwives, community health workers, senior decision-makers, public health professionals and managers) **on the priority segments in Figure 1.** For instance, **tackling antimicrobial resistance (AMR)** requires improving antimicrobial prescription and dispensing practices and raising the awareness of the workforce globally, while adopting a One Health approach. The growing interdependence between climate change and health also requires the development of new skills, at the intersection of several disciplines, and sometimes the emergence of new disciplines to ensure health systems adaptation and resilience.

The health workforce is the corner stone of health systems and will be critical to achieve health and wider development objectives in the next decades. To quote a 2014 report from the Global Health Workforce Alliance, it is a **universal truth that “there is no health without a workforce”⁷**

NCDs represent

74%

of all deaths and the vast majority of premature mortality worldwide

2. World Health Organization, Climate Change. World Health Organization; 2024. (https://www.who.int/health-topics/climate-change#tab=tab_1, accessed July 2024).

3. World Health Organization, Ageing. World Health Organization; 2024. (<https://www.who.int/news-room/facts-in-pictures/detail/ageing#:~:text=The%20world's%20population%20is%20rapidly,of%20the%20total%20global%20population>, accessed October 2024)

4. World Health Organization, Urban health. World Health Organization; 2024. (https://www.who.int/health-topics/urban-health#tab=tab_1, accessed July 2024)

5. Aligning for country impact: 2024 progress report in the Global Action Plan for Healthy Lives and Well-being for all. World Health Organization; 2024. (<https://iris.who.int/bitstream/handle/10665/376857/9789240094949-eng.pdf?sequence=1>, accessed July 2024)

6. Tracking Universal Health Coverage: 2023 Global monitoring report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed July 2024).

7. A Universal Truth: No Health Without a Workforce. Global Health Workforce Alliance, World Health Organization; 2013. (https://cdn.who.int/media/docs/default-source/health-workforce/ghwn/ghwa/ghwa_auniversaltruthreport.pdf?sfvrsn=966aa7ab_7&download=true, accessed July 2024)

The COVID-19 pandemic showed the vital importance of health workers, whose professionalism and dedication saved millions of lives; and highlighted the vulnerabilities of the health workforce globally. Today, ignoring these vulnerabilities is no longer possible: health workers are facing chronic underinvestment and capacity shortages, resulting in increasingly difficult working conditions which often lead to fatigue and stress. They are required to adopt new technologies and tools and absorb newly issued international guidelines at a rapid speed,

while continuing to deliver basic services in a context of increasing health needs.

A significant corpus⁸ of resolutions addressing key health workforce issues has been developed by WHO and supported by Member States, particularly the World Health Assembly 75.17⁹ resolution on human resources for health. This highlights the urgent need to support health workers across the world though equitable access to quality lifelong learning opportunities.

Figure 1

Breakdown of segments where WHO will contribute to saving at least 40 million lives



^a Includes preparedness and prevention of high-threat outbreaks, including for example measles, yellow fever, meningitis and the risk of a pandemic event

^b Includes tobacco, alcohol, physical inactivity, unhealthy diet

8. [WHA 74.14](#), [WHA 74.15](#), [WHA 73/9](#), [WHA 73\(30\)](#), [WHA 73.3](#), [WHA 72/54](#), [WHA 70.6](#), [WHA 69.19](#)

9. [WHA 75.17](#)

1.2 The health workforce is facing two main challenges



Rapid pace of new standards outpacing health systems' adoption capacity in LMICs

Scientific and technologic advances carry huge potential to further advance health and human development, improve policy and decision-making, boost productivity and improve access to information and services. Building innovation knowledge and capacity within the health and care workforce is key to making life-saving progress. Nevertheless, these advances may also fuel gaps in access and exacerbate inequalities in adoption.

From triple therapy for AIDs and effective treatment for multi-drug-resistant TB, to oral rehydration salts and vaccines for diarrhoea and pneumonia; medical innovation has accelerated significantly in the past decades. Between 2013 and 2023, the number of registered clinical studies worldwide multiplied by three (from 157 912 to 477 233 trials).¹⁰ When new treatments, vaccines, diagnostics tools, and medical devices are developed and approved, they can provide life-saving solutions to patients suffering from known and emerging conditions. **However, it can take decades for health systems in countries with resource-constrained settings to adapt to these innovations.** As an illustration, a decade after WHO approved and recommended

the inclusion of four vaccines targeting Hepatitis B, pneumonia, meningitis, and diarrhoea, only 12% of LMICs had begun implementing the recommendations.¹¹ This is primarily due to a lack of resources, capacity shortages, and time required to adapt policy and recommendations to local contexts in LMICs.

Scientific evidence and knowledge are rapidly developing in response to overarching global challenges related to epidemiological evolutions, climate change, demographic shifts, and the constant threat of outbreaks and conflicts. This is further widening the competency gap within the health workforce. Since 2000, the number of scientific publications on AMR has increased by 250% (from 4000 publications to 14 000). Similarly, scientific publications on climate and health have increased by 600% (from 650 to 4200).¹²

To keep up-to-date with rapidly evolving new standards and technological advances, health systems require a comprehensive and high-quality educational solution that can bridge the existing competency gap within the health workforce. Without such solutions timely adoption of new standards and technology will not only be hampered, but inequalities in health care access and delivery will also continue to widen.



Chronic shortage of health workers across the world and mainly in LMICs

The world is facing a chronic shortage of health workers which puts at risk the delivery of health services. According to WHO estimates, there will be a shortfall of at least 10 million health workers by 2030, the vast majority of which are in LMICs and over 50% in Africa.¹³ In 2018, the ratio of health workers per 1000 population was 1.5 in Africa - way below the estimated 4.5 per 1000 population ratio to achieve Universal Health Coverage (UHC).¹⁴ Similarly, nurses and midwives currently

represent 37% of the African health workforce - 7% below the 44% minimal threshold to attain 70% of UHC service coverage, and community health workers represent 14% of all health workers - 5% below the 19% minimal threshold.¹⁵

But this issue is not limited to LMICs. In high-income countries where capacity is higher (for instance, European countries' ratios span between 4 and 7 per 1000 population), the workforce is also expected to considerably shrink in coming years due to an ageing population of health workers, burnout, poor mental health, and inadequate professional support. The effects of which are already showing: 40% of medical

10. ClinicalTrials.gov, Total number of registered clinical studies since 2000 (as of April 2024). ClinicalTrials.gov; 2024. (<https://clinicaltrials.gov/>, accessed July 2024)

11. Brooks, A., Smith, T.A., de Savigny, D. et al. Implementing new health interventions in developing countries: why do we lose a decade or more? BMC Public Health; 2012. (<https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-12-683>, accessed July 2024)

12. PubMed publications data (retrieved July 2024)

13. All for Health, Health for All: investment case 2025-2028. Geneva: World Health Organization; 2024. (<https://iris.who.int/bitstream/handle/10665/376856/9789240095403-eng.pdf?sequence=1>, accessed July 2024)

14. Global Strategy on Human Resources for Health: Workforce 2030. Geneva: World Health Organization; 2016. (<https://iris.who.int/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>, accessed July 2024)

15. The State of the Health Workforce in the WHO African Region. Brazzaville: World Health Organization; 2021. (<https://iris.who.int/bitstream/handle/10665/348855/9789290234555-eng.pdf?sequence=1&isAllowed=y>, accessed July 2024)

doctors are close to retirement age in one-third of countries in Europe and Central Asia. During the COVID-19 pandemic, health workers' absences in the WHO Europe Region increased by 62%, while 80% of nurses reported psychological distress and 9 out of 10 nurses declared their intention to quit their jobs.¹⁶

Building workforce capacity in countries where the shortfall is the greatest will require several decades, which takes us well beyond 2030. In Nigeria for instance, with the current training models and health delivery practices in place,¹⁷ it would take 300 years to reach a ratio of doctors per capita equivalent to the ratio in Organisation for Economic Co-operation and Development countries.

In the short-term, building the workforce capacity in countries where the shortfall is the greatest requires a combination of task reorganization, continuing education and technology integration - all of which can be achieved with high-quality training and support systems.



Better distribution of tasks and responsibilities within the health and care workforce through the redefinition of work organization. This may include both task sharing (e.g. tasks traditionally allocated to medical doctors shared with nurses) and the diversification of positions within the workforce (e.g. the emergence of the Advanced Practice Nurses (APN) role; which designates nurses with advanced trainings and experience, responsible for complex decisions and clinical tasks). Redefining work organization between different levels of practitioners can lead to more effective and affordable service delivery, as well as improved access to care in areas where there is an insufficient number of highly professionalized health workers. This was exemplified during the COVID-19 pandemic in the Central African Republic, where the training of existing community health workers to deliver COVID-19 vaccination along with bundling of COVID-19 vaccination with the polio vaccination programme resulted in increasing the vaccine coverage from 9% to 29% in just six months.¹⁸



Access to continuous education for health and care workers as a way to increase staff retention. A study performed in Sweden and Norway showed that the lowest score of self-efficacy assessment among nurses was for the item "my studies have prepared me for my current position." A similar study in Iran yielded the same results, with nurses describing how insufficient knowledge acquisition affects their self-confidence in the workplace.¹⁹ When continuous learning programmes are implemented, results show that the satisfaction of nurses significantly improves. For instance, a study conducted at a rural US medical centre showed that annual turnover of nurses decreased from 16.8% to 6.8% following education programme implementation.²⁰



Technology integration to support the workforce. New technologies are a key enabler of work organization improvement, as they allow health and care workers to save a considerable amount of time. A 2019 study showed that 33% of tasks performed by health and care practitioners and technical occupations could be automated.²¹ This includes automation of certain administrative tasks (data entry, medical coding); AI-powered analysis of medical images; and development of personalized treatment plans. Facilitating access to digital skills for health and care workers is key to ensuring fast and effective use of AI, which has an important role in the future of healthcare.

Scaling-up these solutions requires fostering an environment where professionals can thrive, adapt to new roles, and ultimately remain committed to the health and care workforce. Moreover, such training systems are critical to tackle the challenges that women in the health sector face. Women account for 67% of the global health and social care workforce yet they tend to be clustered into lower status, low paid, and often unpaid roles and an estimated 75% of leadership roles in health and care are held by men.²² Ensuring inclusive and equitable healthcare education represents a key lever to bridge these gaps.

16. World Health Organization, Ticking timebomb: Without immediate action, health and care workforce gaps in the European Region could spell disaster. World Health Organization; 2022. (<https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb-without-immediate-action-health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster#:~:text=Dr%20Kluge%20warned%2C%20%E2%9C%9CAll%20of%20care%20workforce%20shortages%20is%20now>, accessed July 2024)

17. Health Systems Leapfrogging in Emerging Economies. From Concept to Scale-up and System Transformation. World Economic Forum; 2015. (https://www3.weforum.org/docs/WEF_Health_Systems_Leapfrogging_Emerging_Economies.pdf, accessed July 2024)

18. Adidja Amani et al. Lessons from the field: A rapid increase in coverage of COVID-19 vaccination, Central African Republic. World Health Organization; 2023. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10225948/pdf/BLT.22.289155.pdf>, accessed July 2024)

19. Kallerhult Hermansson, S., Norström, F., Hilli, Y. et al. Job satisfaction, professional competence, and self-efficacy: a multicenter cross-sectional study among registered nurses in Sweden and Norway. BMC Health Services Research; 2024. (<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11177-8>, accessed July 2024)

Such critical gaps in the health and care workforce need to be addressed through a holistic approach

Many world-renowned organizations offer continuous learning solutions for health and care workers, including leading universities and global health partners. WHO itself, through its technical departments and regional and country offices, is the source of high-quality training content on various topics and formats. This work is important and the Academy will partner with quality-assured continuous learning providers to accentuate and co-develop future efforts. The Academy's unique mandate will enable the filling of critical gaps in current continuous learning solutions for health and care workers, through the pioneering of:



Create a consistent pedagogical approach to continuous learning for health.

The fragmentation and lack of standardization of continuous learning hinder the ability to progress in a coherent and consistent manner. Within WHO, technical departments develop high-quality trainings but these are sometimes delivered in a vertical manner. Building more synergy and integration within WHO's training offerings would contribute to further synergy and efficiency. The Academy is home to a team of educational experts who have developed a programmatic, systematic pedagogical method which can be applied to every course (existing or new) and ensures steady progression for learners. This also includes impact measurement of trainings and feedback loops to ensure continuous improvement.

Create the first 'one-stop-shop' centralizing all quality approved educational content that meets WHO standards.

There is an abundance of different health learning programmes and platforms, which means learners have to do their own research,

and may have to complete courses from diverse sources with different learning recognition, pace, and methodologies. The Academy will change this by hosting WHO courses as well as partners' courses which meet quality and pedagogical standards. The Academy will also deliver digital learning recognitions for all the hosted courses, standardizing the recognition of achievement across a variety of content and enabling learners to track their advancement in a consistent manner.

Pioneer an offer of tailored, context-specific courses.

Globally accessible online resources have significantly increased access to continuous learning; but they have also the unwanted effect of over-generalizing content to make it applicable to a large audience. The Academy has a dedicated localization team, which will work with countries and national organizations for health training to ensure courses are adapted to fit the local context and specific needs. The unique expertise of WHO, a three-level organization operating at country, regional, and global level, will enable the targeting of most pressing needs on a country-by-country basis.

20. Russell, D., Mathew, S., Fitts, M. et al. Interventions for health workforce retention in rural and remote areas: a systematic review. *Human Resources for Health*; 2021. (<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00643-7>, accessed July 2024)

21. American Hospital Association, AI and the Health Care Workforce. American Hospital Association. (<https://www.aha.org/center/emerging-issues/market-insights/ai/ai-and-health-care-workforce>, accessed July 2024)

22. Value gender and equity in the global health workforce. World Health Organization. (<https://www.who.int/activities/value-gender-and-equity-in-the-global-health-workforce>, accessed October 2024)



Leverage technology to offer an alternative to the 'either or' in-person/online training.

The right balance between in-person training, which can represent an unrealistic time commitment; and fully online learning, which does not allow for practical training; can be difficult to find. There is untapped potential in fully leveraging new technologies to deliver the best outcomes for learners. The Academy will deliver courses through a wide variety of formats, and offer unmatched flexibility to learners: fully online, blended, and in-person courses depending on learners' needs and constraints.



Offer courses that are free of charge to participants, ensuring access for individuals from all socioeconomic backgrounds.

Additionally, these courses will be designed to be easily implemented in areas with low internet bandwidth, using optimized content delivery methods such as offline access, lightweight web pages, or downloadable materials, so that participants in regions with limited digital infrastructure and low-income level can still benefit from the training.

1.3 The WHO Academy through provision of lifelong learning will contribute towards the realization of GPW 14 objectives

WHO Academy's **vision**

A world in which health and care workers, policy-makers and the WHO workforce have the skills and competencies they need to achieve health for all.

WHO Academy's **mission**

Build a lifelong learning ecosystem that enables health and care workers, policy-makers and the WHO workforce to develop their capabilities.

The WHO Academy aims to lead the way by investing in high-quality, innovative and globally **accessible learning solutions while partnering with national organizations for health training all around the globe.** By harnessing the latest advancements in adult and competency-based learning, and leveraging new technologies, the Academy will offer learning experiences for health and care workers, managers, and decision-makers, both online and in-person.

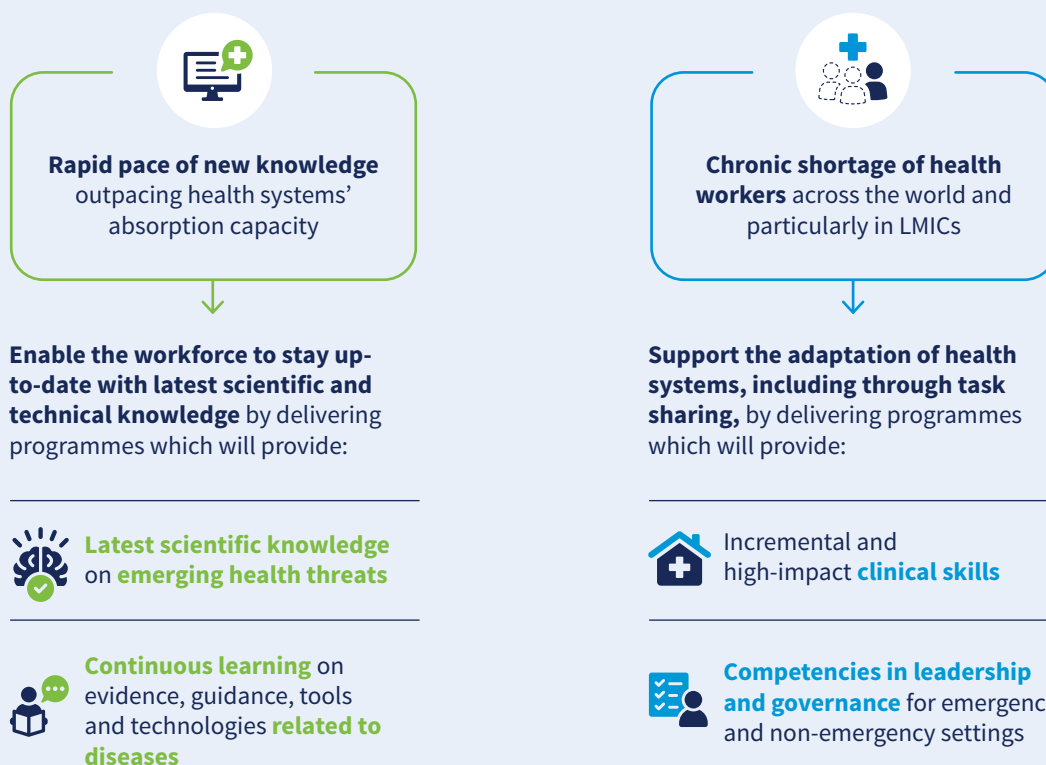
To enable the health workforce to remain at the forefront of the latest scientific and technological knowledge, the WHO Academy will develop and deliver programmes that **provide continuous learning on new medical evidence, guidance, tools and technologies**

related to health threats and emerging factors.

To address the chronic shortage of health workers across the world, particularly in LMICs, the WHO Academy will support the strengthening of health systems by developing and delivering programmes to **equip the health workforce with incremental, action-oriented and high-impact technical skills,** as well as competencies in **leadership and governance;** both in emergency and non-emergency settings. This approach will help address the critical shortage of health and care workers and contribute to task-sharing strategies, including using technology and AI.

Figure 2

The WHO Academy will respond to two pressing challenges faced by the health workforce



WHO is launching the Academy to help it deliver the GPW 14 and focus on the priority needs of our Member States. The Academy is a critical piece of the Theory of Change of GPW 14 and will play a pivotal role in enabling the achievement of its overarching goal, namely, ‘To promote, provide and protect health and well-being for all people, everywhere.’ By supporting health and care workers around the world, the Academy will

ensure technical guidance and recommendations developed by WHO departments are implemented in due course in countries. It will also play a crucial role in supporting last-mile delivery of essential health interventions by empowering frontline health and care workers.

The Academy strives to support the strategic objectives of the GPW 14 in the following ways:

GPW 14 overarching goals	GPW 14 strategic objectives	WHO Academy activity
To promote health	Responding to climate change	The WHO Academy will offer specialized training on climate change health impacts, helping policy-makers build climate resilience into public health plans. Health workers can access courses on the direct and indirect effects of climate change, such as rising vector-borne diseases, food insecurity, and extreme weather.
	Addressing health determinants	By integrating social determinants of health into its curriculum, the Academy will help Member States address root causes of ill health across various sectors. Courses will explore how social, economic, and environmental factors influence health outcomes, promoting a multi-sectoral approach.

To provide health	Advancing primary health care (PHC)	The WHO Academy will strengthen health systems by offering courses on essential PHC elements. These courses will cover community engagement, people-centred care models, and integrated health services.
	Improving health coverage and equity	The Academy will offer training on health financing, equitable service access, and protection from healthcare-related financial hardship. Modules will address health equity, gender-sensitive services, and financial protection strategies, equipping policy-makers to improve service coverage.
To protect health	Preparing for health risks	WHO Academy courses will train learners to prevent, anticipate, and mitigate risks from disasters, pandemics, and hazards. In partnership with WHO technical units, it will provide training on preparedness, risk communication, and health system resilience.
	Responding to health emergencies	Specialized courses in epidemiology, surveillance, and emergency operations will build health workers' capacity to quickly detect and respond to emergencies. Through simulations and outbreak response exercises, the Academy will help Member States respond effectively to crises.

For example, the WHO Academy supports the advancement of the PHC approach through the 'Cervical Cancer Screening' course, which trains community health and care workers in cervical cancer screening and supports the adoption of WHO's 2021 guidelines to prioritise the use of high-performing human papillomavirus DNA

tests. This course has the dual benefit of both (i) increasing the capacity for cervical cancer screening by training additional health and care workers and (ii) accelerating the adoption of new guidelines which will improve the outcomes of testing.



NO SMOKING

COVID-19
PLEASE

Ministry of Health & Medical Services
PROTECT YOURSELF, PROTECT OTHERS FROM CORONAVIRUS
Cover your cough and sneeze

Wash your hands often and immediately

Ministry of Health & Medical Services
COVID-19 Information for the Public

What is COVID-19?

How is COVID-19 spread?

What are the symptoms of COVID-19?

How can I prevent COVID-19?

What should I do if I have COVID-19?

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Virginia meets with her patient, Jane, at Tulagi Clinic, Solomon Islands. © WHO / Blink Media - Neil Nuia

2 What makes the WHO Academy unique?

Skills that heal,
learning that transforms



WHO's Dr Syeda Tasmina Ferdous Jinia and Rajib Chowdhury speak to patients and nurses in the dengue ward of Suhrawardy Hospital in Sher-E-Bangla-Nagar, Dhaka. © WHO / Fabeha Monir

2.1 The WHO Academy will provide tailored programmes to the health workforce

Figure 3

WHO Academy target audiences

WHO Academy target audiences	 Health & care workers	 Decision-makers & managers	 WHO workforce	 National organizations for health training
Occupational groups	Clinicians, nurses, midwives, community health workers, public health professionals and others (epidemiologists, etc.)	Senior decision-makers (policy-makers, government officials) Managers (executives, department heads / managers)	WHO employees in countries, regions, and headquarters	Organizations providing training to health workers at national level



Health and care workers

Clinicians, nurses, midwives, public health professionals, community health workers,* and other categories of health and care workers that are critical in national health have urgent and unfulfilled learning needs. Primarily, these needs are:

- **Upskilling on healthcare management, public health and clinical practices** within and beyond core occupational focus to enable effective public health leadership and management, task sharing within the health workforce, and reduce silos
- **Updated knowledge** throughout their careers on new medical evidence, products, tools, and guidance to ensure opportunities brought by innovation are absorbed and delivered to populations.

The WHO Academy will address these needs by providing health and care workers:



(i) incremental, specific clinical knowledge on priority diseases and syndromes



(ii) continuous learning on new knowledge for existing and emerging health threats

Example of courses for health and care workers

Need addressed	Topic	Course example
	Communicable and Noncommunicable diseases	Cervical Cancer Screening
Incremental, specific clinical knowledge on priority diseases and syndromes	Emergency care	Basic Emergency Care
	Sexual and reproductive health	Family Planning Counselling
Continuous learning on new knowledge for existing and emerging health threats	Digital health and AI	Power of routine health facility data for Tuberculosis and other diseases
	Antimicrobial resistance	Antimicrobial Stewardship
	Access to medicines and health products	Guidance on new vaccines introduction

* This may include veterinary or para-veterinary professionals as part of the One Health approach ensuring that health interventions address the underlying factors of human diseases through collaborative, multi-sectoral efforts including humans, animals, and the environment.



Decision-makers and managers

To make well-informed decisions and adequately support health and care workers, decision-makers and managers need to be equipped with both leadership skills and scientific and operational knowledge on health threats. Health-related policy-makers, government officials, executives and managers of the health workforce have learning needs in the following fields:

- Enhanced competencies in governance and policy making at country, regional and global levels (senior decision-makers)
- Key managerial and leadership competencies to adequately run day-to-day activities, enable task sharing and reduce silos (executives and managers)
- Updated knowledge throughout their careers on new medical evidence, products, tools, and guidance to enable informed decision making and appropriate support of health and care workers
- Technical knowledge and competencies to detect acute health threats and stage an adequate response.

The WHO Academy will address these needs by providing decision-makers and managers:



(i) competencies in leadership and governance for emergency and non-emergency settings



(ii) continuous learning on new knowledge for existing and emerging health threats

Example of courses for decision-makers and managers

Need addressed	Topic	Course example
Competencies in leadership and governance for emergency and non-emergency settings	Life course	- Nursing & midwifery care workforce - Fundamentals of risk management
	Health emergencies	Mass casualty management
	Transversal	Health systems financing
Continuous learning on new knowledge for existing and emerging health threats	Antimicrobial resistance	Surveillance systems and implementation of a performant laboratory capacity
	Access to medicines and health products	Biomanufacturing
	Healthier populations	Healthy cities / Urban health
	Transversal	One Health

Box 1**WHO Academy success story: Rolling out Mass Casualty Management training to increase resilience of hospitals**

As a result of urbanization, conflicts and climate change, mass casualty incidents (MCI) are becoming more frequent worldwide. For instance, natural disasters, a subset of MCIs, have increased from 40 recorded events in 1960 to 410 in 2023.

WHO has been tracking the state of MCI preparedness across regions and realized that there is no standardized way to manage mass casualties across countries and most hospitals in these regions either lack a mass casualty plan or have unvalidated or undrilled plans. This can cause systems to fail amid events with sudden influx of critically injured patients, leading to increased mortality.

To address this issue, the WHO Academy launched a Mass Casualty Management programme in 2022. Developed in collaboration with the Integrated Health Services Department of WHO, this course targets health and non-health staff working in several emergency units, heads of health facilities and emergency units, hospital managers and other key decision-makers and focuses on the planning and actions required from health staff working in emergency units in the first hour after a MCI occurs. A training-of-trainer

module complements the course to facilitate scaling-up to all hospitals in a participating country.

In 2024, the WHO Academy delivered the course in its simulation space, in the Lyon area, with a redesigned curriculum and an innovative delivery approach. Learners completed the online self-paced learning component on the WHO Academy online learning platform to set foundational knowledge and skills, and then participated in a full-day of actor-enabled mass casualty simulation at the simulation centre. The WHO Academy extends follow-up support to participants to roll-out the course in their country.

Testimonies from course participants from Europe and Africa:

“The course is a good experience in raising our level of knowledge in incident management, especially multiple casualty management and crew management, even during daily work in the emergency department.”

“The simulation allowed us to experience a realistic and stressful scenario, highlighting the importance of rigorous team organization to optimize the efficiency of care.”



National organizations for health training

The Academy will work with countries to strengthen priority national organizations for health training and capabilities in support of disease prevention as well as emergency preparedness and response, with a particular focus on LMICs.



WHO workforce

The Academy will also address the learning needs of the WHO workforce. WHO aims to lead by example and demonstrate organisational excellence by implementing continuous learning in its own workforce. The Academy is a priority initiative of the transformation agenda. To contribute to the full potential of the Organization and its workforce in providing authoritative advice and leadership on critical health matters in a rapidly changing environment, the WHO Academy will develop modules targeting the WHO workforce. For example, in October 2024, the Academy launched a Leadership Excellence programme in recognition that the success of WHO relies heavily on the capabilities and competencies of its leadership team and a motivated and fit-for-purpose workforce. This programme targeted WHO Representatives, directors at regional offices and headquarters, and will strengthen WHO leadership team resilience and capacity to better manage interpersonal relationships, including in difficult situations.

Six programmes to accelerate selected WHO priorities

The Academy aims to develop a comprehensive portfolio of programmes across all health topics addressed by WHO and tackle key priorities which require specific intervention.

To ensure these priorities are addressed, the Academy will have a specific focus on an evolving scope of six priority programmes between 2025 and 2028. Three flagship programmes have been designed to support targeted WHO initiatives namely: the Biomanufacturing Workforce Training Initiative, the One Health initiative and the Healthy Cities Network. Beyond the initial flagships, the Academy will continue to develop priority programmes throughout the years – three of them are already in development, namely AMR, Nursing & midwifery and Leadership. These three additional priority programmes will support WHO interventions led by the AMR Division²³, the Office of the Chief Nurse and various initiatives by regional offices.

23. Political Declaration of the High-level Meeting on Antimicrobial Resistance. UN General Assembly High-Level Meeting on antimicrobial resistance; 2024. (<https://www.un.org/pga/wp-content/uploads/sites/108/2024/09/FINAL-Text-AMR-to-PGA.pdf>, accessed November 2024)



Box 2**Enhancing biomanufacturing workforce training**

The Academy is contributing to the WHO Biomanufacturing Workforce Training Initiative, supported by the Republic of Korea, by facilitating knowledge sharing, learning and capacity building for biomanufacturing.

COVID-19 revealed the critical needs for know-how, skills and competencies to manufacture vaccines in LMICs. This is why biomanufacturing has been established as one of the Academy's flagships.

The Academy's unique contribution to the biomanufacturing training initiative will be to promote the incorporation of

best practices in adult learning in the design and delivery of training to optimize the impact of learning.

Hence, the WHO Academy supports and monitors the application of quality assurance standards in the development, implementation and evaluation of training materials developed by the Biomanufacturing Global Training Hub established by WHO and the Republic of Korea.

Box 3**Continuous learning to address the AMR burden of drug-resistant bacterial infections in India**

Antimicrobial resistance (AMR) is one of the biggest global health threats. AMR occurs when bacteria, viruses, fungi and parasites change and no longer respond to medicines, mostly because of the misuse and overuse of antimicrobials in humans, animals and plants. It is estimated that bacterial AMR caused 1.27 million deaths in the world in 2019 and contributed to an additional 4.95 million deaths. AMR affects countries in all regions and at all income levels, but its drivers and consequences are exacerbated by poverty and inequality, making LMICs the most affected.

In India, studies have shown that drug-resistant infections, including multi-drug resistant (MDR) strains of TB, typhoid, and various bacterial infections, are on the rise, leading to increased mortality. Estimates suggest that over 58 000 newborns die each year in India due to sepsis caused by resistant bacterial infections. The overall death toll from AMR is likely much higher due to underreporting. Hospitals face an increasing burden from AMR, with nearly 50% of infections in intensive care units being resistant to first-line antibiotics. This not only compromises patient care but also strains an already overstretched healthcare system.

In response to these challenges, the Indian Government launched in 2017, with WHO's assistance, its National Action Plan for AMR containment. From 2020, this programme started to develop training objectives for different cadres of the health workforce. A 2023 study involving 126 Indian health care workers revealed that over two-thirds of workers lacked understanding of AMR guidelines and required further training. Due to the rapid updates of standards and protocols, health care workers suffer from a lack of understanding and need to be assisted to acquire the necessary knowledge. In 2024, India's Ministry of Health and Family Welfare and the WHO Academy agreed to develop a partnership to provide lifelong learning opportunities to health and care workers, with particular attention to AMR.

Such a partnership is in line with the UN's Political Declaration of the High-level Meeting on Antimicrobial Resistance²⁴ which recognizes the WHO Academy's crucial role in strengthening national capacities on AMR through training of a competent and skilled workforce.

24. Political Declaration of the High-level Meeting on Antimicrobial Resistance. UN General Assembly High-Level Meeting on antimicrobial resistance; 2024. (<https://www.un.org/pga/wp-content/uploads/sites/108/2024/09/FINAL-Text-AMR-to-PGA.pdf>, accessed November 2024)

2.2 The Academy is the first WHO global training hub of quality-assured, technology-enhanced learning solutions open to 194 Member States

As part of the WHO ecosystem, the WHO Academy leverages the world-class WHO network of experts and learning capabilities directly linked to most recent and updated global technical products.

The WHO Academy has five strategic objectives



- 1 Provide **innovative learning content** on WHO priorities
- 2 Create **high-quality, learner-oriented courses**
- 3 Build a **global learning ecosystem** that adopts innovative lifelong learning practices in the health sector
- 4 Develop and disseminate **quality standards** and a **competency-based recognition framework** for courses
- 5 Facilitate and foster a **culture of continuous learning** within WHO

1 Provide innovative learning content on WHO priorities

The WHO Academy's ambition is to make the **highest quality of innovative learning on WHO priority areas accessible to the health and care workforce, globally**. The Academy will design equitable programmes tailored to challenges in access in delivery countries such as LMICs. To face these challenges and ensure equity, a strong **localization team within the WHO Academy will tailor courses to target audiences in terms of course content relevance, language and culture**. Moreover, the delivery of courses will comply with **World Wide Web Consortium's Web Content Accessibility guidelines**²⁵ to

provide **sustainable and equitable educational development**. Finally, courses will be **readily available online and offline to ensure inequalities in access do not get in the way of continuous learning for all**.

The primary course **delivery channels** will be the following:

- **Online** through a cutting-edge Learning **Experience Platform (LXP)** that can be accessed **from both desktop and mobile devices**. The LXP will include instructor-led virtual classrooms, MOOCs, self-service digital libraries of e-books, WHO guidelines, recorded classes, and more. This format is most adapted for clinicians, nurses & midwives, and health care workers in LMICs.
- **In-person learning** includes access to the Academy's **campus in Lyon** to attend workshops, engage in simulation-based learning in its world-class simulation centre, participate in learning events or summer schools, and attend high-level health conferences and seminars. Training hosted in Lyon will focus on leadership courses and training-of-trainers. The WHO Academy will also conduct in-country training in collaboration with country offices and national partners.
- **Simulation-based learning** in a state-of-the-art facility for simulation-based medical education and emergency preparedness. Equipped with advanced sensors to recreate specific learning environments and software to fine-tune these settings, the centre offers trainees a forward-thinking approach to medical and emergency training, preparing the next generation of health and care professionals for future challenges. The

25. World Wide Web Content Accessibility Guidelines: (<https://www.w3.org/WAI/WCAG22/Understanding/>, accessed September 2024)

simulation centre also integrates audio-visual screens, virtual reality, and augmented reality technologies, creating an immersive and risk-free learning environment. This combination of innovation and education positions the Academy’s simulation centre as a leader in shaping the future of health and care professionals through simulation-based learning.

- **Blended learning:** A subset of Academy courses will combine **online self-paced learning with in-person training** at the WHO Academy campus in Lyon or in target countries with partner schools and universities.

Box 4

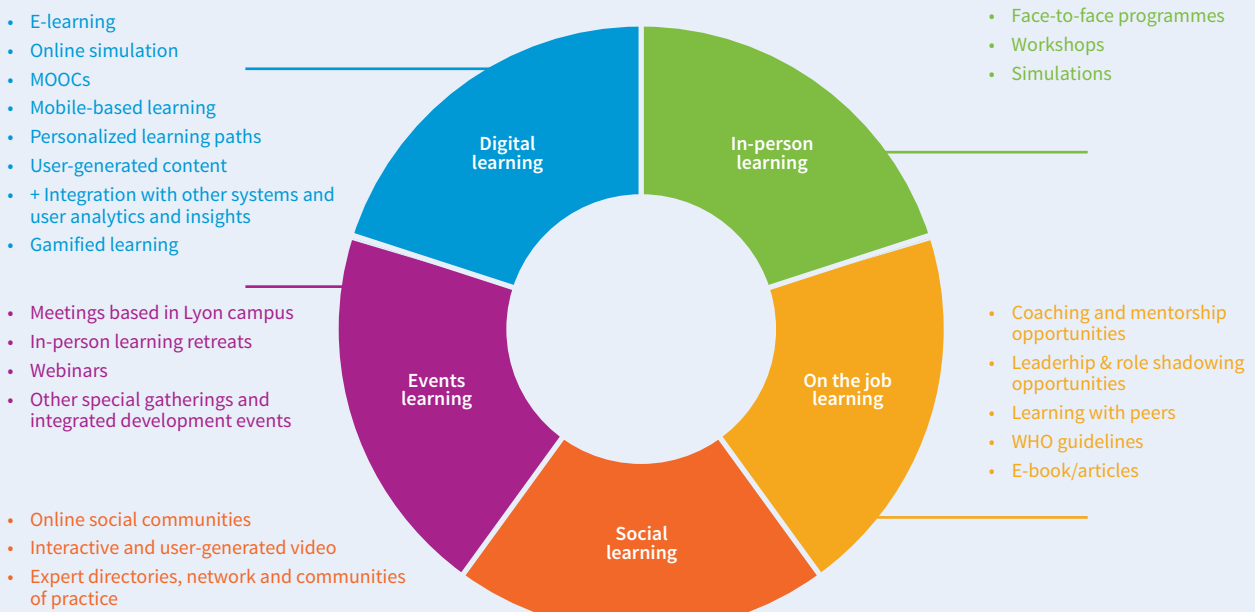
Innovation Lab

The Academy’s Innovation Lab is designed to foster diverse innovations and learning in health, including process improvements, new learning models, and technological advancements. It will offer a tech-enabled learning space, featuring dedicated cameras, high-definition audio,

and collaboration tools for both in-person and remote participants. The lab will provide immersive, hands-on experiences through group discussions, role-playing, problem-solving, and simulations, while also serving as a forum for immediate feedback.

Figure 4

The WHO Academy Learning Formats



2 Create high-quality, learner-oriented courses

The courses are produced both **in-house by the Academy and in close collaboration with the WHO technical units, and with external partners, including academic** and health institutions. Courses follow WHO's universal standards and priorities focusing on the development of **practical, skill-based capabilities**. The WHO Academy will also engage in country-specific programmes through long-term partnerships with countries.

3 Building a global learning ecosystem that embeds innovative lifelong learning practices in the health sector

The WHO Academy is establishing a **global community of practice in lifelong learning in health** by fostering partnerships and collaborative platforms on innovation and content development.

This ecosystem will combine stakeholders involved in the global health landscape, including universities, research institutes, biotech industries, civil society and NGOs. At the global level, the Academy will promote cooperation with and among Member States, academic and research institutions, international organisations, the United Nations system, and the private sector.

The WHO Academy campus will play a role in knowledge sharing by organizing, co-organizing and hosting training programmes, workshops, seminars, conferences and exhibitions for health and care workers, policy-makers and the WHO workforce.

4 Developing and disseminating quality standards and a competency-based recognition framework

The Academy is working with more than 30 WHO technical units, external partners and its Quality Committee to develop a **learning recognition system which will carry credibility among stakeholders** who will be able to trust that individuals having completed these courses have acquired the necessary knowledge, skills and competencies in their respective health fields. The aim is to facilitate a flexible system for assessing learning outcomes and recognizing acquired skills and competencies.

5 Facilitating and fostering a culture of continuous learning within WHO

In accordance with the Academy's commitment to serve career development and promote continuous learning within WHO, the Academy encourages engaged feedback loops and will track learner appreciation, to deliver measurable impact across key variables (net promoter score, user satisfaction, productivity improvement).



Box 5

WHO Academy success story: Basic Emergency Care course in Tanzania

First published in 2018, Basic Emergency Care (BEC) was developed by WHO in collaboration with the International Committee of the Red Cross and the International Federation for Emergency Medicine. Traditionally taught as a 5-day in-person course, BEC teaches a systematic approach to the initial assessment and management of time-sensitive conditions where early intervention saves lives. **The implementation of the course decreases by 30% the number of deaths in emergency units.**

The WHO Academy recently launched a new version of the BEC programme in Tanzania, developed in collaboration with the WHO Integrated Health Services Department. The programme was delivered in a blended learning model: combining three days of online training with two days of an in-person practical skills workshop. This new format is more accessible and convenient, allowing participants to take the online course when suitable and avoiding mobilizing a large group for five days. The course content focuses

on the essential actions to take and avoid when dealing with critically ill or injured patients and follows the ABCDE approach (Airway, Breathing, Circulation, Disability, and Exposure).

This new approach exemplifies how the WHO Academy is improving healthcare by making essential emergency care training easier to access, eventually empowering health care workers to save lives.

“We have seen a great impact of the Basic Emergency Care training so far – patients are much better stabilized when they are referred now than earlier. We count the blended version of the Basic Emergency Care programme as a saviour to us; it will enable us to scale the programme much further in the country and have a bigger impact on helping save lives” - Raya, General Secretary of the Emergency Medical Association (Tanzania)





Diana, a community health worker at Monduli Juu dispensary, prepares for a COVID-19 vaccination programme. Monduli Juu is one of the hardest to reach villages in Arusha, United Republic of Tanzania. © WHO / Ethnovision / Billy Miaron

3 How can you support the WHO Academy?

All in for healthcare learning

3.1 Invest in the WHO Academy for a healthier world

The WHO Academy is developing an innovative approach to continuous learning

WHO has benefitted from the support of the French Government and other local authorities and donors from the private sector to establish the WHO Academy in Lyon. To date, this has enabled the Academy to **build a growing team**

of world-class experts, to develop a bespoke online LXP, to offer over 250 courses (including multiple language versions), and to build a state-of-the-art campus in Lyon.

The Academy's campus in Lyon is equipped with 22 training rooms, two distance learning rooms, one simulation centre, one emergency operations centre training room and a library. Operating at full capacity, the campus will be able to host up to 700 learners in-person per week.

The Academy needs your support to expand its impact

In its 2025-2028 expansion phase, the Academy will design and deliver numerous courses offline and online aligned with WHO priorities stated in GPW 14. The Academy will have a specific focus on six priority programmes that will include several learning formats catered to audiences' needs and contexts.



One Health competencies



Cities, health and well-being



Biomanufacturing



Nursing & midwifery care workforce



Antimicrobial resistance



Leadership in public health

For the period 2025-2028, these 260 additional courses will benefit a total of 3 million clinicians, nurses & midwives, and other health and care workers; 900 senior decision-makers; 13 000 public health and healthcare managers, as well as a number of national organizations for health training.

Figure 5

WHO Academy KPIs – Number of learners, cumulative 2025-2028



The Academy requires a budget of **US\$ 126 million** to be fully funded through the WHO's 2025-2028 Investment Round

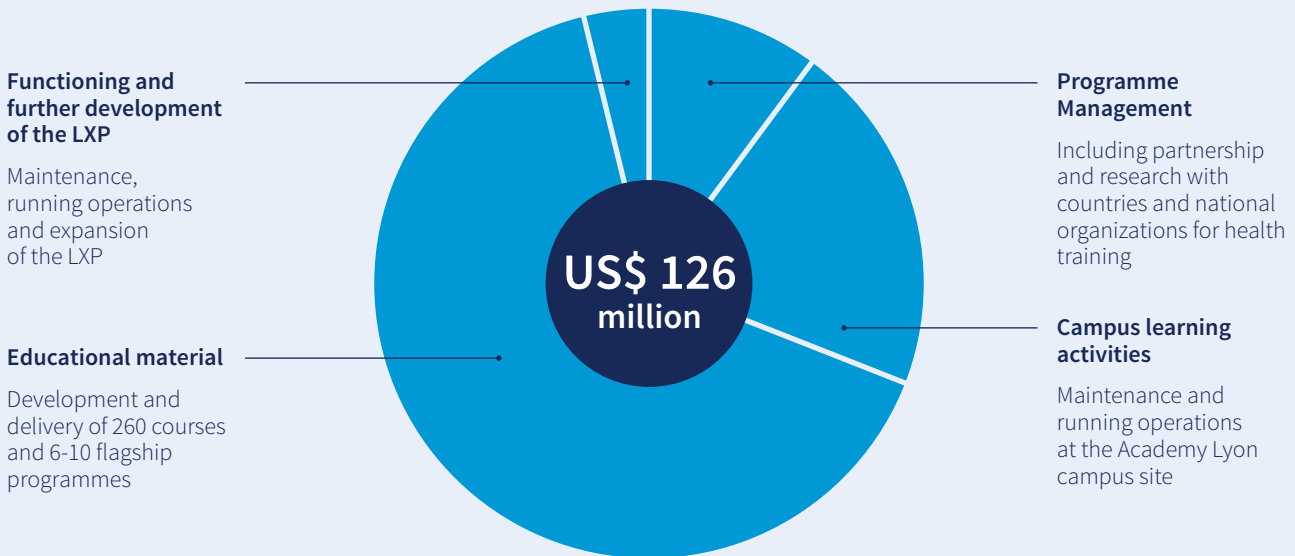
The WHO Academy aims to provide free and fair access to quality learning both online and in person, transforming the latest scientific and technical guidance into real improvements in healthcare services by building the skills of the health workforce. **Realizing this goal depends on securing full funding for the Academy's US\$ 126 million budget through the WHO's 2025-2028 Investment Round.**

Sustainable financing of the WHO Academy is needed for the development and delivery of educational material to learners including through the LXP, to establish and build partnerships with countries and national organizations for health training and to run operations at the Academy Lyon campus.

The Academy's model has been designed to maximize return on investment, focusing on in-house content design and development, leveraging the expertise of WHO technical units as well as hosting quality-assured educational and partners' learning content on the LXP platform, to deliver high-quality courses and address specific needs identified by target countries and audiences.

Figure 6

Breakdown of WHO Academy's budget for 2025-2028



Supporting the Academy through the WHO's 2025-2028 Investment Round

The Academy is integral for the realisation of GPW 14's objective: contributing to saving more than 40 million additional lives.

The Academy is part of WHO's core budget, financed through the WHO's 2025-2028 Investment Round. Now more than ever, the Academy calls on Member States and other WHO

partners for support as part of their broader commitments to this Investment Round. For other philanthropic and private partners, the Academy offers other specific funding avenues as appropriate.

Contributions to the Academy's budget from partners will ensure its stability and sustainability while delivering tangible impacts: for instance, an investment of **US\$ 1 million will train more than 25 000 health and care workers over the 2025-2028 period.**

We call on your support:



WHO Member States: to contribute to the financing of programmes aligned with national health priorities and encourage health and care workers and decision-makers to take up WHO Academy learning offers.



Multilateral Organizations: to foster training and economic development in beneficiary countries and to finance, support and develop courses on priority area topics.



Philanthropies & Private Sector: to achieve philanthropic objectives and facilitate knowledge sharing and dissemination of the latest innovations and technologies.

3.2 Supporting the WHO Academy to turn knowledge into practice

Low health investments and limited prioritization of the health workforce have critically exposed health systems and exacerbated inequalities which the WHO Academy will help bridge. Indeed, healthcare education represents only about 2% (approximately US\$ 110 billion per year)²⁶ of total health expenditures, which is insufficient to meet the healthcare needs to achieve SDG3 targets. There has never been a more critical moment to invest in lifelong learning as a key enabler of advancing health for all. WHO's unique place in the global health ecosystem makes it a particularly advantageous investment: **it is estimated that, every one dollar invested in WHO, brings a return on investment of US\$ 35.**²⁷

and knowledge into practical solutions, leading to meaningful impact for populations. Additionally, recognizing the significant disparities in healthcare education worldwide, the Academy promotes a vision of equity by ensuring that its resources and trainings are accessible to all.

“By investing in the health workforce, we not only address the challenges within the sector but also generate dividends in education, employment and gender equality”

Dr. Matshidiso Moeti
WHO Regional Director for Africa

“The WHO Academy is an investment in lifelong learning, knowledge and technology, but ultimately an investment in people, and in a healthier, safer, fairer future”

Dr. Tedros Adhanom Ghebreyesus
WHO Director-General

It is estimated that, every **US\$ 1** invested in WHO, brings a return on investment of **US\$ 35**

Investing in the WHO Academy enables effectiveness of broader investments in health by empowering the health and care workforce, the critical link in the widespread adoption of health initiatives. The Academy transforms innovation

26. Frenk, Julio et al. Challenges and opportunities for educating health professionals after the COVID-19 pandemic. The Lancet; 2022. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02092-Y/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02092-Y/fulltext), accessed July 2024)

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3.3 Learners' testimonials

“I liked achieving the realization that these aspects of health management are crucial to the assessment and planning of healthcare programmes. They all have a common collaborative goal.”

Annita – Interventional Radiographer, Australia, learner from “Fundamentals of Risk Management” Course

“The course is designed to guide yourself to the pace you desire to learn.”

Learner from “Harnessing the power of routine health facility data: Tuberculosis” Course

“The questions designed in the module were very practical and related to real life situations. The overall presentation of the course was very interesting.”

Dr Sreeya – Consultant Preventive Oncology, learner from “Cervical cancer screening” Course

“Thanks so much for the good work. I’m forever grateful for the knowledge acquired through the course.”

Edwin – State Technical Officer, learner from “Harnessing the power of routine health facility data: Tuberculosis” Course



“We have seen a great impact of the Basic Emergency Care training so far – patients are much better stabilized when they are referred now than earlier. We count the blended version of the Basic Emergency Care programme as a savior to us; it will enable us to scale the programme much further in the country and have a bigger impact on helping save lives.”

Raya – General Secretary, Emergency Medical Association, learner from “Basic Emergency Care” Course

“The programme makes us think and understand the importance of effective counselling in Postpartum family planning. We may feel that we know everything but when the programme unfolds it reveals and unfolds very essential aspects that add on to our knowledge, attitude and practices.”

Learner from “Essential postpartum family planning” Course



Conclusion



“Investing in health systems is the best way to prepare for future pandemics. Success requires unprecedented coordination of all actors. WHO is, of course, a key player and its Academy will be an essential platform for disseminating learning”.

Emmanuel Macron,
President of the French Republic

The global health workforce is at a critical juncture, simultaneously facing serious workforce shortages and an unprecedented quantity of new medical knowledge and technologies. Health workers across the world are experiencing stress, chronic fatigue, and burnouts.

There is not health without a skilled health workforce. Health and care workers need support to respond to the immediate challenges they face and optimise the way tasks are shared, to use new technologies to automate some of the workload, and to keep pace with medical and technological advances. Beyond these vital needs, health and care workers should have the opportunity to keep learning and developing throughout their careers, regardless of their gender, social background, and geography.

Currently, there is no quality-assured and globally accessible education solution that offers

lifelong learning opportunities to health and care workers. The WHO Academy aims to address this gap. **Within four years, the WHO Academy will cultivate an accessible, stimulating and innovative learning ecosystem, enhancing the capacities of health and care workers, decision-makers and learning institutes, around the world. It will make innovative learning methods and technologies accessible to all.**

The WHO Academy is fundamental to implement and amplify the objectives of the GPW 14, and is thus mobilising resources through the 2025-2028 Investment Round. We call on Member States and partners to invest in the future of global health learning. We also invite all those who share our vision of a healthier world for all to support the WHO Academy and contribute to the development and delivery of our innovative courses and programmes.

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