openSAP Invites Thought Leaders, Episode 20 - Keeping the World Safe Through Online Learning

Transcript

Heini Utunen: [00:00:00] Our contribution to the learning in public health is that of equity. We believe that it's the cornerstone for any action that we take with learning materials and learning interventions to enable as many people as possible to access and utilize the materials and make it as easy as possible for the learner to join the learning journey.

Lorna Richards: [00:00:35] Hello and welcome to openSAP Invites Thought Leaders. My name is Lorna Richards, and I will be your host for today. Today's episode is called "Global Health Dissemination on OpenWHO.org During Epidemics and the COVID-19 Pandemic". Our guest today is Heini Utunen, the acting Head of Unit of the Learning and Capacity Development Unit of the World Health Organization's Health Emergencies Program. During the COVID-19 pandemic, she has led the COVID-19 online learning response, delivering massive scale learning interventions on OpenWHO.org based on the World Health Organization's technical evidence-based guidance. OpenWHO has now reached more than 6 million enrollments. So, first of all, welcome, Heini.

Heini Utunen: [00:01:35] Many thanks, Lorna, and glad to be here.

Lorna Richards: [00:01:37] So, when I read your bio, I was so excited to talk to you because of how massive the impact of the COVID-19 pandemic has been. And you are someone who was behind the scenes at the World Health Organization. So, my first question is, what was that like at that time, late 2019, early 2020, as things were evolving with COVID-19?

Heini Utunen: [00:01:58] So, already for three years between 2017-19, we had been producing learning for outbreaks and epidemics that were really localized, regionalized, mainly African context disease outbreaks. So, we knew a bit how quickly epidemics

when they occur can escalate. But when the first signs of the pandemic became known to me, I was returning from my end of year holidays early January to the office, the speed scale, and the massive scale of the pandemic as it hit the world in the first three months of 2020. It took us by surprise, but we were prepared.

Lorna Richards: [00:02:40] Right.

Heini Utunen: [00:02:40] We knew that the pandemic was the question of when, not if. But it was a surprise, I have to say. And the whole world, it has put on a stress test, but also us behind the OpenWHO scenes.

Lorna Richards: [00:02:53] Yeah. I can imagine. It must have been such a challenge to keep on top of all that was happening.

Heini Utunen: [00:02:59] Yeah. So, we were a team of two at the end of 2019 and basically with these two staff and an intern, we could manage the infectious disease production pipeline for about 15 different disease outbreaks that occurred often in low- and middle-income countries, mostly in the global south. But when in January the signs of the pandemic started and it's known that it's respiratory virus, we knew that now we have to accelerate the work. And actually, one of the first new team members that we hired was a volunteer who wanted to translate materials from English to Chinese, and she joined us as the first new team member, then after more than 20 new colleagues joined in the team. So, we went tenfold the team size. But one of the first collaborators we had on the knowledge product translation was our Chinese colleague.

Lorna Richards: [00:03:57] Wow. That's a big increase of your team. And so, did you have materials already that you could leverage, or did you have to start creating everything from scratch?

Heini Utunen: [00:04:08] Everything started from scratch because COVID-19 is a disease X. It's the unknown novel pathogen that we've never seen before. Of course, the group of coronaviruses was known, and in the same corridor where my office is, we had the corona expert of the Health Emergencies Program, and she's actually Dr. Maria Van Kerkhove. She was the one whom I saw on 3rd of January 2020, and she mentioned that there is a novel virus in China, and we are exploring it.

Lorna Richards: [00:04:40] Wow.

Heini Utunen: [00:04:40] And this novel coronavirus, that time, of course, it didn't even have a name. It hadn't been classified yet.

Lorna Richards: [00:04:47] Wow.

Heini Utunen: [00:04:47] So we started with nCoV, the novel coronavirus, work and everything had to be done from scratch. Of course, respiratory viruses like coronavirus, we know the basic measures, protective measures, transmission modes. All this is kind of a known information. But of course, a lot of science was not known. And it's to date the science is changing. But first, course we had ever launched on OpenWHO was the Middle East Respiratory Virus course in 2017. So, we had the MERS coronavirus course on the platform already. So, we did have some type of a precedent materials, but not exactly on COVID-19. And all this had to be done in a rush and under pressure. And when something like pandemic would be starting, of course, we knew that we need to produce learning on infection prevention and control, rapid diagnostic testing, laboratory sampling, risk communications, treatment, facility design, mass gatherings all across the areas of work. And to date we actually have 45 different COVID-19 topics

Lorna Richards: [00:06:00] Wow.

Heini Utunen: [00:06:00] On the platform, which tells the magnitude how diversified, different angles of technical, scientific knowledge there is to a pathogen like SARS-CoV-2.

Lorna Richards: [00:06:15] Wow. Yeah. So, preparing for this interview, I enrolled in a number of courses on OpenWHO.org and I have to say I wish I had known about it before. It is such an incredible resource and because you can count on it being reliable information. So, let's jump to that then. Could you please describe OpenWHO platform what it is in short, and how it supports the World Health Organization's mission to facilitate the transfer of public health knowledge?

Heini Utunen: [00:06:45] First and foremost, this is an open access platform accessible for low internet connectivity. The planning design was really to transfer WHO's scientific knowledge to most vulnerable populations, meaning in the Global South, even in contexts where you don't have Wi-Fi networks. And therefore, everything we have produced on the platform is accessible in multi channels, offline formats. It's really made easy to produce content but also easy to use the content. And much of our content is being used so that it's downloaded on site and used in the facility level and education in multiplied format outside the platform itself. So, it's packaging materials at ease-of-use formats to be able to also translate them into multiple languages. We soon have 70 different languages on the platform and that has been made possible because of the packaging and format of the materials. That is very much simple and easy to both produce and then to use.

Lorna Richards: [00:07:56] Wow. That's amazing. So, it's been going since 2017. Five years ago. What was the rationale behind launching it?

Heini Utunen: [00:08:07] OpenWHO was designed with the pandemic in anticipation. We knew that the pandemic is a question of when, not if. And everything

Lorna Richards: [00:08:18] Hmm.

Heini Utunen: [00:08:19] On the platform was ready so that it could be upscaled rapidly. In a couple of days, we could launch a course. And this actually happened with the COVID-19. It took us less than 12 days to produce the first novel coronavirus course on the platform. And it's because the materials are produced in the format that our team ourselves can produce, together with the science experts from WHO. And the pandemic readiness on the platform meant for us that also the platform use could be upscaled, meaning we went from some 100,000 users to soon 7 million users. So, this is a massive upscaling. Uptake has been really high in particular during the first six months of the pandemic during the spring/summer of 2020 in the Northern Hemisphere, the platform really got into a massive mode of use.

Lorna Richards: [00:09:17] So, then the people from your teamwork with the subject matter experts from the WHO to create the material? Is that how the courses are put together?

Heini Utunen: [00:09:29] Yes. So, it's always in a very close collaboration with WHO's technical teams. And we currently host more than 150 different topics. Out of them, 30 on different diseases and all the rest are on different matters. Related to clinical management, mass gatherings, mass casualties, different topics across the public health and health emergencies. But the imperative for us is that all the materials rely on WHO's technical guidance and standards, and that the technical team has always cleared and vetted the materials. And we work often in ways that we might take the technical guidance and then turn it into the learning intervention. So, we might produce proposals on the curriculum, content, design, formats, posters, cartoons, any products, and then the technical team adjusts and adapt so that it's reflective of the science and evidence behind the normative knowledge on the topic.

Lorna Richards: [00:10:32] Yeah. I mean, that's amazing that you managed to get that much information up so quickly for people. So, is it mostly consumed then in developing countries? Is that the major demographic of the people that are consuming the knowledge? And I guess even though you have 7 million enrollments, it's hard to say how many people are actually consuming it if in the facilities courses are being relayed to large audiences, is that how the information is passed along in these developing countries?

Heini Utunen: [00:11:04] That's exactly the use case. So, while we have the 7 million enrollments, we see that three out of four users are from low- and middle-income countries. So, 75% of our use is in the low- and middle-income countries, which makes it really a strong platform, in particular in the vulnerable contexts. And therefore, we have 15 different African languages translated, three languages from Myanmar, two Sri Lankan languages, and quite a variety and display of different localized versions of materials. And we have examined the use case across the world and for instance in Somalia it is exactly like you describe that central facility level staff will take the course, download it, and use it in the Wi-Fi connectivity where they have it, and then use the downloaded formats. For instance, for the COVID-19 vaccine rollout, this was the most common use case that our learners actually needed the original content so that they could adjust the cold chain instructions for Ghana or Mali. When the COVAX vaccines went out to the world, they could utilize and repurpose our course content into the national contexts. And this was the main kind of dissemination modality. Well thought,

simple, clear, also used in the plain language in a way that it's easy to absorb for anybody who needs to jump through the course and material like logisticians or engineers who are designing facilities. So, everybody needs to get the material in as simple format as possible without compromising the content. And there we put a lot of effort into the instructional design that it that best meets the learning needs of those who quickly need to absorb quite a significant amount of information that is very scientifically sound and vetted, but also quite complex. So, this was kind of a puzzle that we've been putting together for years now, and it's been expedited during the COVID-19 pandemic for so many topics, more than 45 topics now.

Lorna Richards: [00:13:14] I mean, it's amazing and so important. How are you handling that translation part? Can you explain the process of getting it translated into so many different languages?

Heini Utunen: [00:13:26] Now this has surprised us the most. This has been the biggest change in the way how we work. So, before the COVID-19, we used to produce translations for UN official languages. We had some Ebola resources for in Lingala language for one outbreak in Democratic Republic of Congo. But we didn't do mass scale translation. Now, what happened during the early phase of the pandemic was that we had dozens of health professionals across the world approaching us, asking, "Can I translate for you?" in Farsi, in Kanuri, in different languages across the world, in Tetum, different languages that even perhaps not all of us have always heard of those languages. And we had to repurpose our team. And the team was growing. So, we went from two staff to 20 and we had to really think how we do this translation management quickly within our own realm of work so that we can efficiently exchange materials with those who volunteered to translate. And over time, we've had more than 100 institutes, professionals, individuals, companies, volunteers to translate. So, we established a system where we have a file sharing system, and we have several colleagues who are actually working across this transfer of files and return of the files. But it's really been mainly crowdsourcing. So, individuals and institutes have come to us from across the world and translated from every continent. We have several languages and for instance, it was our Suriname country office that translated the materials into Dutch. So, now

Lorna Richards: [00:15:14] Well.

Heini Utunen: [00:15:14] Also in the Netherlands they could use the Dutch materials, which was so nice. I thought how the information and languages travel the world and serve the purpose and also use cases of diaspora living in other countries using the materials in a certain language. And this we now can see also with the current war in Ukraine how the Ukrainian materials actually are used across the world. But in the beginning of the COVID-19 pandemic, one of my first actions was to employ one or two members to this team to function as the language focal point for the UN languages. So Russian, Chinese, Arabic, French, Spanish, English and Portuguese, which is not the UN official language, but it's an official language in our African region and in our Pan American Health Organization's region. So, we actually have language abilities in the team, in learning production for all UN languages, and the same team went and produced courses in Armenian and in languages that we can't even read the alphabet. And then we had to really troubleshoot ourselves like, okay, what are the measurements of the translated materials? How can we rightly produce and publish a course when we don't actually even...? Of course, there are Google translators and all that, but of course this was then done together with the translators themselves. So, it's been a big global effort and a network that has really relied on this volunteerism and the spirit of solidarity in that our translators and institutes and country offices from across the world have come up and done a huge work in making their learning available, accessible in the languages so that the comprehension and learning can save and protect lives as it has protected people from COVID-19 transmissions and help them also protect others. So, I think this has been really amazing. We've never seen anything like this before and I don't think we will perhaps see anything like this again. It's been amazing.

Lorna Richards: [00:17:26] It's truly amazing. And to be able to translate the information into so many languages so people can consume the knowledge in their own language. I mean, what a massive feat to be able to do that. And the fact that groups were stepping up and doing this is so inspiring. So, in terms of impact, then how would you summarize the impact of OpenWHO.org?

Heini Utunen: [00:17:50] Our contribution to the learning in public health is that of equity. We believe that it's the cornerstone for any action that we take with learning materials and learning interventions to enable as many people as possible to access and utilize the materials and make it as easy as possible for the learner to join the

learning journey. And this has been our founding principle. It continues to be our really core value that anything we do has to somehow contribute to the access and equity. And we've been able to see the impact of this very well. We've increased the number of underrepresented learners like typically those learner groups that did not usually come to OpenWHO before, such as women, younger populations, older populations, those older than 70 years of age are currently more than 5% of our learners. Also, the fact that the low- and middle-income countries represent such a big number of our learners. Still the language of equity and also some interesting facts that we've noticed over the course of two years now, over the pandemic, is that when we actually take the population factor into account, the biggest use of OpenWHO is in the small islands. So, for instance,

Lorna Richards: [00:19:19] Wow.

Heini Utunen: [00:19:20] In the Island of Guam, 5% of the population has completed and taken our courses and the same in the Island of Niue. And actually, when population factor is calculated in, so, per capita use, OpenWHO is most popular on small islands that also were the longest COVID-19 free locations. In most cases it was only the foreign vessels and transport and trade that actually brought the COVID-19 to many of these islands. But the learning was very eager and enthusiastic, in particular in these very remote locations in the Pacific, Atlantic, even in the Mediterranean, in Malta. The learning is very high level compared to the other European Union countries.

Lorna Richards: [00:20:07] Yeah. Right. I mean, this idea of access and equity and being able to reach populations in remote locations such as the populations on these islands that you describe that are enrolling for the courses. So, this seems to be a model for how to distribute knowledge. So, in that case, what would be your advice to other organizations who also want to increase access and equity?

Heini Utunen: [00:20:34] I think everybody working in that emergency context needs to be acknowledging of the fact that populations at risk might not be the usual suspects using online learning like

Lorna Richards: [00:20:48] Yeah.

Heini Utunen: [00:20:48] We, perhaps many of us have been using for our own studies or our usual consumption of information. And in that regard, the design has to start really from like really from bottom up in a way that try and understand the use case in the lowest serviced location. And this could be the very ward in Central Asia that actually doesn't have any connectivity. And I think this is the responsibility of those of us who are actually in the national organizations or even national organizations try and make learning available. And this is fundamentally different to how perhaps we utilize learning ourselves. And in that I really think that the self-paced learning where you make materials available as knowledge nuggets, the knowledge component here has been really the key kind of material that we've been able to disseminate. We haven't been trying to change skills or attitudes, but those are the next level learning requirements that would come later. But we've really targeted the knowledge aspect which when disseminated real time, right time, right places for right audiences can save lives. And I think this is something that brings also the asynchronous self-paced learning into importance. And it's not only those learning formats where we are all together at the same time learning together in the peer groups, which are very important learning, dissemination, formats, and methodology is very important.

Heini Utunen: [00:22:26] But in situations like pandemic, when we all went alone home sitting in our studies and corners, kitchens and living rooms trying to figure out what happens next. This is when we saw so many learners enroll to the platform and when we ask in the login information, "What is your background?" We had janitors, stewardesses from flight companies, people who wanted to protect themselves and understand quickly, what do I need to do? How can I protect myself and those near and dear to me? And I think this has been really important for us to notice that there is a value on self-paced online learning in a massive open online courses that run at the preference of the learner themselves. The learner can choose how and when they join. What do they do in the platform. And with this the results are quite important in that half of our learners go out from the platform with the completion certificate with them. So, we have a very high completion rate. Half of the course enrollments are completed with successful creation of the certificate of attendance or record of achievement, which we think tells something about commitment that people have on online learning when it has to do with such an important lifesaving information and knowledge as ours has.

Lorna Richards: [00:23:50] Yes, I love that. And it is all about considering who the target audience is and considering the best way to get the knowledge to them. Because, as you say, access to Wi-Fi or technology, it can be a challenge. But you have proven here that it is not impossible to reach the most remote locations when you consider these challenges and then figure out how to overcome them. It's amazing. So, so, let's look ahead then. What do you see as the future for OpenWHO.org?

Heini Utunen: [00:24:24] So, for the future epidemics and next pandemics, which in the biggest likelihood are going to happen in our lifetime, we hope to be the convening body of knowledge and evidence in public health where we can produce content that can be used and utilized in multichannel format. Already, now we see that our learning resources are being used in Vietnam, Brazil, and other countries in the local channels, localized even further from our original content so that it at best works for the populations in need. For us, the challenge is to be where the learners are and provide even better formats and materials in that learners can utilize them in more diverse ways. And this is the discussion we have in the team. How do we prepare for the next pandemic now? Learning from this. And now we have a critical window of time when we can actually draw lessons learned from this experience, which has been very positive. And we see we have fulfilled the knowledge gap, the learning need in the world. But how does this inform the future epidemic, pandemic learning? And how do we actually transfer ourselves as a learning organization learning platform into something that even better responds to the learning needs of the people, health workers and populations? So, I think we are at the crossroads in that we have this very functioning model that works for now.

Heini Utunen: [00:25:59] But where will the users and use case be in five years time? Or when even when the next pandemic hits? And I think this is the challenge that we are facing. The fundamental values that we have will not change the access, equity lowering all possible barriers from accessing the learning. But we also need to revisit the way we provide and service the world. And how can we use this convening role so that we work more efficiently with institutes, science, domains, and all those who have to contribute to the learning and learning dissemination in the world. So, I think this is the time when we critically need to understand what happened in the past two years, and the pandemic still is not over. We are still writing it and trying to come to an end in one way or the other. But learning can actually expedite at best the outcome where the

pandemic can be fast declared over. But this is the time of reflection also for us to see where and in what partnerships and in what formats will we approach the next pandemic?

Lorna Richards: [00:27:07] Right and trusted information around the topic of pandemics is so important because there's so much misinformation out there. Recently, there have been lots of stories in the news about monkeypox, for example, and you can already see all the conspiracy theories circulating around it. So how do you stay on top of this misinformation and get people to access your site, which has trusted information directly from the experts?

Heini Utunen: [00:27:35] Yeah. This is a key question for us all. I think the health information literacy is something that we all have to start practicing, studying, and appreciating from early childhood. And this is not to say that one education system would be better than the other. No, I think it's in every context in which we have human beings operating. Being critical with the source of information and being able to translate the health information. Adjusted to my situation, the best is actually very important. And in that the media literacy also and critical eyes is very important. And us in WHO from the early pandemic we identified there is the other phenomena alongside with the pandemic, namely the Infodemic, where you have overload of information, you have controversial information, you have misinformation, engineered disinformation. How do the organizations of trust like the World Health Organization, actually produce and stay on top of attention so that our technical evidence-based knowledge and guidance is being reached and understood in the world? And this is a challenge to us ourselves. We need to work better in accessing populations at risk and any population who need information to protect themselves. The way we learn about health also in the formal curricula in workplace, how it's part of the occupational health and safety, all this might change quite drastically also as companies are coming out of the pandemic restrictions to also take care of the workforce.

Heini Utunen: [00:29:21] How do we not only help out clinicians and health workers, but also any workforce that now was impacted so badly? But monkeypox is no new disease. This is a very common known disease in the global south, very prevalent in several countries. The WHO actually has the research and development blueprint that provides the most pandemic prone diseases list, and the list currently has 11 or 12

diseases that include Ebola Crimean-Congo hemorrhagic fever, Lassa fever, Zika virus, Rift Valley Fever, Nipah virus and Marburg virus disease. So, there are a number of diseases. Of course, COVID-19 is on the list as well. Middle East Respiratory Syndrome, Syndrome coronavirus is on the list. And then there is the disease X, the unknown, novel pathogen that we've never seen before. That has an ability to grow into a globalized outbreak, a pandemic. And I think the R&D blueprint, this blueprint is the list that we are revisiting the whole time. Do we have enough resources for Marburg to be able to provide learning and information at the right time for the right populations? If and when a Marburg virus disease hits a country that don't have experience with the Marburg? Which could turn into a global pandemic. We are working alongside this R&D blueprint list of pandemic prone diseases. WHO is less worried of some epidemics and outbreaks, which can be contained more easily.

Heini Utunen: [00:31:06] But any new outbreak triggers a system response, which, in our case in WHO, there is the international health regulations under which the member states need to report the infectious disease outbreaks. And therefore, we have the central custodian role on receiving alerts and making the effort to protect the world's populations from the global threats. And therefore, WHO has the mandate to declare the public health emergency of international concern, which would be the stage of highest alert for any countries and regions and globally facing a risk of an epidemic outbreak event. And we are well prepared and there are systems in place, and I wouldn't be very worried of too many disease outbreaks, but it's important to stay alert and know how to protect oneself. The infection prevention and control measures are quite simple and easy with most diseases. And thankfully so many diseases are vaccine preventable, curable and within the treatment existing across the world. I think the biggest topic to solve in our world as our Director-General, Dr. Tedros says so often, that if there was solidarity in the world, had we solidarity in the way we treat the humankind, we also would be better protected from health emergencies such as epidemics and outbreaks. And I think this is the very truth that can be also evidenced by science.

Lorna Richards: [00:32:35] Yes. This idea of the Infodemic and engineered disinformation and in and of itself being such a battle

Lorna Richards: [00:32:43] Yeah.

Lorna Richards: [00:32:43] And that, I love that idea, that the WHO puts forward, that the one way to deal with pandemics effectively is through solidarity. It's absolutely amazing. And for anyone listening who wants more information about monkeypox, please visit OpenWHO.org where there are already courses on the platform. Correct?

Heini Utunen: [00:33:06] Yes, exactly. We have an introduction to monkeypox, which is just half an hour, 40 minutes, quick self-paced course. Then we have advanced course for those who need to know more and it's a little bit longer. This longer course provides all you need as health professional to quickly get the grasp of monkeypox.

Lorna Richards: [00:33:26] Heini I'm so glad that this exists. And now whenever I see anything in the news, I can head straight to OpenWHO.org so that I can get trusted information right away about health emergencies. And also, it's amazing that this information is being made available for literally everyone. What a way to build solidarity. So, to conclude today's episode, then, Heini, could you please summarize the three key aspects that you would like us to remember?

Heini Utunen: [00:33:53] So, for all professionals and actors in emergencies learning, I would encourage everyone to make the best effort to be first, fast, and frequent in providing known information about the situation in hand. Since this is what the populations the practitioners will need and being there, out, telling what we know. The sooner we can provide trust on the actions and also keep populations safe. The same applies for health emergencies, but for any type of emergencies, also natural disasters and others in which populations are at risk. Secondly, I think it's an important consideration for everyone in learning dissemination to always try and remove all possible barriers, whether it was access, or language, format, channels. And this is our responsibility to think through really well and from the learners and users perspective and putting ourselves into their situations where it's not at the same ease as it's for me just now working in my 5G network. And thirdly, for everyone who is in the position of providing trusted information from any organization in emergency response. We have to take the responsibility to be there for those who need our information. And when we do our work well, this knowledge can actually save lives.

Lorna Richards: [00:35:37] Wow. Listen, thank you so much. Heini, it has been my honor to talk with you today. This is such important work. OpenWHO.org is such an incredible resource. Thank you so much for talking with us today.

Heini Utunen: [00:35:58] Many thanks and join us online.

Lorna Richards: [00:36:02] And thanks to you for listening to openSAP Invites Thought Leaders with Heini Utunen and thanks to all who contributed to creating this podcast. If you have enjoyed this episode, please share rate, and leave a review and be sure to check out openSAP's free learning portfolio of massive open online courses, microlearning videos and podcasts on openSAP.com. And don't miss your next invite. Subscribe now.

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