

"Rabies is a disease that constitutes a risk and knowing how to avoid it can help to be greatly reduced. Above all, you have to educate staff in rural areas. I am going to recommend this course to my colleagues and mainly to my students."

-OpenWHO user, Rabies & OneHealth course

OpenWHO News

The latest from WHO's open learning platform

HIGHLIGHTS

OpenWHO digital badges now available for social media, with more than 43 000 already issued ([p.1](#))

Enrolments from middle-income countries surge during the pandemic ([p.2](#))

New course on how to collect social and behavioural data to fight COVID-19 ([p.2](#))

Spotlight on global OpenWHO team and multilingual learning analysis ([p.3](#))

Ready for your feed: OpenWHO digital badges

Now you can share your OpenWHO achievements with your networks! We have introduced new digital badges that can easily be shared across your social platforms, as well as with colleagues and employers. More than 43 000 OpenWHO badges have already been issued.

If you have earned a Record of Achievement in a course, then your digital badge comes along with it and can be found on your [Certificates page](#).

You can easily share your badge via Facebook, Twitter, LinkedIn or email directly from OpenWHO using the "Share Open Badge" buttons. The badge will include a verification link with your name, the date of issue and your results which your followers can access.

Learn more about OpenWHO's new badges [here](#).

LATEST COURSES



Influenza prevention and control



Reducing antimicrobial resistance of treatable sexually transmitted infections in antenatal care



SocialNet: Social and Behavioural Insights COVID-19 Data Collection Tool for Africa

Social and behavioural data are critical to effective COVID-19 response.



Learn how to collect social and behavioural data in Africa and beyond in our **free online course**

OpenWHO.org



Course use varies by country income level

OpenWHO data shows that online courses serve countries differently when platform use is examined according to country income level classification by the World Bank.

During the pandemic, enrolments by users in low-income countries dropped to from 14.2% to 3.4% of platform use, with a similar decrease in high-income countries from 45.6% to 26.0%. In contrast, a spike was observed among users from middle-income countries from 40.2% to 70.6% of total enrolments, driven by interest in COVID-19 courses.

Differences in platform use by income level could also be observed before the pandemic. As of December 2019, epidemic-prone disease courses were more popular in low-income countries, where the most-used courses included 3 Ebola courses and 2 cholera courses. In comparison, an antimicrobial resistance course was the most popular in middle- and high-income countries, with several influenza-related courses also popular that had less participation in low-income countries.

General emergency interventions and operational skills courses have been used across country income levels, including foundational courses on the WHO Incident Management System, simulation exercise management and operational readiness.

Using social and behavioural data to fight COVID-19

The pandemic continues to highlight a pressing need to use social and behavioural data alongside biomedical data to mount an effective response to COVID-19.

Given the challenges in capturing up-to-date social and behavioural data, WHO has developed the 'Social and Behavioural Insights COVID-19 Data Collection Tool for Africa' (SBI Tool). Adaptable to the context in which it is applied, this tool can be used by WHO Country Offices, NGOs, universities or other groups interested in capturing quantitative and qualitative social and behavioural data.

A [new course](#) explains how to use the tool and provides tips and tricks to ensure implementation is successful and impactful. This is the first course in a new SocialNet series supporting social science, risk communication and community engagement in response to health emergencies, with additional courses expected to launch in the coming months.

Progress on OpenWHO has been possible thanks to the tireless contributions of this global team:



OpenWHO presented an upcoming research paper at the [International Conference on Informatics, Management and Technology in Healthcare](#) on 16 October 2021. The paper analyses OpenWHO's multilingual approach to COVID-19 online learning .

Figure: Top languages by first 4-week average enrolments per COVID-19 course on OpenWHO.org

Rank	Total course enrolments	
1	ENGLISH	26327
2	SPANISH	12628
3	FRENCH	7510
4	PORTUGUESE	3878
5	ARABIC	2052
6	INDIAN SIGN	1877
7	HINDI	1862
8	INDONESIAN	1667
9	RUSSIAN	1151
10	ITALIAN	878
11	CHINESE	783
12	BENGALI	661
13	TURKISH	503
14	SERBIAN	417
15	JAPANESE	380
16	PERSIAN	359
17	URDU	352
18	HUNGARIAN	328
19	ORIYA	277
20	GERMAN	269