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Eastern Mediterranean**

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## **The Health Academy**

**e-Academy for Knowledge, Know-how and Technology**

**Report to the Fifty-First Session of the Regional Committee for the  
Eastern Mediterranean**

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## **1. Introduction**

Access to health information has been a deep-seated problem that has taken on new importance with the emergence of the internet as a basic tool for learning. It is crucial that this technology is available to everyone, regardless of race, gender, income or age.

The vision of the Health Academy is about creating a global health and technology network to provide the knowledge of health specialists for all citizens of the world, based on sound evidence and best practices. It is about recognizing the huge impact of health on today's economy. It resides on the concept of relational computer-based learning, that is, constructing from first principles and consolidating vital relationships between the various building blocks. This form of e-learning helps to develop critical thinking and enhances concentration capacities.

The Health Academy has just completed the pilot phase of its development in two countries in the WHO Eastern Mediterranean Region. This has allowed the course materials to be tested by the end user, and the processes required for the development and deployment of the Health Academy to be formulated and validated.

Both before and after the implementation of the pilot, evaluation instruments developed in WHO were used to measure outcome. The results have been exceptionally good, to the extent that the students and teachers are asking for more courses. The full analysis of this evaluation will be used to guide the extension within the two countries and beyond to other countries.

More than 50 countries have expressed an interest in deploying the Health Academy and so planning is under way to expand geographically to serve Member States worldwide. As a result, the development of courses continues. There are 14 courses currently in development and a further 18 are planned for the near future to meet the requirements of Member States. The Health Academy will provide an educational tool in health and human development adapted to local languages and cultures designed especially for the community at all levels of society and all ages.

## **2. The pilot study**

Pilot studies were initiated in April 2003 in Egypt and Jordan. The target audience was 12 to 18-year-old school students. This age group was selected as this is a critical age in terms of attitudinal and behavioural development and is, moreover, an easily accessible population. The evaluation of the pilot required an organized community which could be tracked and managed through the use of mentors and the most obvious repository of such a population was in the educational system. Thus it was essential for the development of the pilot studies that there be close collaboration from the outset between the Ministries of Education, Health and Telecommunication in each country.

The selection of the schools in the participating countries was critical to the successful outcome of this phase of the development of the Health Academy.

Among some of the criteria proposed were that all levels of social and economic status should be well represented among the schools. Twenty-five schools in Egypt and 21 schools in Jordan participated in the pilot, representing different types of schools and both genders. The e-learning courses developed and offered to Egypt and Jordan, in Arabic and English, during the pilot phase were:

- All the way to the blood bank (on blood and blood safety)
- Fighting for our lives (on tobacco use)
- Healthy mind, healthy body (on substance use)
- Safely on our way (on road safety)

However due to various reasons only "Fighting for our lives" and "Safely on our way" were studied by the participants in Egypt and "All the way to the blood bank", "Fighting for our lives" and "Safely on our way" in Jordan.

### 3. Evaluation

Evaluation benchmarks and indicators were developed and used to measure the success of the pilot phase, proof of concept, and to monitor the Health Academy once fully implemented. The success rate of the students' understanding of the subjects was measured against a comparative control sample.

In September 2003, Health Care International (HCI) and the Jordanian Hashemite Fund for Human Development (JOHUD) were selected as independent entities to undertake the evaluation for the pilot phase, in Egypt and Jordan respectively, using the instruments developed in WHO.

The Ministry of Education in Egypt enrolled 4576 students in grades seven and eight, in 25 schools in the areas of Cairo and Greater Cairo, and the Ministry of Education in Jordan enrolled 2289 students between grades six and eleven in 21 schools throughout the country.

Feedback from visits to the schools and in writing from students and mentors during the pilot indicated that the Health Academy initiative has been remarkably successful. Students and teachers are asking for more courses. Even the parents have responded positively to the information taken back home, and some have discussed the subjects with their children as a result of this experience. Unexpectedly the Health Academy has also promoted classroom discussion among students and teachers on the Health Academy course contents that has been learnt.

### 4. Plans for the future

Having completed the first phases of its development, the Health Academy is ready to move forward to extend the Health Academy within the two pilot countries, within the Eastern Mediterranean Region, and globally. A number of countries have expressed an interest in establishing the Health Academy, including Bahrain, the Islamic Republic of Iran, Iraq and Oman, in the Eastern Mediterranean Region, Bulgaria, Alberta, Canada, Denmark, Finland, Iceland, India, Norway, Sweden, South Africa and the United Kingdom (the Scottish Parliament has separately expressed an interest).

Several areas are in need of further development, including the following:

#### a) Health Academy coordination

The much needed network of international and national partners for extension of the Health Academy globally will require very careful and proactive coordination.

As many WHO Regions have their own specificity, a closer link with the relevant persons in the Region as well as WHO Representatives, will be established. This will be mostly for the adaptation of the courses to the regional cultural environment and for the development of automated computer translation capabilities which would enable the translation of the courses into the main languages of the regions.

#### b) Content development

e-learning courses will be developed in a systematic fashion. The driving force is the request from Member States for courses that they feel best support ongoing health education programmes and reflect their priorities in health. Having said that, it is noteworthy that the Health Academy has pursued the development of courses needed by a majority of Member States.

#### c) Public awareness

A brochure has been published and distributed in three languages (Arabic, English, and French). It provides the mission, vision and scope of the Health Academy. In addition, the Cisco Learning Institute has provided a prospectus (available in pdf format) that can also be used for promotional purposes.

An e-learning course catalogue is in the final stages of development. This catalogue is a listing of currently available courses and courses in development.

A website has been developed and is ready for deployment.

Finally, there is a demonstration kit, featuring one unit from each finalized course and an information kit which details the government and community response in Egypt and Jordan, as well as an overview presentation of the Health Academy.

These promotional items need to be continuously updated and reviewed as the Health Academy evolves.

**d) Partners and partnerships**

Partnerships are a key issue in the development of the Health Academy and need to be mobilized for general and specific support. The Health Academy, in association with its partners, aims to promote the effective, efficient delivery of public health messages, thereby increasing national productivity and transforming learning by guiding users through their educational experiences rather than directing their learning. The e-learning provided by the Health Academy steers learners away from being passive recipients of information to becoming active participants in knowledge acquisition.

These partnerships will also include, wherever possible, local companies which will allow for capacity building in local enterprises.

**e) Monitoring, evaluation and quality control**

In order to refine e-learning production as the Health Academy evolves, monitoring, evaluation and quality control using proven tools are critical. The Health Academy must be at the forefront of electronic teaching methods and e-learning technology.

Quality will be assured through the validation process of the content, updating the content as new scientifically validated information becomes available, quality oversight of e-learning production of the courses, and assurance of the quality of local versioning and translations.

**f) Research and development**

In order to maintain the viability of the Health Academy, research and development will be an essential component in the extension phase and for the duration of the initiative.

Research and development will allow the Health Academy to stay up to date in terms of technology, educational methods and monitoring and evaluation instruments.

**g) Member State engagement and technology environment**

The political engagement of the Member States wanting the Health Academy is the first step to establishing the Health Academy in a country. A set of criteria for engagement will be established and it is crucial that these be met before any major resources are expended for a particular Member State. This is particularly important because all the processes involved are costly. At the country level collaboration between the key ministries of health, education and telecommunications and the private sector is crucial.

In relation to this is the existing technological environment in the Member State. While some Member States are technologically advanced, the reality is that the vast majority are in different stages of technological development. The aim of the Health Academy is to reach all populations, especially the most needy. In order to achieve this, consideration must be given to the use of different mechanisms to deliver the courses and health messages.

**h) Sustainability**

It is essential that the Health Academy extends throughout the world beyond the pilot phase in a manner that will ensure that it is sustainable and that the standards established are maintained no matter where the courses are produced and hosted. There are many facets that would contribute to making sure that this is a reality.

The first and foremost is the political engagement of the Member State as outlined above.

Another facet of sustaining the Health Academy is cost sharing among clusters of countries. There are natural groupings of countries according to language, culture, geographical location and political

interests. However, some countries might be better dealt with on an individual basis due to their size and multicultural composition such as China and India. Also, some countries in a group may not share the same health interests and may have marked differences in technological development.

Engaging a few core partners who would have a long term commitment to the Health Academy would also strengthen sustainability.

The overriding determinants of perpetuating the Health Academy as an entity is the impact that it has on the health of the individual and communities in Member States. To accomplish this requires that the course contents are state of the art, up to date, validated and easy to understand, and that the e-learning product is easy to use, engaging, enjoyable, educationally sound and provides the end user with what they really need in their own environment to help them lead a more healthy life.

## **5. Conclusions**

WHO's information resources and expertise in health issues, as well as its worldwide access to health information in all countries, is the main source of validated health content for the Health Academy. The combined focus of everyone involved equals a library of knowledge and decades of experience. Education, environment, and opportunity are all essential to better health. High quality education from the early ages can, and should, make a real difference in dispelling poverty and in improving the health of a nation.

It is useful to note that the e-learning technology used by the Health Academy is not simply distance learning. Its essential feature is relational learning, that is, it allows the learners to construct by themselves, from first principles, the very essence of what is being taught and to consolidate vital relationships between each building block. This approach helps to develop critical thinking and enhances concentration capacities. Recall of material is facilitated by the reinforcement of the written word with active listening. The content of the courses is exciting to both educators and users, as it is a truly interactive mix of different media technologies.

Wherever there is a need for transfer of knowledge and know-how and to change attitudes and behaviour, given the resources, the Health Academy could be the vehicle to accomplish this in the fields of health, human development, environmental sustainability and management. As new knowledge and evidence emerge, the Health Academy is in the enviable position that it can rapidly disseminate this new information widely to the people. Its potential is limitless.