WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

REPORT

MEETING OF THE PACIFIC OPEN LEARNING HEALTH NET COUNTRY TASK FORCES

Nadi, Fiji
8-10 December 2004

Manila, Philippines
February 2005

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Convened by:

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REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants in the Meeting of the Pacific Open Learning Health Net Country Task Forces and do not necessarily reflect the policies of the Organization.

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SUMMARY

This report summarizes the proceedings, findings and recommendations of the Meeting of the Pacific Open Learning Health Net Country Task Forces, convened in Nadi, Fiji, from 8 to10 December 2004. The objectives of the meeting were to review the progress of the Pacific Open Learning Health Net (POLHN) and to discuss its future development and directions at country level and as a potential regional learning network. Twenty-one participants from 11 Pacific island countries, 3 resource persons and 20 observers from health institutions, agencies and organizations participated in the meeting.

In general, the POLHN is a successful initiative based on the evaluation report and the meeting discussions. The pilot open learning courses are well received by health professionals and the learning centres, equipped with information, communication, technology (ICT) for open learning and health educational resources, are being used by countries for their health professional training and continuing education, including ICT skills trainings. There was a strong interest among the participating countries to contribute to the long-term sustainability of the POLHN and a desire for greater ownership by the countries, of the open learning centres. There was also consensus that it would be important to integrate POLHN as a component of national human resources for health programmes of the ministries of health, and that the network's coverage should be expanded to include other countries and to make it a Pacific regional learning network.

The main issues brought out in the POLHN evaluation report and the meeting working group discussions, included among others:

(1)   POLHN was still perceived as a pilot open learning project of WHO, therefore, there was not yet any firm commitment from governments to take ownership of it and the benefits and concept of open learning were not yet well understood.

(2)   The limited information technology skills and low levels of computer literacy skills among health professionals was a barrier to the use of POLHN resources and courses, and the high cost of Internet access impeded the sustainability of POLHN courses.

(3)   The physical access to POLHN learning centres is limited and that they were currently underutilized.

(4)   The lack of accreditation and certification of POLHN courses was considered to limit the level of interest among health professionals in taking up the POLHN courses.

(5)   Insufficient management of the operations of the learning centres, the delivery of open learning courses and of the training and educational processes.

The meeting's conclusions and recommendations included, among others:

(1)   Countries should consider integrating POLHN into their national strategies for the education and training of human resources for health; financial and personnel resources should be allocated to manage POLHN technology and learning; time provisions should be given for health

professionals taking POLHN courses to ensure successful completion of their courses; and the work of the Country Task Forces (CTFs) should be strengthened and supported.

(2) Countries and the POLHN Secretariat should embark on negotiations with ICT companies and Pacific Telecoms for reasonable access and telecommunication charges for health and education services, such as POLHN, and/or allow utilization of alternative existing high bandwidth options for POLHN.

(3) In order to sustain POLHN and to make it a Pacific regional learning network, the meeting sought the development of a permanent governance structure and the establishment of a long-term sustainability plan. POLHN should also be used as a hub for other regional e-health activities targeting primary health care.

(4) The meeting's recommendations for government ownership of POLHN, adequate resource allocations and the establishment of POLHN governance structure should be put to the Meeting of Ministers of Health for Pacific Island Countries to be convened in Apia, Samoa from 14 to 17 March 2005 for their consideration and support.

1. INTRODUCTION

The Pacific Open Learning Health Net (POLHN), established by WHO with the support of the Government of Japan and Pacific island countries and areas, is aimed primarily at enhancing the continuing education and professional development of health workers in the Pacific island countries and areas, via open and distance learning. Its main components include the establishment of learning centres; training in basic computer skills, word processing and using the Internet and CD-ROMs; the development of self-learning modules and materials, including the setting-up of websites; and the conduct of selected courses by open and distance learning. Country task forces have been established to facilitate the effective coordination and implementation of the POLHN activities, including their integration into countries' human resources development and training programmes, as well as to maintain the operations of the learning centres. An evaluation of the POLHN was undertaken to determine its outcomes and impact.

A meeting of the POLHN country task forces was necessary to review progress, discuss the evaluation findings and identify future options. Twenty-one participants from 11 countries, 1 resource person, 2 temporary advisers, 9 secretariat members, and 11 observers attended the meeting (Annex 1). The meeting was conducted from 8 to 10 December 2004 (Annex 2).

1.1 Objectives

The objectives of the meeting were to have:

(1)   shared the POLHN country experiences, progress and lessons learnt;

(2)   discussed the outcomes and recommendations of the POLHN evaluation; and

(3)   identified the future directions for the POLHN, including measures to improve and sustain the functions of the country task forces.

1.2 Opening ceremony

Dr Chen Ken, WHO Representative in the South Pacific, delivered the keynote address on behalf of the Regional Director, Dr Shigeru Omi (Annex 3). The speech highlighted the purpose of the meeting - to strengthen collaboration among country task forces (CTFs) through the exchange of experiences, and to propose future directions for the POLHN, including measures to improve and sustain the functions of the country task forces. By setting up the learning centres, the high start-up costs and capital investment barriers usually associated with running ICT programmes in remote settings had been overcome. The consolidation of the POLHN in-country is critical to sustaining its momentum and will need commitment from the country task forces and governments as owners of the POLHN. The priority now is to develop a strategy that ensures the learning centres are fully utilized and adequately maintained so that POLHN becomes a cost-beneficial programme for the Pacific island countries/areas. Efforts should be made to make full use of the opportunity to sustain and expand the POLHN as a valuable resource to increase the quality and standard of practice of health professionals in the Pacific.

The Honourable Solomoni Naivalu, Minister for Health, Government of Fiji, delivered welcome remarks to all meeting participants. He extended his sincere appreciation to WHO and the Government of Japan for their support in establishing the POLHN and reminded the participants of the tasks ahead to ensure its sustainability and success in each country, with emphasis on the prudent management and maintenance of the learning centres, integration of POLHN activities into national human resources development and training programmes, and building of support for funding to strengthen the learning network.

1.3 Appointment of Chairperson, Vice-Chairperson and Rapporteur

Mr Vaine Teokotai, Secretary for Health, Cook Islands was elected as Chairperson for the meeting. Mr Asaeli Tamanitoakula from Fiji was elected as Vice-Chairperson, and Mr Ngirataoch Nick Ngwal from the Republic of Palau as rapporteur.

1.4 Organization of the meeting

The first day was dedicated to presentations and discussion about (1) the overview of the POLHN; (2) country task force presentations (focus on in-country future directions for the POLHN and the roles of task forces); (3) the POLHN evaluation and findings (country situations and future options); and (4) WHO perspectives on future options for the POLHN; followed by working group sessions for further discussions.

Throughout the three-day meeting, participants were divided into three groups, each with its own elected Chairperson and rapporteur, the latter being responsible for presentation of the group's comments, conclusions and recommendations. The following topics were assigned for working group discussions: [1]

(1)   Effective management and maximized use of learning centres and strengthening the work of the country task forces.

(2)   Effective integration of the POLHN as part of national human resources training programmes – recommended actions.

(3)   Sustainability and potential funding for the POLHN.

(4)   In-country options for the future directions of the POLHN.

(5)   Intercountry/regional options for the future directions of the POLHN.

(6)   Coordination of knowledge management in Pacific island countries in the next 3-5 years with international organizations and institutions.

Topics 1 & 2, and 4 & 5 were given to groups whose membership consisted of a participant from each represented country [1].

Topics 3 & 6 were assigned for the meeting observers and secretariat to discuss.

The second day focused on the evaluation of both the existing and potential partnerships and networks of the POLHN with two panel discussions on the following topics: (1) Potential POLHN collaboration and linkages with regional networks/governance systems (selected relevant Pacific regional organizations); and (2) Partnership and resource mobilization (selected key partners involved with the POLHN and in open/distance learning). The main focus of the group discussions was the future directions and sustainability of the POLHN.

The third day was devoted to discussion of the draft conclusions and recommendations for endorsement before the closure of the meeting.

2. PROCEEDINGS

2.1 Overview of POLHN

Dr Richard Wah, POLHN Coordinator, stressed that on the whole, POLHN has been a successful learning programme, with learning centres operating in ten countries. More than 200 health professionals have been trained in basic computer usage and IT skills and/or have participated in 14 open learning health courses delivered through the network. The challenge now remains with the countries to increase their utilization of the learning centres and resources, maintain the POLHN infrastructure, and integrate POLHN activities into national training plans to ensure the network's long-term sustainability. It is expected that enhanced advocacy of the concept of distance learning and its benefits will result in greater utilization of learning centres and courses.

Obstacles experienced by some countries in the pilot phase of POLHN include high Internet costs, narrow bandwidth, lack of IT support personnel, and limited capacity to appropriately staff the learning centres for maximum access by users. Overcoming those obstacles and integrating POLHN into national training plans and providing adequate human and financial resources for it, will lead to many more health professionals and countries benefiting from the network. Finally, making full use of the POLHN facilities and courses will ensure that the network will eventually be cost-beneficial for the Pacific island countries and areas.

2.2 Country task force presentations

2.2.1 Cook Islands (Mr Tofinga Injimo Aisake)

Several courses have been conducted and use of the POLHN learning centre has recently increased, with the Ministry of Health running its own training courses in the centre, such as Medtech32, Telehealth, and other WHO sponsored training sessions - effectively leveraging the learning centre's resources for wider application. There is potential to extend utilization of the POLHN into hospital settings, including telemedicine, with existing computers, although a lack of appropriate and available IT support and Internet speed limits this potential. Future directions and plans include:

(1)   conducting training sessions to benefit other health professionals, such as dental staff, radiographers and biomedical technicians;

(2)   developing and conducting formally accredited and certificated courses with academic/health institutions;

(3)   sustaining POLHN for the next 3-5 years;

(4)   strengthening the work and efficiency of the country task force; and

(5)   recruitment of an administrator to manage the POLHN centre and resources.

2.2.2   Fiji (Mrs Iloi Rabuka)

The Ministry of Health has developed a mission statement and policies for POLHN, including operational procedures for the use of the learning centre. Four open learning courses had been conducted by the end of 2004, with support from technical experts and the University of Otago, New Zealand. The Fiji School of Nursing and other WHO programmes have also used the centre, thus furthering the educational opportunities of health professionals through the use of the POLHN resources. The very high cost of Internet access and the limitations associated with that access, due mainly to the telecommunications monopoly in the country, could potentially affect the long-term sustainability of POLHN learning centre unless there is a reduction in costs through negotiations. The other constraints being faced include lack of a full-time person to manage the learning centre and a lack of financial resources to meet Internet and IT costs. Future directions and plans include:

(1)   appointment of a full-time POLHN administrator and IT support personnel;

(2)   reviewing POLHN progress to determine future directions/plans;

(3)   improving/strengthening POLHN coverage to include setting up of learning centres in other rural districts and areas, such as in Lautoka and Labasa towns;

(4)   establishing a POLHN account and mobilizing funding through user-fees and other means to sustain the network.

2.2.3   Kiribati (Ms Tareu Tong & Mr Kabwea Tiban)

The multisectoral Country Task Force, made up of representatives from the ministries of health, education and public service, Telecom services, representatives of nongovernment organizations, and the University of the South Pacific, has developed a clear vision and mission for POLHN and guidelines for the operation of the learning centre and the selection of candidates for the courses. Management of the POLHN learning centre through monthly monitoring, annual fees for usage, printing fees, and development of a work plan for 2005 exhibits the strong support from the country task force. Future areas for development that have been identified include, among others:

(1)   establishing a working budget and account for the POLHN;

(2)   negotiations for a cheaper and cost-effective Internet connection and access fees;

(3)   integration of POLHN activities into the health ministry's human resource development and training plans; and

(4)   management of the training process and mentoring of trainees. Other identified areas of importance are increased levels of basic computer skills training and ensuring the successful completion of training by at least 90% of enrolled students.

2.2.4   Marshall Islands (Ms Edlen Anzures & Ms Erma Myazoe)

The Country Task Force has a vision and mission statement and regular meetings were held in 2004. Strong support for sustaining the activities of the POLHN learning centre is evidenced by the strategies being developed by the Country Task Force. These include revenue generation through student fees, renting the centre to other ministries and the private sector, applying for a grant for additional funds, and training people in how to balance work and learning. There are, however, limitations that need to be overcome in order to make full use of the learning centre. These include making the learning centre more secure and better protected against theft, enlarging and reorganizing the learning centre spaces and IT capacity; and marketing the POLHN courses, as well as increasing the knowledge and awareness among health professionals about the benefits of distance learning and continuing professional development and learning. Proposed future priorities include: (1) developing and conducting more courses in a wide range of health topics (disease prevention and control, IT courses, management, maternal child health and nutrition, substance abuse, etc.); (2) revenue generation for sustaining POLHN; and (3) advocacy/marketing.

2.2.5   Federated States of Micronesia (Mr Kuliano Raymond & Mr Warren Paul)

Operating procedures that includes facility and resource registers, have been established for the POLHN centre, with regular opening hours during office hours. Training in basic computer skills, including Word and Excel, and generic IT training has been given to enable health professionals to enrol in the POLHN courses being offered. The funding for the operation and maintenance of the learning centre is expected to be provided by the State Health Department within a year. ICT maintenance and support services for the learning centre will be sourced from the State and National ICT technicians. The Government has plans to set up additional learning centres in the other three States (Chuuk State, Kosrae State and Yap State) with WHO support.

2.2.6   Republic of Palau (Ms Julita Tellei)

In view of the limited staffing to coordinate and manage the many training activities undertaken in Palau, the priority activities include: (1) the integration of POLHN into the human resource development and training plans; (2) designation of staff for POLHN; and (3) active involvement of other training providers to ensure a more coordinated training programme for health workers. More basic computer and IT training sessions to prepare health workers for POLHN courses are needed. Besides POLHN courses, other programmes are delivering courses through the learning centre. The interim Country Task Force will be made into a multisectoral one with the inclusion of other stakeholders as members of the County Task Force. Sustaining POLHN will require new staffing and IT support and specific allocation of funding.

2.2.7   Samoa (Ms Elisapeta Pasa-Anesone)

Although the members of the Country Task Force have been designated, no meetings have been held so far to develop national plans; thus, the progress of POLHN has been slow to date. The reform of the Ministry of Health's structure and functions and uncertainty about staffing levels is affecting staff time commitments for POLHN. Samoa aims to learn from other countries' experiences the best ways to manage the implementation and operations of the POLHN. Future directions identified include using the learning centre to support the library; and having other health disciplines, such as dental and pharmacy, participate in and benefit from POLHN courses. Doctors and nurses have been the main benefactors of POLHN courses.

2.2.8   Solomon Islands (Ms Claire Devi)

The POLHN learning centre is operating on a broadband Internet connection which is working well. Intensive computer and IT skills training sessions have been conducted at the centre, including several POLHN courses. The learning centre is managed by the Solomon Islands College of Higher Education's Nursing School; however, POLHN decision-making rests with the Ministry of Health. For improved administration of the learning centre, a full-time position is needed, supported by the joint authorities overseeing the management of the POLHN. Development strategies include keeping Country Task Force roles to a strategic level, and complementing the Task Force with an operations committee mandated to make decisions at an operational level. Another plan is to extend POLHN coverage to rural areas, utilizing existing rural networks, particularly the People First Net, to promote distance learning and encourage access to POLHN resources.

2.2.9   Tonga (Ms 'Ana Kavaefiafi)

POLHN has been well supported by a 10-member Country Task Force with over three-quarters of nurses completing IT skills training. Opportunities for new sources of revenue are being investigated, such as other ministries paying to access the centre. However, it is thought that the range of courses being offered will also need to be extended to attract more users. Learning centre operating hours are currently business hours, but this cannot be sustained without the support of a full-time coordinator for the centre and to manage the training process. Interest has also been expressed in (1) extending the POLHN services to outer islands; (2) having more courses for nurses who have completed their diplomas; (3) involving other health professionals in POLHN courses; and (4) establishing a bigger learning centre.

2.2.10   Vanuatu (Mr Philip Emile and Mr Jeffrey Tila)

Operations, access to the centre, and utilization of centre resources have all increased in recent months as a result of having a full-time coordinator employed to manage the centre. There are IT resources within the Ministry of Health which could be utilized to provide support to the learning centre; however, that would require integrating the POLHN into the activities of the Ministry of Health and taking ownership of the centres operations. Further control over Internet use and access has been identified as use of the centre increases to ensure that primary access is given to those completing courses – not just using the email or Internet services.

2.2.11   Tuvalu (Ms Filoimanatu Leauma Liai)

Tuvalu does not have a learning centre. However, the Government has expressed interest in setting up its own learning centre to make use of POLHN courses. Space for the centre has been allocated and it is hoped that WHO, with the support of the Government of Japan, will be able to provide computer facilities so Tuvalu can become part of the Pacific Open Learning Health Net. A need for nurses to be given computer literacy training has been identified and the centre would also be helpful in bridging that skills gap.

2.3   POLHN evaluation findings and recommendations (Dr Harry McConnell)

With the establishment of the POLHN, WHO has lived up to its commitments to the recommendations of the 1999 and 2001 meetings of the Ministers of Health for the Pacific Island Countries, which called on the organization to support the education and training of health professionals, particularly those in remote, rural islands and areas. WHO has invested significant resources towards the establishment of POLHN, a regional open learning resource network for health professionals that is unmatched in any other region in its resources and facilities and the fact that it caters for the continuing education and training needs of all cadres of workers. The POLHN courses meet the identified training needs of the Pacific island health professionals and have been generally well received by the students. The network's infrastructure, Internet connectivity and learning and IT resources are available to be used by health professionals for their continuing education.

In general, POLHN has been a successful learning initiative, although there are difficulties and challenges in establishing such an ICT learning network in remote islands where the costs of ICT is comparatively high. The priority now is to maximize the investment in this infrastructure by realizing its full potential, assuring its sustainability, instituting continuous quality improvement and increasing the scope and breadth of its courses. WHO can further act as a catalyst in expanding the use of the learning centres to maximize their potential, including the establishment of a governance structure that will ensure proper, central coordination of activities, enable full ownership of the learning centres by the countries, and deliver quality health professional education courses to improve the quality of care in the Pacific island countries and areas.

The key findings and recommendations of the POLHN evaluation (Annex 4), based on the specific benchmarks developed for the evaluation, including the specific comments on progress in each country and how progress has varied from country to country, were outlined for discussion in plenary sessions and the working groups that followed. The key recommendations were presented under respective POLHN components. These included, among others:

(1)   POLHN technology - Increase website usability; include real-time and audiovisual delivery methods to supplement asynchronous delivery of learning; consider greater use of CD ROMS and DVDs; provide continuous training and support for students and faculty in the use of technologies for e-learning; provide specific ongoing training to the coordinator of each open learning centre in use of the technology and in maintenance and repair of hardware and software, as well as in use of e-learning tools; and explore alternative provisions for Internet access.

(2)   Training and courses - Explore ways of negotiating with accredited distance learning course providers on behalf of the network as a whole to take advantage of economies of scale; maximize the potential of partnerships with academic institutions with significant experience in e-learning, specifically in developing country settings where they should be fostered for further course development; make greater use of other online databases and health information portals and online courses available internationally as well as related WHO e-learning efforts (e.g. Health Academy, HINARE); integrate with other WHO and United Nations effort in e-learning to increase the learning resources and capacity for expansion of the POLHN curriculum, e.g. partnerships with other regional or WHO departments and partnerships (HIV/AIDS, 3x5, Roll Back Malaria, Stop TB, etc); and expand the curriculum through international partnerships with academic institutions with existing e-learning programmes relevant to Pacific island needs.

(3)   Policy and POLHN sustainability – Promote capacity building and strengthening of country task forces; develop country-specific visions, missions and action plans for POLHN; increase course promotion through marketing strategies; maintain central coordination for POLHN rather than it being run solely by each individual country's health ministry; develop a five-year business plan and a governance structure for POLHN.

2.4   WHO perspectives on POLHN and future options (Dr Soe Nyunt-U and Dr Ezekiel Nukuro)

Evaluation of the POLHN has shown it to be a successful open-learning pilot project between WHO, the Government of Japan and the Pacific island countries and areas, with increasing interest in its courses among all participating Pacific island countries and areas. However, POLHN's full potential remains untapped, such as expanding its geographical coverage and benefits to reach many more health professionals. Useful lessons have been learnt and there are still some challenges to overcome, particularly with respect to getting strong government commitment to assume ownership of the learning network and to make maximum use of its resources and learning facilities. WHO is committed to sustaining the current activities of the POLHN for the next two years, including strengthening of the work of the country task forces, and working with governments on future plans to make POLHN a credible and quality learning network.

Sustaining POLHN through integration into national human resources training plans, allocation of staffing and financial resources to maintain its operations, and setting up a governance structure and secretariat are proposed as important future steps to be considered and discussed with Pacific island countries and areas. Through POLHN, WHO has fulfilled the call by Pacific island countries and areas for its support in enhancing the education and training of their health workers through open learning, and it is now time for governments to take ownership of POLHN, with WHO providing appropriate support to sustain it, depending on resource availability.

2.5   Group work and discussions

2.5.1   Effective management and maximized use of learning centres and strengthening the work of the country task forces

To maximize the use and improve the management of the POLHN, the measures identified included:

(1)   establishing a hotline for timely technical support;

(2)   sustaining the current technical, funding and IT support for the network and exploring revenue generation schemes;

(3)   advocacy and information dissemination, including marketing of POLHN;

(4)   flexible learning centres opening hours to increase access;

(5)   providing continuous computer skills and ICT training for users.

Suggestions for strengthening the work of the country task forces included:

(1)   regional support through list servers for country task force members;

(2)   incentives for country task force membership and work, as well as training;

(3)   improving the consultation process between stakeholders; and

(4)   increasing ownership of the POLHN learning centres by country task forces.

With regard to POLHN courses and training, attention to important accreditation aspects and processes, quality, matching modes of delivery with learning objectives, relevance for the Pacific island context, cross-credit with other institutions, continuous professional education appropriate for specific professional needs, and competency-based training and assessments were stressed as being critical. Consideration should be given to incorporating other e-health aspects, such as public health education and information, based on country needs and capacity to do so.

2.5.2   Effective integration of the POLHN into national human resources training programmes.

Several key issues could impede the effective integration of POLHN into national human resources development programmes. At national level, there is as yet no firm policy commitment in most countries to making POLHN a permanent component of human resources development, due to a lack of strong advocacy by the country task forces. At the regional level, there is no long-term commitment by WHO and other partners to maintaining the network. Limited utilization of the POLHN curriculum to date has been largely due to low computer literacy levels among health workers, a lack of accredited or certified courses to attract students, and the fact that the concept of open learning is not well understood by potential users. Access to learning centres can be problematic as well when there is no full-time coordinator or IT support to ensure the centre is open and functioning.

The recommended actions to overcome the above-mentioned issues and to make the integration process possible, included:

(1) over the next two years, developing a five-year plan for sustaining POLHN as an effective regional/national learning network, with a governance structure;

(2) each country developing its own long-term plan for sustainability of the POLHN, including a vision and mission to make POLHN a permanent component of human resource development programmes with its own budget or line account;

(3) strengthening of the country task forces through training so as to undertake strong advocacy and awareness raising about the network and its benefits;

(4) increasing linkages to accredited and continuing professional education courses;

(5) appoint a full-time coordinator/IT support person and developing an operational plan to maximize the use of the centre;

(6) conducting additional IT and computer literacy training sessions to prepare students to use POLHN technology and courses.

2.5.3 Sustainability and potential funding for the POLHN

The key conclusions and recommendations on sustainability and funding of the POLHN include:

(1) The costing of different options for running the POLHN learning centres (such as in terms of staff time, facilities, utilities, maintenance, and equipment replacements) should be done to enable countries to quantify the gap between their commitment and the funding allocated and to make a stronger argument for seeking funding.

(2) Given that computers depreciate by 20% per annum, consideration should be made for their replacement by 2008 for countries that set up computer laboratories in 2003.

(3) A proposal should be submitted to the March 2005 Meeting of the Ministers of Health for Pacific Island Countries to seek renegotiation of the current Pacific Telecoms ISP agreements to exempt health and education, so that POLHN can utilize other existing high bandwidth options, such as the USP Network.

(4) Participating countries should be advised to add positions for POLHN coordination and technical support to their existing staff, to reinforce the seriousness of their commitment to POLHN.

(5) Potential partners/donors should be approached for funding of POLHN and to support local training.

(6) There should be negotiations with partners/donors to utilize training funds under other programmes for POLHN, such as using WHO country budgets to support POLHN courses.

(7)   Options for participants to share the cost of courses should be explored, including reimbursements.

2.5.4   In-country options for the future directions of the POLHN

The meeting identified and reached consensus on the following future directions for POLHN at the country level:

- to integrate and incorporate POLHN in the health ministry's mainstream strategy to improve health at the national level;

- to allocate resources and dedicate appropriate personnel to manage POLHN technology and learning;

- to recognize and utilize open or distance flexible learning for human resources development through provision of time for training and career pathways for trained staff; and

- the countries to work with WHO to strengthen country task forces, local POLHN learning centres and sustainability planning.

2.5.5   Intercountry/regional options for the future directions of the POLHN

(1)   Explore the development of a permanent governance structure that includes all relevant stakeholders, the establishment of a dedicated POLHN Secretariat to be based at an appropriate institution or organization, and a system of accreditation for learning activities to ensure the long-term viability of the POLHN.

(2)   Establish a long-term sustainability plan for POLHN incorporating ongoing government commitments, engagement of regional development partners, and increased access to and use of POLHN as a hub for other regional e-health activities targeting primary health care.

(3)   Seek reduced telecommunication rates from Pacific Telecoms for health and education, and/or allow utilization of alternative existing high bandwidth options.

2.6   Panel discussions

2.6.1   Potential POLHN collaboration and linkages with regional networks/governance systems

Presentations were provided by the following organizations: the Fiji School of Medicine (FSM), the University of the South Pacific (USP), the Pacific Public Health Surveillance Network (PPHSN), and the Pacific Resources for Education and Learning (PREL). Each presentation included an overview of the activities, facilities and experience of each organization or network in open/flexible learning programmes and their involvement and support for POLHN. Potential support and key areas that each organization or network can offer POLHN were provided, and suggestions were also provided about the management of the POLHN, including its courses and IT facilities.

There were no conclusive outcomes on partnerships but offers were made by a number of organizations to provide their services to the POLHN. For examples: FSM offered its support to the work of the POLHN Secretariat to develop and teach accredited and certificated courses; provide technical support for all aspects of course delivery, assessment and management of training; and facilitate POLHN linkages with other health institutions. The USP can provide ICT support for the learning centres. The PPHSN can develop and deliver courses on public health, epidemiology, disease surveillance and response and also facilitate POLHN linkages with other Pacific networks, such as PacNet and Labnet. PREL can provide technical support on ICT and in course design, delivery and evaluation.

2.6.2 Partnerships and resource mobilization

The University of New South Wales, the Pacific Islands Digital Opportunity (PIDO), Webmasters Limited and the AusAID Health Sector Improvement Programme in Fiji gave presentations on their respective programme experiences and provided valuable information about the benefits and challenges of delivering flexible learning and lessons learned. The POLHN website was discussed, as well as its capacity for development to meet the flexible learning requirements. Webmasters expressed interest in supporting the updating and maintenance of the POLHN websites if requested. The PIDO representative spoke about its project focused on the 'Benefits of ICT for all Pacific islanders' and how it was working to formulate policies on assistance for consideration by the Government of Japan. The University of New South Wales welcomed the opportunity to support POLHN course development and delivery and stressed the point that face-to-face teaching is also an important element of any distance learning course.

3. CONCLUSIONS

3.1 General conclusions

The aim of POLHN is to contribute to the continuing education and training of health professionals in Pacific island countries and areas so as to strengthen the capacity of the primary health care services in those countries. Based on the evaluation findings and the meeting discussions, POLHN has been a successful open learning initiative so far, with increasing interest from participating countries, institutions, health professionals and other partners in its continuation and expansion. The pilot open learning courses have been well received by health professionals and the learning centres, equipped with information and communication technology (ICT) for open learning and health educational resources, are being used by countries for their health professional training and continuing education, including ICT skills trainings. Country task forces have been established to plan, implement and coordinate POLHN activities.

The main issues raised at the meeting that need to be addressed include among others:

(1)   POLHN is still perceived as a pilot open learning project of WHO, therefore there is as yet no firm commitment from governments to take ownership of it, and the benefits and concept of open learning are not yet well understood.

(2)   The limited IT skills and low levels of computer literacy skills among health professionals is a barrier to the use of POLHN resources and courses, and the high cost of Internet access is impeding the sustainability of POLHN courses.

(3)   The physical access to POLHN learning centres is limited and they are currently underutilized.

(4)   The lack of accreditation and certification for POLHN courses is considered to limit the level of interest among health professionals in taking up the POLHN courses.

(5)   There is insufficient management of the operations of the learning centres, the delivery of open learning courses and of the training and educational processes (Annex 5 – Summary of POLHN issues).

POLHN has established the technology base and now needs to look at expanding access to accredited distance flexible learning course development and content, and continuing professional education. The integration of POLHN into the human resource policies and plans of ministries of health and other relevant government departments, increased commitment from governments and partners, and improvements to its current structure to sustain and expand its scope and coverage to improve health services were identified as important priorities.

3.2   Recommendations

The meeting reached agreement on the following sets of specific recommendations:

Information, Communication, Technology (ICT)

(1)   Countries should undertake costing of the running of the learning centres, including staff time, maintenance of equipment and computers, to quantify any gaps between the funding allocated for the centres and the actual needs, and to make a stronger argument for seeking additional funding.

(2)   Countries and the POLHN Secretariat should negotiate with Pacific Telecoms and Internet service providers for reasonable telecommunication rates and access for health and education services, including POLHN, and/or allowing utilization of alternative existing high bandwidth options, such as USPNet, for delivery of POLHN activities and courses.

(3)   Countries should develop other satellite linkages with lower costs or better bandwidth and improved Internet connectivity for remote islands and areas so that health professionals there can access and use POLHN resources and courses, using available computers at their workplaces.

(4)   As computers and other ICT depreciate over time, consideration should be given to its replacement from time to time.

POLHN Courses

(5)   To improve the quality of the courses and achieve more positive and satisfactory outcomes for learning delivered through POLHN, great efforts should be made to ensure the following are done in a systematic way: competency-based training and assessment; CPE appropriate for specific professional needs; matching modes of delivery with learning objectives; relevance of content for the Pacific island countries and areas and country-specific contexts; course

accreditation; quality; and cross-crediting of courses /modules with certificated institutional courses.

(6)   The long-term plan for POLHN should include increased linkages with health and academic institutions for the accreditation of courses and the award of qualifications. Efforts should be made to provide adequate time for training of staff and career pathways and incentives should be developed for trained staff.

(7)   Countries and health ministries should strive to make maximum use of POLHN courses, conduct additional training programmes using POLHN facilities, and expand the scope of flexible learning options being provided through POLHN.

(8)   As part of future development, there should be local professional support and mentoring of learners and courses participants, including added modalities to enhance student-faculty interaction.

POLHN country task forces and structure within countries

(9)   Efforts should be made to make country task forces permanent components of national human resources (HR) development organizational structures. The country task forces should have a clear vision, mission and work plan that includes the integration of POLHN into the national HR development programme and the promotion of open learning and the POLHN as a viable method of providing continuing education and training as priorities. Measures, such as incentives and training, need to be taken to motivate the country task forces.

(10)   Strong advocacy and awareness raising about the concept of open learning and the benefits of POLHN should be undertaken to mobilize the commitment of leaders and decision-makers. Countries should consider appointing core staff for POLHN to facilitate effective coordination and implementation of activities, and to manage POLHN technology and learning.

(11)   Consideration should be given, where possible, to establishing a trust account for POLHN to collect revenue and receive funds to ensure its sustainability, or to having its own budgetary allocation within the Ministry of Health budget.

(12)   Efforts should be made to conduct additional IT and computer literacy training sessions for the country task force members, students and learners to encourage their participation in the courses and maximize the utilization of the learning centres. Options for course participants and users to contribute to the operational costs of the learning centres should be explored.

POLHN structure and actions at regional level

(13)   There needs to be strong advocacy and awareness-raising about the concept and benefits of open learning to convince national/regional leaders and decision-makers to make a commitment to POLHN and for resource allocation.

(14)   In the next two years, a five-year plan for sustaining POLHN needs to be developed to enable it to become a more effective regional/national learning network with a governance structure.

(15)   Development partners such as New Zealand Agency for International Development (NZAID), Australian Agency for International Development (AusAID), Japan International Cooperation Agency (JICA) and others, should be approached for funding support for POLHN and to support local training at the learning centres. In the short term, potential partners such as the development banks, the Bill and Melinda Gates Foundation, and other United Nations agencies should be encouraged to reallocate any unspent funds to be used for priority POLHN activities. In the medium term, countries should negotiate with partners, including WHO, to earmark a proportion of their health training funds (e.g. fellowships and training grants) for POLHN courses and training, particularly those undertaken locally or in-country.

(16)   Other e-Health applications should be integrated with POLHN through pilot projects, and the POLHN hub should facilitate increased access to POLHN and timely IT support via a hotline mechanism.

(17)   WHO and SPC should bring to the attention of the Meeting of Ministers of Health for the Pacific Island Countries to be held in March 2005, in Apia, Samoa, for their consideration and endorsement, the following recommendations:

   (a)   A permanent governance structure should be developed which includes all relevant stakeholders, the establishment of a dedicated regional POLHN Secretariat, and a system of accreditation for learning activities to ensure the long-term viability of the POLHN.

   (b)   A long-term sustainability plan should be established for POLHN, incorporating ongoing government commitments, engagement of regional development partners, and the increased access and use of POLHN as a hub for other regional e-health activities targeting primary health care.

   c)   Renegotiation of the current Pacific telecoms ISP agreements should be sought to exempt health and education, so that POLHN can utilize other existing high bandwidth options, such as the USP Network.

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TENTATIVE TIMETABLE

Time	Wednesday, 8 December 2004	Time	Thursday, 9 December 2004	Time	Friday, 10 December 2004
08:30 to 10:00	Registration 1. Opening ceremony - Keynote address by the Regional Director - Welcome remarks by the Ministry of Health Representative - Self introduction of participants - Election of officers - Administrative announcements and group photo	08:00 to 10:00	6. Working group presentationa and discussions Groups 1-3) 7. Evaluation of the POLHN (focus on partnerships and networks)	08:00 to 10:00	10. Feedback on POLHN's future directions and discussions (both in-country and intercountry/ regional options)
10:00-10:30	Tea/coffee break	10:00-10:30	Tea/coffee break	10:00-10:30	Tea/coffee break
10:30 to 12:30	2. Overview of the POLHN 3. Country taskforce presentations (focus on future in-country directions for the POLHN and roles of task forces)	10:30 to 12:00	8. Potential POLHN collaboration and linkages with regional networks/governance systems	10:30 to 12:00	11. Discussion of draft recommendations
12:30-13:30	LUNCH BREAK				
13:30 to 15:00	4. POLHN evaluation and findings (country situation and future options) . WHO perspectives on future options for the POLHN	13:00 to 14:30	8. Partnership and resource mobilization	13:00 to 14:30	12. Adoption of recommendations 13. Closing ceremony
15:00-15:30	Tea/coffee break	14:30-15:00	Tea/coffee break		
15:30 to 17:00	5. Group work on effective management and maximize use of learning centres; effective integration of POLHN as part of national human resources training programmes; and sustainability and potential funding of POLHN	15:00 to 16:30	9. Group work (focus on future directions for the POLHN both in-country and intercountry/ regional options)		
18:30	Cocktails				

KEYNOTE SPEECH OF DR SHIGERU OMI,
REGIONAL DIRECTOR,
WESTERN PACIFIC REGIONAL OFFICE
AT THE MEETING OF THE PACIFIC OPEN
LEARNING HEALTH NET COUNTRY
TASK FORCES, NADI, FIJI,
8-10 DECEMBER 2004

DISTINGUISHED GUESTS, COLLEAGUES, PARTICIPANTS, LADIES AND
GENTLEMEN,

I am very pleased to welcome you to Nadi on behalf of the WHO Regional Director for the Western Pacific, Dr Shigeru Omi.

The emergence and growth of information and communication technologies have, in recent years, brought opportunities and challenges to countries, particularly in health systems and services. At the Meeting of the Ministers and Directors of Health of Pacific island countries in Madang, Papua New Guinea in March 2001, the governments of the Pacific island countries agreed to improve the quality and standards of practice of health professionals in Pacific island countries through training and continuing education via open and self-directed learning modalities.

WHO defines the use of information and communications technologies (ICT) for health as e-health. This definition goes beyond its previous focus on technology to deliver health care, to include the adoption and use of ICT for health systems development. This broad focus creates new opportunities for effective public health action, through the collaboration and contribution of many stakeholders: citizens, health professionals, institutions, health authorities, academia and industry.

Hence, WHO, with the support of the governments of the Pacific island countries, has developed the Pacific Open Learning Health Net (POLHN) to enhance the continuing education and professional development of health workers in Pacific island countries, via open and distance learning modalities; and to pilot the feasibility of ICT for the continuing education of health workers in rural remote areas and islands. Over the last two years, learning centres have been established in 10 Pacific island countries, equipped with computers with Internet connection, learning facilities, resources and basic supplies and equipment. A number of self-study modules in priority health topics that were identified by the Pacific island countries have been produced and pilot courses conducted. The POLHN trainings in ICT has resulted in an increased national capacity and an expanding pool of skilled persons in the Pacific countries. With this increase in ICT expertise, more technological solutions can be found to enhance learning and service delivery in rural remote areas. We are not including telemedicine at this time but we would encourage other partners to use the facilities if your governments see this as an efficient use of the computer laboratories.

Annex 3

With the setting up of the learning centres, the POLHN overcame the common barriers and challenges such as the high start-up costs and capital investment of such ICT programmes in remote settings.

More needs to be done. There is a need to sustain and expand the scope of the POLHN, where feasible, at least in the next few years so as to maximize its benefits and impacts on the continuing education of health professionals, particularly those in remote rural areas and on health services and priority areas under the Healthy Islands initiative. The consolidation of the POLHN in-country is the most critical to sustain its momentum and this will need commitment from the country task forces and governments as owners of the POLHN. The priority now is to develop a strategy that ensures that learning centres are fully utilized and adequately maintained and that the POLHN becomes a cost-beneficial programme for the Pacific island countries.

These are the very reasons why this meeting was convened – to strengthen collaboration among country task forces through exchange of experiences and to propose future directions for the POLHN, including measures to improve and sustain the functions of the country task forces. I would also like you to discuss Pacific islands' policies to ensure leadership and collaboration in a knowledge management strategy. This should include a multi-agency approach to support the development of quality health services through the POLHN.

I am confident that the objectives of the meeting will be met.

I am also optimistic that with the support of the governments and the dedication of the country task forces, we will achieve the POLHN objectives to the fullest.

I wish you all a successful and enjoyable meeting.

Overall Summary – POLHN Evaluation

STRENGTHS	
	• Provision of access to continuing health education, IT skills and internet training in affordable and relevant manner.
	• High level of enthusiasm from those students able to participate and remain active
	• Ability to expand usage of OLCs. Some OLCs (e.g. Solomons) are being multipurpose for teaching of IT skills to staff.
	• Training within the country saves the otherwise necessary expense of travelling and training overseas
	• Having certification and continuos professional development locally enable more staff and students to participate
	• Ongoing professional development training promotes higher job satisfaction and assists in both recruitment and retention of professional staff in country
	• The ability to have the flexibility within courses such that students can both work and study simultaneously promotes good educational practices allowing work experience related directly to training and also facilitates a better working environment, improving staff moral and opening up training opportunities to more people
	• The centres provides much-needed training in IT skills
	• The ability to bring access to continuing education to health professionals who previously had no access to such opportunities.
	• This capacity enhancement of health professionals has the potential to improve the health status of each country
	• Excellent infrastructure now in place
	• Identified needs of countries and regions

Annex 4

WEAKNESSES	•	Open learning is a new concept and the OLCs need to be running longer in the pilot mode.
	•	Greater enhancements to be made to e-delivery methodology.
	•	Incorrect perception of the role of the WHO, leading to at times miscommunication with faculty and others involved
	•	Potential benefits and abilities not yet grasped and made use of.
	•	Lack of investment in the end user – too much emphasis on the technological side.
	•	Low response rates of students, possibly due to small number of users.
	•	Limited communication across islands.
	•	Limited provision of IT training made available to students at onset and throughout course
	•	Difficulty with engaging students, maximizing interaction and student retention
OPPORTUNITIES	•	Ability to negotiate for courses as a region, enabling economies of scale.
	•	Able to negotiate for technology as a region, also taking advantage of economies of scale
	•	Combining continuous education learning medium with on-the-job learning.
	•	Funding from donors, WHO country budgets, other sources not yet realized
	•	Potential to improve health of nations through up skilling of health workforces.
	•	Potential to use as IT training venue to raise funds.
	•	Opportunity to link in with other e-distance learning projects throughout the world. There needs to be a greater coordination with other institutions delivering similar services in the Pacific.
	•	The potential and feasibility of the OLCs to be used as a hub for tele-medicine and eHealth. This could provide substantial assistance to health professionals who have little access to expert opinion and help decrease costs spent on medical evacuation.

THREATS	• Other commitments of individual island Task Forces may affect effectiveness of CTFs
	• A lack of commitment over the formative period of the POLHN i.e.. the next 5 years
	• Inability of MOHs to recognise potential to (i) save money in providing education on site, (ii) improving levels of staff satisfaction, (iii) affecting the health status of the population.
	• Lack of strategic plans for sustainability.
	• High internet costs and narrow bandwidth which limits content.
	• Cultural barriers/unresponsive nature of students.
	• Inability to secure full time administrators may keep OLCs from reaching full potential

Recommendations:

Based on the POLHN evaluation findings, the following sets of recommendations are being proposed:

A.   POLHN Technology

1.   The POLHN website usability should be increased by: (i) Self installation and easy upgrading for the all CD ROMs; (ii) Making non-functional hyperlinks usable; (iii) Adding in hyperlinks to other evidence based URLs; (iv) Better integration of CD ROM and Online versions; (v) Integration of Help and Glossary directly into text –eg. use of 'Bubble Help' functionality and automation of feedback facility; (vi) Improve search facilities and make searching possible through multiple databases, course materials as well as allowing for advanced search capabilities; (vii) Integration into other well established and complimentary databases for health information and evidence based medicine; (viii) change hosting of main POLHN site to a server with greater bandwidth facilities to allow faster access; (ix) Make more courses available on CD-ROMs to allow for use at home and where connectivity is not reliable; (x) Have all courses accessible from a single site with a single URL; (xi) Make better use of other existing online databases, integrating access into a single site; and (xii) Use of Mirror sites for the Network (not functional during testing).

2.   Utilize remote diagnostics and repair from a Central Provider For Technical Network support supplemented by local support within the MoH or through other local providers for more routine maintenance issues which cannot be dealt with remotely

3.   Establish full time administrators with technical capabilities for each OLC. These administrators should be trained in basic IT skills for most day to day management in the Centres.

Annex 4

4.   Explore alternative provision of Internet access by Satellite providers to ensure greater reliability of connectivity, broadband capabilities, and to reduce costs, maximizing potential for economies of scale.

5.   Explore alternative Information and Communications Technologies for course delivery, including digital radio, analogue radio, digital television, IP telephony, IP videoconferencing, low bandwidth audio and video streaming, POTS, extension of local broadband links with WiFi and WiMax technologies to increase reach and usability.

6.   Include real-time and audio-visual delivery methods to supplement asynchronous delivery.

7.   Consider greater use of CD ROMS and DVDs

8.   Consider greater use of Open Source Platforms

9.   Provide continuous training and support for students and faculty in the use of technologies for eLearning.

10.   Provide training for and encouragement in use of online discussions groups, List Serves and other means of increasing interactivity.

11.   Provide specific ongoing training to the Coordinator of each OLC in use of the technology and in maintenance and repair of hardware and software as well as in use of e-Learning tools.

B. Training and Courses.

1.   Provide courses in modular form to increase flexibility for those working full time or those with families to complete them.

2.   Use of tutorials to facilitate deeper understanding of course content.

3.   Access to in-country support person/facilitator for courses. This could be an individual on the faculty of a local institution, a local health professional, or by the OLC coordinator with adequate training and support from the faculty.

4.   Offer more courses for full accreditation. This is an important motivational aspect for students and also supports the main objectives of the POLHN.

5.   Courses may need to be adapted further for a Pacific context. This includes consideration of offering courses in native languages as well as content specific adaptation. This could be accomplished with increased partnering with Pacific based academic centres and health centres for course development.

6.   Involvement of the training supervisors at hospitals such that the course becomes immediately applicable in the workplace, and can help to assist in student motivation as well as improve the quality of the courses.

7.   Institutions can hold train-the-trainer sessions with student supervisors so that they can be mentored through the process. Although some faculty have suggested that on site face to face meetings would be beneficial, much of this could be accomplished through real time interaction using audio and videoconferencing with on the ground support from country based health professionals working with the students.

8.   Use both synchronous and asynchronous e-Learning within each course as well as more use of multimedia.

9.   Provision of course materials in back-up form (hard-copy or CD).

10.   Monitoring and assessment of courses should be built into every course. Establish a system for validation of course assignments and exams in country for accredited courses to ensure quality and compliance with set standards.

11.   Maximize the potential for partnerships with academic institutions with significant experience in e-Learning specifically in developing country settings should be fostered for further course development. There were many comments in this evaluation considering the successful engagement of students by faculty and institutions with familiarity and experience in e-Learning and this should be considered in further course procurement.

12.   Make greater used of other online databases and health information portals and online courses available internationally as well as related WHO e-learning efforts (e.g. Health Academy, HINARE).

13.   Further integration of POLHN with other WHO and UN efforts in e-Learning to increase the learning resources and capacity and expansion of the POLHN curriculum, e.g. partnerships with other regional or WHO departments and partnerships (HIV/AIDS, 3x5, Roll Back Malaria, Stop TB, etc).

14.   Expansion of the curriculum through International Partnerships with academic institutions with existing e-Learning programmes relevant to Pacific Island needs.

15.   Review of current capacities in learning resources and opportunities for expansion. This should be done in consultation with the Countries and students of the courses.

C. Policy Development, Sustainability and Collaboration

1.   There is a need for regular and clearer communications between the POLHN and course providers so that student/faculty expectations of the courses are understood and transparent.

2.   POLHN should provide more comprehensive student details including skill levels, IT abilities, student enrolment numbers and contact details to the faculty or course providers.

3.   Consider offering of course to students outside the region both as a potential revenue generating mechanism and to increase the profile and capacity of POLHN internationally. POLHN should be seen as a centre of excellence offering accredited courses. Increase course promotion.

Annex 4

4.   A formal POLHN marketing strategy should be developed. This strategy should take full advantage of current technologies and should be extended beyond the Asia Pacific region. Each CTF should address how best to increase awareness and mobilization of resources locally.

5.   Build in assessment of POLHN mechanisms as well as of student and faculty performance using a continuous quality improvement model.

6.   Communication among IT personnel across islands would prove beneficial. Improvements in connectivity will enable greater use of video-conferencing and real-time lecturing and greater interactivity.

7.   Facilitation of communication and interaction across all countries (students, faculty, MoHs, WHO) to build momentum. This could be achieved through use of an Intranet facility, through List Serves or using the existing web site. Back up generators should be provided in areas where electricity is unreliable (e.g. the Solomon Islands) to ensure uninterrupted power supply to the OLC.

8.   High level government commitments should be furthered mobilized, and aimed at obtaining Ministers of Health support in the continuation of POLHN. The funding of POLHN should be put within the context of the needs for continuing professional development of staff, the loss of highly qualified staff overseas, and the total human resource requirements for the health ministries. Time should be specifically allocated for staff undertaking POLHN courses to do them.

9.   OLCs should be included into the Strategic and Corporate Plans of the MoHs who should be encouraged and empowered to take greater ownership of the OLCs and integrate them into staff development, and existing educational activities within the country. OLCs should used as a distance education facility across multiple organizations and entities, as well as a training resource for non-governmental bodies. POLHN is ideally positioned to become a hub for tele-medicine and for other e-Health activities.

10.   Consider the development of standards and benchmarks for ongoing evaluation that relate specifically to Pacific needs. This should relate to both educational methods appropriate for the region as well as to course certification and degree programs. Such benchmarks should become part of the continuous quality improvement model discussed above.

11.   A clear business plan for individual OLCs and for POLHN as a network must be established to achieve sustainability. This may include: charging a modest membership fee for OLC users as is done in the Solomon Islands; charging for use of non-members as an Internet Café; renting facilities to third parties; shifting part of existing resources ear marked for sending health professionals abroad for training purposes with consideration of the economic impact of the 'Brain Drain' effect; and seek out other potential donors and sources of income.

12.   Improve access to the Open Learning for all students and users – aim for all-time (24/7) access.

13.   Capacity building and strengthening of country task forces by giving them assistance with planning and implementation as well as a greater emphasis on shifting of operational and day to day functioning responsibilities to a separate task force with more time dedicated to POLHN. The CTFs may then focus more on issues of governance, transparency, strategy and oversight.

14.   Integration with WHO HQ strategy launched in Mexico City on Knowledge Management. This should include the addition of knowledge management components into the curriculum and into the pedagogical methods used in POLHN courses.

15.   Consideration should be given as to the long-term location of OLCs on each island and of establishing new centres in areas identified as having a need for ongoing education. These may be through partnership or de novo where there are no other facilities. Partnership brings the opportunities of greater expansion and reduces capitol expenditure and should be preferred over establishment of new centres where there are already existing infrastructure and the potential for shared resources.

16.   The POLHN must maintain a central coordination and should not be run solely by individual MoHs. This is critical for achieving the major objectives of the Network, the requests of the MoHs, and achieving economies of scale for course acquisition, and technology purchases as well as for overall coordination and success of the Network. This makes sustainability more achievable and assures the long-term viability of the Network in maintaining its regional identity. This also can facilitate greater partnerships with technology companies, with other international agencies and with distance learning and e-Health programmes in the Asia Pacific region and elsewhere.

17.   WHO has played an essential role as the catalyst that had made this possible. WHO should consider if another agency could play the role in partnership with WHO and the Countries for coordination of centres, courses and technology and the Network. A third party would have more power in achieving economies of scale in achieving donations from donors and in engaging other potential stakeholders e.g. AusAID, World Bank Institute, Asia Development Bank, JICA and others.

18.   POLHN should "future-proof" its technology strategy as part of its sustainability model and allow for the very rapidly developing telecommunications in the Region. Ministries of telecommunications should also be engaged as key partners of POLHN and should be represented in the country taskforces.

Group work - Summary of POLHN Issues

A. *Information and communication technology (ICT) issues*:

1)   Limited IT skills and low levels of computer literacy skills among health professionals is a barrier to the use of POLHN;

2)   Lack of IT capacity building for learning centre coordinators, IT support staff, and faculty;

3)   High costs of Internet access severely limits bandwidth; Limited bandwidth and reliability of the connection reduces the variety of teaching delivery modes available to some learning centres;

4)   Use of learning centres cannot be extended to others in some countries due to telecom arrangements;

5)   Lack computer networking skills and server expertise to maintain continuous access to learning centre facilities – dependence on USP support; and

6)   Learning centres using registers for computer help provide equal access.

B. *POLHN structural issues:*

1)   Access to learning centres is limited;

2)   Learning centres are currently under utilized;

3)   POLHN is not yet an integral part of Human Resource (HR) development plans in most countries and no firm policy commitments exist to that effect;

4)   Not all Country Task Forces (CTFs) have a vision and mission of integrating POLHN into the national human resource development plans;

5)   Most learning centres don't have a dedicated full time coordinator with IT support;

6)   No strong sense of country ownership yet;

7)   POLHN perceived as a pilot thus there is no strong commitment to it by CTFs or governments;

8)   The concept of Open Learning is not yet well understood; and

9)   No long term commitment or planning to maintain sustainability including lack of long term funding.

Annex 5

C. *Issues about POLHN Courses*:

1) Lack of accreditation and certification of courses limits the level of interest in the POLHN courses and courses vary in quality;

2) Interest in increasing student teacher interactions to support learning and increase motivation;

3) Courses must be appropriate to the Pacific Context;

4) Inadequate management or monitoring of the training process exists;

5) Some courses have been well received;

6) Some students have completed a course to graduation level;

7) There is interest to expand the training into other health related disciplines; and

8) There is great potential for POLHN that is untapped at present.

D *Country Task Forces:*

1) Commitment and level of activity varies across Country Task Forces;

2) No vision or mission for POLHN to become an integral part of human resource development and training in each country;

3) Lack of time availability of CTF members and all members have multiple work commitments; and CTF not viewed as a permanent structure.