

## 2<sup>nd</sup> African Council of Distance Education Conference and General Assembly

### Meeting the Challenge of the Millenium Development Goals: Role, Potential and Impact of Open and Distance Learning

In 2008 we are now just over half way to the target date of 2015 set for the Millennium Declaration adopted by the UN in 2000. The Millenium Development Goals have become a universal framework for development, and a means for developing countries and their partners to work together in pursuit of a shared future for all. So what progress have we made towards achieving these goals? At no other time has the world been so prosperous, our mortality rates been so low, and life expectancy so long. Never before have we achieved, on average, such levels of education. In contrast to this however, in absolute numbers, never before have so many people lived in such poverty, died from preventable diseases or needed and been denied access to education.

I have been asked to consider the role of Open and Distance Learning in realising the Millenium Development Goals. Let us reconsider in broad terms, the challenges set us by the goals, which state that by 2015 we will:

- Eradicate extreme poverty and hunger;
- Achieve universal primary education;
- Promote gender equality and empower women;
- Reduce child mortality;
- Combat HIV/AIDS, malaria and other diseases;
- Improve maternal health;
- Ensure environmental sustainability; and
- Develop global partnerships for development.

The 2007 UN Millenium Development Goals Report suggests that we have achieved some gains, and that success is still possible in most parts of the world. However, this report also clearly identifies how much remains to be done. Success in some countries demonstrates that rapid and large-scale progress towards the MDGs is feasible if it combines strong government leadership, good policies and practical strategies for scaling up public investments in vital areas that are supported by adequate financial and technical assistance from the international community.

#### **Progress towards the Millenium Development Goals**

The following are some measures of the progress that has been achieved:

- The proportion of people living in extreme poverty fell from nearly a third to less than one fifth between 1990 and 2004. If the trend is sustained, the MDG poverty reduction target will be met for the world as a whole and for most regions.

- The number of extremely poor people in sub-Saharan Africa has levelled off, and the poverty rate has declined by nearly six percentage points since 2000. Nevertheless, the region is not on track to reach the goal of reducing poverty by half by 2015.
- Progress has been made in getting more children into school in the developing world. Enrolment in primary education grew from 80 per cent in 1991 to 88 per cent in 2005. Most of this progress has taken place since 1999.
- Women's political participation has been growing, albeit slowly. Even in countries where previously only men were allowed to stand for political election, women now have a seat in parliament.
- Child mortality has declined globally, and it is becoming clear that the right life-saving interventions are proving effective in reducing the number of deaths due to the main child killers – such as measles.
- Key interventions to control malaria have been expanded. The tuberculosis epidemic, finally, appears on the verge of decline, although progress is not fast enough to halve prevalence and death rates by 2015.

(United Nations Millennium Development Goals Report 2007)

While much has been achieved, these results also highlight how much remains to be done and how much more could be accomplished if all concerned honour their existing commitments. Currently, only one of the eight regional groups cited in the report is on track to achieve all the Millennium Development Goals. In contrast, the projected shortfalls are most severe in sub-Saharan Africa.

However impressive results have been achieved in sub-Saharan Africa in areas such as raising agricultural productivity (in Malawi, for example), boosting primary school enrolment (in Ghana, Kenya, Uganda and the United Republic of Tanzania), controlling malaria (in Niger, Togo, Zambia, Zanzibar), widening access to basic rural health services (in Zambia), reforesting areas on a large scale (in Niger), and increasing access to water and sanitation (in Senegal and Uganda). The challenge lies in replicating and scaling up these successes.

The 2007 Millennium Development Goals Report also highlights disparities within countries, where particular groups of the population – often those living in rural areas, children of mothers with no formal education and the poorest households – are making insufficient progress to meet the targets, even in situations where the rest of the population is doing so. This is particularly evident in access to health services and education. In order to achieve the Millennium Development Goals, countries will need to mobilize additional resources and target public investments that benefit the poor.

*'We will have time to reach the Millenium Development Goals- worldwide and in most, or even all, individual countries – but only if we break with business as usual.*

*We cannot win overnight. Success will require sustained action across the entire decade between now and the deadline. It takes time to train the teachers, nurses and engineers; to build the roads, schools and hospitals; to grow the small and large businesses able to create the jobs and income needed. So we must start now. And we must more than double global development assistance over the next few years. Nothing less will help to achieve the Goals.'* United Nations Secretary- General

### **The role and contribution of Open and Distance Learning**

What contribution has ODL made to these achievements? And how else may ODL assist countries in rapid and scalable development?

Quite clearly ODL practices have a clear and substantial contribution to make to achieving universal primary education. ODL techniques can be utilised effectively and at scale to provide education to distributed communities in a cost effective and efficient way. Similarly, there are clear contribution that can be made by ODL to educating communities about hygiene and health, in matters of agricultural practice, sustainable environmental development practices and disease prevention and treatment. And of course, by using ODL approaches the number of teachers and health practitioners, agricultural and environmental experts who can be educated and trained can be increased significantly above the numbers who could be trained using conventional educational methods. ODL can ramp up the numbers of trained professionals in areas of need without the need for expensive investment in bricks and mortar institutions. For example if you consider that only 63% of children who enrol, complete their primary schooling, the scale of the challenge of upskilling, training and educating the professionals who will contribute to progress is daunting.

The Open University was a pioneer in the field of open and distance learning. Since its inception nearly forty years ago it has opened the door to more than 2 million people achieving more than 300 000 degrees. Throughout that time it has led technological advances that support learning and education and currently over 200,000 people study with the OU. The OU has helped to established other 'open' universities around the world and these have grown at a remarkable rate.

When the OU was first established in 1969 its original mission was explicitly one of democratising education. At the time there was a huge pool of UK adults who had been unable to access higher education and these were identified by the government of time as an underdeveloped national resource. Advocates for open and distance learning, a new kind of 'university of the air', argued that such an approach could open up the benefits of university education to a much wider range of the population. Distance education and its predecessor, correspondence education have provided many women with their only chance to learn when other educational opportunities were inaccessible to them.

### **Some examples**

#### **Education and Teacher Training**

There is a long standing and widely supported recognition that teachers are a vital part of society. However, the situation of teachers in most parts of sub-Saharan Africa

has suffered significantly from the economic and social problems that have affected the continent. The scale of need for teachers is daunting. Successive reports have identified the large numbers of unqualified teachers and the difficulties associated with attracting new recruits. Specifically, two factors appear to be impacting on the teaching profession in sub-Saharan Africa countries. The decline in teachers' salaries relative to other comparable professions is well documented. Emergent knowledge economies offer alternative employment for those who provide the traditional pool of primary teachers. In addition, HIV/AIDS is impacting on the existing and potential teaching workforce. In 2000 UNICEF estimated that nearly one million children a year lose their teacher to AIDS. In Zambia, HIV/Aids claims the lives of 2000 teachers a year – more than the output of teacher training colleges. In Burkina Faso the teacher shortage is so great that it has been declared a national emergency and people are recruited from across public sectors to fill immediate gaps. The most recent UNESCO monitoring report published this year reports that an additional 4 million teachers will be needed within the decade.

Teachers are a critical part of the global commitment to provide universal basic education by 2015. Millions of additional teachers are required, unqualified teachers currently comprise half of all primary teachers, and the quality of education is being compromised by the problems around teachers. The TESSA program was developed to address these challenges and focuses on access to, and the quality of education and training for teachers. In doing this it exploits the new technologies that Nelson Mandela acknowledged more than a decade ago. (TESSA currently involves 9 countries in Africa, comprises 13 universities and 5 other international organisations.)

TESSA's key purpose is to create an Africa-wide consortium to improve access to, and raise the quality of, all aspects of teacher education. To achieve this, the TESSA consortium has developed an extensive range of high quality, multi lingual open educational resources (OERs) and systems. The resources are designed to support all teachers, including those teachers who have little or no formal training. The program includes an extensive range of audio and text materials (online and print) covering the core areas of primary, basic education teaching: these open educational resources free to use, adapt and share with eh TESSA community, extend to 750 sections of study and include 2250 classroom based activities for teachers.

The Digital Education Enhancement Project (DEEP) has worked with teachers for more than 5 years to improve the teaching of literacy, numeracy and science through the use of mobile communication technologies. DEEP investigated the use of new technologies in primary schools in the Eastern Cape Province of South Africa and in Cairo, Egypt. Many of the schools involved serve greatly disadvantaged communities. Where technical support was scarce, teachers adopted communities of support to collaboratively solve problems, a fact the researchers have attributed largely to the high levels of motivation felt by the teachers.

#### Health Care and Education

Generally across sub-Saharan Africa health delivery systems are characterised by shortage, inadequate distribution and lack of necessary skill mix in its human resources for health. HIV/AIDS is threatening the workforce across various dimensions, increasing the workload and skill demands on health workers as health facilities are overwhelmed by patients and health professional are themselves affected personally by the virus. There is an urgent need for improvements in the performance

of the health system, including significant strengthening of human resources for health.

Many of the health problems faced by people living in rural areas are related to lack of adequate health education and prevention services. Health extension workers can be trained to deliver immunisation and basic health education in hygiene and safe disposal of waste, reproductive health and HIV prevention and control. Investment in training traditional birth attendants to enhance their skills in assisting in deliveries and extend their education to take on other responsibilities could make a significant impact on the high infant, child and maternal mortality rates.

The Health Education and Training (HEAT) in Africa program builds on the TESSA model to deliver student-focused health-care education and training for a range of different health care professionals across Africa – particularly those in shortage specialities and under-resourced rural areas. It is designed to maximise learning in the workplace for pre and in-service practitioners.

The Christian Medical College in Vellore, South India runs a highly successful ODL course that trains rural physicians to manage patients with HIV/AIDS and to establish new services. This has supported a shift towards clinical care in addition to the ongoing focus on prevention of HIV/AIDS. The course aims to improve the skills and knowledge of physicians in HIV care and improve availability, accessibility and quality of such care at the secondary hospital level. A distance learning centre has now been set up in Vellore that runs courses in family medicine this provides an effective example of ways in which ODL can contribute to healthcare capacity building and the provision of treatment and service. This course has now been extended to Delhi and Kolkata. In Bangladesh the OU has contributed to distance learning courses developed by the Diabetes Association of Bangladesh that educate and train physicians in remote areas in the treatment and care of diabetes.

Distance learning methods can be used to teach clinical problem solving in a distributed learning environment. To date we have only limited examples of proven, sustainable and generalisable models of ethical, cost-effective and context relevant upscaling in health care education in Africa. A proposed distance learning medical school in Ethiopia seeks to provide a mechanism for cost effective and quality assured scaling up in the production of doctors for the local health care system.

### Economics

Microfinance is recognized as an effective development intervention in enhancing access to financial services for low-income and poverty-level individuals. While there is great demand for microfinance services, the main constraint is not a lack of funds but a lack of capacity in operating a sustainable institution. The *Training of Trainers on Microfinance* course developed by The Asian Development Bank Institute ([ADBI](#)), the World Bank Tokyo Development Learning Center ([TDLC](#)), and the United Nations Capital Development Fund, launched in 2005 offers localised capacity building training program in microfinance. This is an area that has already had a positive impact on the household budgets and quality of life for millions of people in developing countries. This program is an attempt to address the gap between the large demand and limited supply of microfinance services and expertise. Courses have been carried out at distance learning centres in more than thirteen Asian countries and made available to distributed participants around the world including Africa. Using a

blended approach, combining self paced study using interactive digital materials, online tutoring, some face-to-face activities where expertise is available, videoconference sessions at a local GDLN (Global Development Learning Network) centre or live webcast, and an e-discussion forum moderated by experts.

### **Challenges**

- Issues of scalability and sustainability require us to develop smarter systems for working at scale, open learning can assist but it should not be attempting to replicate campus-based courses. What is needed are new structures, new forms of curriculum, and different pedagogies.
- We need to be more clever and creative about the ways in which we embed new technologies. This should be done progressively. Rather than thinking of it as a process of adding more, it should be one of changing and adapting, integrating new technologies where they allow us to do something better or in ways that were not previously possible.
- We need to develop and prove generalisable models education and training delivery.. It is not sustainable to develop customised models for each environment whether geographic or professional. By looking at the context and what has worked it is possible to develop simple generalisable models that can be replicated and applied in a variety of contexts.
- Cost-effectiveness is a key criterion affecting the sustainability and uptake of any approach and we should be willing to build on models that have demonstrated proven success.
- There is substantial evidence that one of the key factors in ensuring sustainability relates to policy – small-scale, ‘owned’ innovations at community level may be more agile and responsive and appear to engender greater levels of ownership but well designed national projects that seek to embed change have been remarkably successful at generating change at scale. It seems that what is needed is a blend of approach allowing local ownership and decision-making within a centrally designed and supported framework.
- Where many divides and disparities already exist what is the role for new technologies where they may further isolate and exclude those living in remote and isolated communities? Serious questions of equity arise.

### **Open and Distance Learning and the future**

What is critical are issues of scalability and sustainability of any ODL initiatives. ODL can provide a realistic strategy for addressing issues of education, capacity building, and health care but it is not the only solution and will not address the challenges on its own. Distance Learning can be an ideal educational approach in situations where practitioners are committed to existing heavy workloads, live in geographically distributed areas and are unable to travel to study centres or take time off work to attend training courses. There are real advantages that can accrue from embedding learning in the workplace whether it's for in-service training or practitioners or the initial education and training of health care and education professionals.

If we are to successfully scale up, taking successful programs or policies and adapt and sustain them across different locations and time then we need to have a solid evidence base. We need to know what does and doesn't work, and in what conditions. We have to recognise that we need different approaches to curriculum design where we begin with practice and allow theory to follow. Designers of open learning have serious responsibility for curriculum design that recognises the realities of situations in which learners are living and working and the urgency of the need for training in what matters now.

Existing bricks and mortar universities will not be able to meet the educational needs of the 21<sup>st</sup> century. Professional education and training for teachers, healthcare workers and other professionals will increasingly occur in the workplace. Workplace based education and training will need to be practice-based and focused on improving the day-to-day work of the learner involved, it cannot mimic the slow pace of a conventional on-campus university degree.

It's not my intention to argue a case for either print-based ODL **or** the increasing use of new technologies. Certainly a print based approach has the capacity for greater reach at potentially lower costs but we should not ignore the possibilities offered by ICT and the critical role that these play in building the skills and capabilities necessary to operate successfully in a global environment. The increase in availability of Open Education Resources (OER) provides an abundance of course and subject materials on which ODL programs can be based. We must develop approaches that exploit these resources.

New technologies and new forms of communication offer more than a glimmer of hope, they have the potential to transform professional learning and there is a need for a greater recognition of the urgency of this by policy makers. Science, our ingenuity, imagination have brought us to a place where we have other means to deliver and support education. Cyber mules in Venezuela take laptops and projectors into remote mountain schools while the Digital Study Hall project in India distributes DVDs via motorbike. We must learn to share our knowledge, technology and insights into learning to ensure that we do reach the people who need an education that is relevant to their needs and the world of today. For it is education that powers sustainable development, assists in preventing and treating disease, and is fundamental to the continuation of our planet.

In developing countries, but also increasingly in less developed countries, technology has undoubtedly been a major cause of the dramatic change in the education landscape. The Internet on its own has been dramatic, but as other technologies have developed we now live in a world where *'merchants in Zambia use mobile phones for banking; farmers in Senegal use them to monitor process; health workers in South Africa use them to update health records while visiting patients'* we realise that it is the mobile phone *'that now seems most likely to carry the dream of the personal computer to its conclusion.'* (The Economist July 29, 2006)

But we should not forget the strength of the human spirit and will to improve the human condition. Open and Distance Learning approaches can provide clear direction and strategies that we can employ to deliver the education and training that will empower people to improve their condition. Government social policies play a critical

role in the eradication of poverty - we need to maintain the pressure on governments to act, to implement policies of social investment that support greater access to education and changed contexts to support more training and education in areas of need. But we need more than an increase in investment – we must be sure that we are improving the quality of performance – of teaching, of health care and all forms of professional practice across the board, and pockets of exclusion are eradicated.

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