The Economic Development Institute (EDI) of the World Bank sponsored a core course on health sector reform and sustainable financing, held in Washington, D.C., in October/November 1997. The month-long course consisted of eight separate week-long modules. The course's 78 participants included mid-career and senior program managers involved in their countries' health sector reform efforts and World Bank staff. Many different teaching and learning methods were used throughout the course, including distance learning, the case-method of learning, applied software and the use of internationally known experts.

Both formative and summative evaluations were conducted for the eight modules and the overall course. Various methods were used in these evaluations. Formative evaluations consisted of using continuing and open-ended feedback procedures to provide information to the course planners that allowed them to make adjustments in individual modules and for the overall course. The summative evaluation methods included specialized and standardized End-of-Module (EOM) and End-of-Course (EOC) questionnaires. It also used a pre/post design to administer a set of cognitively based questions to estimate the effects of the distance learning method used in Module 1. Following are some of the major evaluation findings:

- Results from the evaluation show an overall high approval rating by participants with a number of areas and items emerging as specific strengths and weaknesses. Results also showed a great deal of openness and flexibility on the part of the course organizers to utilize feedback and make mid-course corrections. A vast majority of participants viewed many aspects of the course favorably. These included support activities, course content and preparation, and the amount they learned from their participation in the month-long program. There was significant variation among modules on the degree of positive reaction by participants, and significant variation among various items.

- In-course feedback opportunities were built into the program and appear to have been used effectively by staff to make mid-course corrections. A strong example of this interest in course quality and willingness to make changes can be seen in Module 6. Two sessions of this module were offered in successive weeks. Results from the first week’s experience were used to make changes in the second week's program. The results showed an overall increase in effectiveness across groups and items.

- Pre/post self assessments of how much participants learned in each module showed very large increases. However, Module 1 utilized a limited set of cognitive-based questions to measure the degree of “learning” in a more objective manner. Results from this limited test show that much less may have been learned than suggested by the pre/post self assessments.
There were some important differences between subgroups. Results from the study were broken down by two major subgroups: 1.) Participants with and without certificates/degrees in economics; and, 2.) Participants with 10 years or less and more than 10 years work experience in the healthcare field. The greatest differences appeared between those with and without training in economics. The differences between those with and without training in economics appear to be related to the subject content and technical difficulty of the modules’ materials.

The most common complaint by participants related to the amount of daily preparation required, especially the amount of required reading during the evening, and the feeling that the time allowed for preparation was inadequate. Participants also felt that many of the examples used during modules did not relate adequately to their national situations. Despite these perceived shortcomings, participants felt that the course provided solid technical training in healthcare reform, presented by competent experts, and the experience was highly effective in meeting their needs and requirements.

There were several limiting factors in the evaluation. This was the result of attempting to apply a complex evaluation in an applied setting. These limitations, while unavoidable, should be considered when interpreting the results of the evaluation. Limitations included measurement of initial and immediate effects of the training; the inability to link results from different modules because of the lack of personal identifier; the use of impressionistic measures of knowledge achievement; a possibly invalid measurement scale; and the presence of confounding factors in the application of the touch pad session used to administer cognitively based questions for measuring learning.