

AFRICAN HEALTH SYSTEMS

HEALTH ORGANIZATIONS

CONSTITUENTS

HEALTH OER NETWORK MGMT

EDUCATIONAL INSTITUTIONS

GOVERNMENT (e.g. Ministries of Health)

HEALTH FACILITIES

HEALTH STUDENTS

PATIENTS

PUBLIC

Visible & accessible engagement process for creating, using & discussing health OER

Collection of high-quality African-produced OER representing diverse health disciplines

Visible & used portfolio of health OER that augments & highlights institutional/global repositories

Preliminary model for cross-institutional collaboration model for OER production

Increased awareness of OER

Increased access to & use of OER

Community of trained health OER creators & users

Local development & sharing of contextually appropriate OER

New connections across institutions for sharing health knowledge

Nascent awareness of OER through consent process for clinical recordings

Verified model for cross-institutional collaboration in OER

Quality reviews of existing OER

Adaptation of existing OER for new context & audiences

New institutions contributing content

New distribution outlets and delivery methods for OER

Re-examination of curricula & teaching styles

Creation of enabling policies for OER use & production

Increased institutional support for OER

Adaptation of existing OER for new context & audiences

Increased awareness of OER

Increased access to & use of OER

Increased governmental support for OER

Increased awareness of OER

Increased access to & use of OER

Integration of OER with existing professional associations and nonprofit organizations

Increased awareness of OER

Increased access to & use of OER

Increased interaction with learning materials

Improved learning outcomes

Increased awareness of OER through consent process for clinical recordings

Updated collection of OER with additional health disciplines

Increased geographic distribution of health OER creators and users

Aggregation of health OER intended for the general public

Complete courses and programs developed and offered using OER

Existing health education networks integrate OER into their structures and processes

Decreased faculty time on materials development

Access to more educational materials for less

Access to more contextually appropriate teaching materials

Increased standardization of health curricula across institutions

Policy integration of OER with some grants, contracts, and other funding opportunities for health education

Increased quality of training for health practitioners

Access to more educational materials for less

Access to more contextually appropriate learning materials

Increased satisfaction with encounters with health practitioners

Increased access to health knowledge

Comprehensive, open, health sciences curricula

Increased numbers and competencies of health sci. graduates

Instructors have necessary resources for instruction

Conscious acceptance of open licenses into policy and funding decisions for health education

Increased performance of health practitioners

Health practitioners have necessary skills to treat patients

Increased competencies in field of expertise

Students have necessary resources for instruction

Improved patient outcomes

Patients receive necessary care

Improved personal health

Continent-wide engagement with health educators, students, practitioners, and organizations

Edu. institutions are able to accommodate enough students to meet sector demands

Norm of widespread sharing of knowledge among government agencies, public universities, and healthcare facilities

Health practitioners have comprehensive and up-to-date knowledge

Students have comprehensive and up-to-date knowledge

Patients in need have access to appropriate medical care

Public has access to basic health knowledge (e.g. sanitation, HIV/AIDS prevention)

Short-term
3 Years
March 2012

Intermediate
3 - 5 Years
2012-2014

Intermediate
5 - 10 Years
2014-2019

Long-Term
10 - 15 Years
2019-2024

Ultimate