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**PACIFIC OPEN LEARNING HEALTH NETWORK**

## 1. BACKGROUND

The term "open learning" implies greater flexibility and collaboration between teachers and learners, between learners and learners and between educational partners. It emphasizes asynchronous education where students study at their own pace with no time constraints, which makes continuing education more flexible and available to greater numbers of learners. Open learning offers opportunities to overcome geographical restrictions and to facilitate access to information resources and to a variety of training institutions. It also permits the adaptation of educational materials to the needs of learners of varying cultures and settings, and the use of a variety of educational and learning modalities, including new information and communication technologies (ICT). The Telehealth project for Pacific island countries and areas, initiated in 1999 with funding support from the Government of Japan, involved the development of ICT in health care facilities in rural areas and depressed urban areas for the training of health professionals and the improvement of medical information and health management systems. The project was an example of the application of open learning through the use of new ICT.

A proposed draft WHO Regional Open Learning strategy and the Telehealth project were discussed at the meeting of Ministers and Directors of Health of Pacific Island Countries in March 2001 (Madang, Papua New Guinea). The meeting accepted the concept of "open learning" and recommended that an assessment of open learning needs among health professionals in the Pacific be undertaken and the outcomes used to guide the development of an action plan for the Telehealth project-which was subsequently renamed the Open Learning project (OLP). Following an assessment of the open learning training needs of health professionals in selected Pacific island countries and areas in June 2001, a consultative meeting was held in October 2001 to identify the goals, objectives and key components of the OLP work plan, which was finalized and implemented from November 2001.

The main aim of the OLP is the enhancement of the continuing education and professional development of health workers in Pacific island countries and areas, via open and distance learning. Its secondary aim is to pilot the feasibility of using ICT for the continuing education of health workers in Pacific islands settings. The main components of the OLP include: (1) the establishment of learning centres,<sup>1</sup> equipped with videoconferencing and learning facilities, that include computers with Internet connections; (2) training in basic computer skills,

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<sup>1</sup> The learning centres are in Cook Islands, Fiji, Kiribati, the Marshall Islands, Federated States of Micronesia (Ponhpei State), Palau, Samoa, Solomon Islands, Tonga and Vanuatu.

word processing, surfing the Internet and using CD-ROMs; (3) the development, reproduction and distribution of self-learning modules and materials, including the setting up of websites; and (4) a number of pilot courses using the OLP-developed learning materials and modules, and supplemented by additional learning resources from other sources.

In late 2003, the name OLP was changed to Pacific Open Learning Health Net (POLHN) as it had evolved from a project into an open learning programme with multiple partners and linkages with other learning regional and global networks, with the country task forces on open learning, on behalf of their respective governments, increasingly taking the lead role and ownership of the programme. A number of other Pacific island countries and areas, such as Nauru and Tuvalu have expressed interest in establishing their own POLHN learning centres, and a few countries with existing POLHN learning centres, such as Fiji, the Federated States of Micronesia, Solomon Islands and Vanuatu, would like to set up additional learning centres in other locations.

Other similar distance education and open/flexible learning programmes that should be noted. The University of South Pacific Network (USPNet) uses satellite technology to connect the twelve consortium countries of the USP and deliver the bulk of the university's courses through distance education/learning mode. The USPNet is being expanded and the POLHN should explore possible collaboration and linkages to make use of the much wider coverage the USPNet has in the Pacific region, including similar existing networks and those that may be established in the future. PFnet (People First Net of Solomon Islands) is the first technological solution in the Pacific that reaches truly isolated locations. While PFnet only uses high frequency transceivers, laptops and solar panels, it does provide a sustainable communication system to remote areas that the POLHN could tap into.

## **2. EPIDEMIOLOGICAL SITUATION AND ISSUES**

In summary, POLHN implementation progress so far includes:

- (1) The learning centres in the ten Pacific island countries and areas equipped with computers with Internet connection and LAN, (some with adequate videoconferencing facilities), learning facilities and resources, and basic supplies and equipment were fully

operational by the end of 2003. Training of health professionals and learners in basic computer skills and ICT, including training of local staff in the care and maintenance of the computers and equipment in the learning centres, with the USP providing technical support for the operation and maintenance of the equipment at the centres.

(2) A central hub to provide linkages and networking among the learning centres and a "distribution or clearing house" for the open learning materials and resources has been set up at the WHO South Pacific office in Suva, Fiji. An interactive website ([www.polhn.com/](http://www.polhn.com/)) is maintained and managed from the POLHN central hub. The Commonwealth of Learning (COL) has set up and maintains a primary site for the POLHN at <http://www.colfinder.org/wolhn/> to facilitate easy access to relevant international publications and literature, including those on the worldwide web.

(3) A number of self-learning modules, in priority health topics or fields identified by the Pacific island countries, have been produced in print and on compact disks, supplemented by references and lists of online courses. Pilot courses have been conducted, using some of the self-learning modules and content developed by the POLHN. The courses are in key health topics under the "Healthy Islands vision" such as diabetes and hypertension, HIV/AIDS, and health promoting schools. The courses also indirectly support several Millennium Development Goals. For examples: Goal 1 and Goal 6 were supported by various courses: POLHN002 (mosquito-borne diseases), POLHN003 (HIV/AIDS and TB), POLHN004 and POLHN006 (diabetes and hypertension), POLHN005 (laboratory course), POLHN007 (healthy school project); and Goal 3 was supported by course POLHN008 (counselling, communication and advocacy). By the end of January 2005, 14 pilot courses had been offered via POLHN (eight of the pilot courses had been completed by the end of November 2004), using the self-directed learning method and interactions with lecturers/mentors, mainly via the [polhn.com](http://www.polhn.com) website. Course providers included: *from New Zealand*: University of Otago and Pacific Paramedical Training Centre; *from Australia*: James Cook University, University of New South Wales, University of Southern Queensland and Australian International Health Institute; *from the Philippines*: Philippines Centre for Communications Programs, *from the Pacific islands*: Pacific Resources for Education and Learning (Hawaii), Fiji School of Medicine (Fiji.); and several other individual experts and contractual partners.

(4) Country task forces have been established to facilitate the effective coordination and implementation of POLHN activities, including their integration into the respective country's human resources development and training programmes, as well as maintaining the operations of the learning centres. Manuals and guides for the maintenance and operation of the learning centres and IT and equipment have been produced, including a sample framework for developing an open learning initiative, consisting of vision and mission statements and a strategic plan, that countries could use as a guide to develop their own frameworks.

(5) Advocacy and publicity is currently ongoing to raise awareness about the learning centres and the opportunities that they offer to improve health professionals' knowledge and skills and networking, and to encourage health workers to utilize the resources and engage in self-directed learning. Publicity material including a web page and compact disks are being produced.

(6) The POLHN technical staff have continued to support the country task forces and have provided advice and guidance on aspects of ICT and open learning when requested. A number of consultations have been conducted on ICT use for health professional development, including telehealth (WHO has adopted the use of "e-Health"<sup>2</sup> instead of telehealth). Issues, such as the financial, technical and material resource implications, and added value and benefits of any ICT projects are carefully considered before the POLHN becomes involved or collaborates in the activities of such projects or initiatives.

An independent evaluation of the POLHN, conducted from October to November 2004, was generally very positive. Most of the planned activities have been implemented with successful outcomes. The POLHN was highly regarded and valued by countries and partners as being useful, not only in terms of the numbers of health professionals that have benefited from the technical courses and learning resources, but also the increased interest among health workers

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<sup>2</sup> "e-Health" is defined broadly as the use of information and communications technologies (ICT) for health. This goes beyond the earlier definition, which focused on the use of technology to deliver health services. This broader definition includes the adoption and use of ICT for health systems development as well as health professional education and learning (e-Learning). Based on the requests of Member States, WHO has developed an e-Health strategy, with a focus on equity and quality, based on the principles of the UN Charter, which allows WHO to influence research and development agenda of e-Health to benefit Member States; provide sound technical and policy support to countries as well as guidance on best practice, implementation tools and methods; coordinate e-Health actions with countries, regions and institutions; and investigate, analyze and document the impact of ICT policies and interventions on health of populations. (Source: WHO working document—Towards a World Health Organization e-Health Strategy: Nov. 2004).

in the use of ICT for learning service delivery. By the end of November 2004, a total of 210 health workers from the ten countries with learning centres had participated in eight pilot courses.

Some useful lessons and challenges have been learned from the POLHN, including, among others:

(1) It is costly to establish and maintain the learning centres due to many factors, such as the geographical remoteness of the countries, incurring high logistics costs; comparatively higher telecommunications and internet service charges as the services are mostly monopolized; and the need to contract external ICT expertise. However, in the long term, when the use of the centres and resources is maximized, the POLHN will be more cost-effective as health professionals do not need to leave their work to travel overseas for courses. Furthermore, a similar ICT project (see Box 1) has resulted in cost savings, thus the POLHN, which has the potential for teleconsultations, could result in similar cost savings.

**Box 1 – Federated States of Micronesia**

Pohnpei State, with a population of 40 000, spends 10% of its health budget in referring patients off-island for tertiary treatments, serving less than 1% of the total population. The aim of teleconsultation in Pohnpei State is cost savings, and to enable physicians to be readily accessible and comfortable with its use. Before the Internet connection, approximately US\$1 500 per month was spent on telephone bills for outside consultations. With the Internet connection and the consultation web pages, particularly at Tripler, the bill has gone down to below US\$500 per month for consultations, a saving of US\$1 000 per month.

(2) The use of ICT in health care services has improved efficiency and effectiveness, however, the limited numbers of adequately trained and skilled ICT persons have been a constraint. The POLHN training in ICT has resulted in an increase in national capacity and an expanding pool of skilled persons in the Pacific island countries and areas. With this increase in ICT expertise, more technological solutions can be found to enhance learning and service delivery at a distance. For example, teleconsultations using POLHN facilities, allows doctors, nurses and allied health workers to consult with their peers, either in-country or abroad, for a second opinion or professional advise.

(3) Motivated learners and committed country task forces, the presence of expertise on the ground to operate and maintain the learning centre resources, including course trainers/supervisors/mentors, and a reliable continuous power supply are key factors for the successful delivery of the courses and satisfactory outcomes.

(4) The POLHN has demonstrated that it is feasible to set up an ICT open learning programme even in very challenging settings, such as remote and scattered islands that have an underdeveloped telecommunications infrastructure. The lessons learned from the POLHN are valuable guides for the development of any open learning or e-Health strategy and programme in the Pacific region and elsewhere.

(5) With the setting up of the learning centres, the POLHN has overcome common barriers and challenges, such as the high start-up costs and capital investment for such ICT programmes in remote settings. Therefore, the priority now is to develop a strategy that ensures the learning centres are fully utilized and adequately maintained, and that the POLHN become a cost-beneficial programme for the Pacific island countries and areas.

A meeting of the POLHN country task forces was convened from 8 to 10 December 2004 to share experiences, discuss the evaluation findings and identify future directions, including key strategic actions. The meeting made specific sets of recommendations with regard to the maximum utilization of POLHN facilities, including the ICT; improving the quality of the courses; strengthening the work of the country task forces, and the future directions and priority activities to be undertaken at country and regional levels. The meeting requested the following recommendations to be considered for endorsement by the Pacific island countries and areas at the Ministers of health meeting in March 2005:

(1) 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.

(2) A long-term sustainability plan for POLHN should be established 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.

(3) Renegotiation of the current Pacific telecommunication Internet Service Provider agreements to exempt health and education should be sought so that POLHN can utilize other existing high bandwidth options, such as the USP Network.

### 3. FRAMEWORK FOR ACTION

Based on the findings and recommendations of the POLHN evaluation and a meeting of the country task forces, partner agencies and institutions at the end of 2004, consensus was reached on the need to consolidate, sustain and expand the scope of the POLHN, where feasible, at least in the next few years, under the current collaborative and partnership framework (WHO and the respective Pacific island countries and areas), to maximize its benefits and impacts on the continuing education of health professionals, particularly those in remote rural areas, and on health services and the priority areas under the Healthy Islands initiative. The consolidation, sustenance and expansion of the scope of activities will be focused primarily at two levels: in-country and regional. A report of the POLHN country task forces meeting that includes the agreed recommended future directions and key strategic actions has been produced, and is available in print, CD and online at the polhn.com website.

The consolidation of the POLHN in-country is seen as most critical to sustain its momentum and enhance its benefits. This will need commitment from the country task forces and governments, and a series of key strategic actions by the POLHN that include, among others:

- the provision of sound technical and policy support to country task forces, as well as guidance on best practice and capacity building in pedagogic knowledge and practical skills;
- review and evaluation of the use of learning materials and course outcomes, and development of additional learning materials and training courses, particularly in use of ICTs and on specific health topics;
- identification of measures to develop cost-effective and country-specific continuing education systems increasing the skills of health care workers, using POLHN resources; and

- collaboration with ministries of health on the integration of open-learning strategies into national human resources development plans, and exploration with health teaching institutions, of the feasibility of giving credits or an academic certification for any of the POLHN course that meet their criteria.

As for expanding the scope of the POLHN, some key actions that could be considered, include, among others:

- enhancing the capacity of the country task forces to utilize POLHN experiences and lessons learned to develop open-learning (OL) strategies and programmes, of which the POLHN is a component;
- providing standards for quality assurance measures on the OL approaches used, advising the health care workers about OL access to professional and regulatory certification and, providing an opportunity for health institutions in the Pacific to provide different approaches for OL; and
- exploring the feasibility of establishing additional open-learning centres in other parts of the country, or in other Pacific island countries and areas without any learning centres as yet; and establishing linkages and conducting joint activities with other learning networks in the Pacific region and elsewhere .

The potential outcomes or products if the above-mentioned future directions and strategic actions were to be implemented would include, among others:

- functional and networked open-learning centres in Pacific island countries and areas, with a variety of self-directed learning resources and support services;
- open-learning strategic plans and operational guidelines and advocacy/publicity materials and webpages;
- improved capacity of human resources for health with acquired knowledge and skills to provide quality care;
- open and distance learning becoming an integral component of the training and continuing education of health professionals in Pacific island countries and areas;

- an increase in the use of ICT in health professional education and training and improvement in the quality of health care and standards of practice of health professionals; and
- an established network for open learning in Pacific island countries and areas.

#### **4. EXPECTED OUTCOMES**

(1) The ministers will be updated on the latest developments related to the POLHN and they will be better able to make optimum use of its resources and facilities.

(2) A consensus will be reached on the proposed future directions and key strategic actions to be taken at country and regional levels, which include among others: the steps needed to make POLHN an integral component of national human resource development programmes; establishment of a permanent governance structure with a dedicated regional POLHN Secretariat; development and implementation of a long-term sustainability plan for POLHN, incorporating ongoing government commitments and engagement of development partners; and development of linkages and conduct of joint activities with other learning networks in the Pacific region and elsewhere.