

## IAPB VISION 2020 Workshops

ROP Europe: 2014

Report



Funded by:

Shreveport Sees Russia

Ophthalmic Aid to Eastern Europe (OAEE)

**Purpose:** The VISION 2020 workshops are to support Ministries of Health, IAPB members and their partners to achieve 'Universal Eye Health' through the implementation of the WHO Global Action Plan (GAP) for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019.

In Europe IAPB's focus is on ROP and DR. Thanks to the support of Shreveport Sees Russia (SSR) and Ophthalmic Aid to Eastern Europe (OAE) an exciting ROP programme is being delivered by IAPB across Russia and parts of Eastern Europe.

**Activities and achievements:**

During 2014, two workshops were held in Russia and Hungary, one preliminary assessment visit was made to Poland and an ROP course sponsored at the annual South East European Ophthalmological Societies congress.

The **Black Sea regional workshop**, June 12<sup>th</sup>- 13<sup>th</sup>, was a follow up to the 2013 ROP course held at the Black Sea Ophthalmological Society meeting where Prof Clare Gilbert ran a course on ROP. It was during this course that a regional ROP workshop was identified as a way to bring together the neonatal nurses, ophthalmologists and neonatologists from each NICU (Neonatal Intensive Care Unit) to look at how to improve their national policies and guidelines for ROP screening and treatment. This then led to a workshop for NICU teams from the 6 countries in Budapest in 2014. It was a very stimulating workshop with 23 ophthalmologists, 20 neonatologists, and 10 nurses from 6 countries and representing 13 NICUs from Moldova, Romania, Bulgaria, Georgia, Turkey and Ukraine.

The main purpose of this workshop was to get the whole team involved in infant care thinking about their national and/or regional ROP programme together and to identify ways to improve and strengthen it together.

During the workshop the nurses were initially reticent but by the end their contribution was notable. Dr Shad Husain, neonatologist, noted that there was a gradual moving of perspective among the neonatologist group towards the recognition of the role of nurses and the need to develop and delegate responsibilities to nurses. It was evidently key having a nurse, Julie Flanagan, there to demonstrate firsthand what a senior nurse's role can, and should, be and the importance of empowering nurses. It can be said that this workshop was the first time that all three cadres had been working together on their ROP programme and that nurses have been able to provide vital input into how these are developed. This will be an important turning point as each team go back and begin to take their recommendations further as they look at their own ROP management.

By having people from different countries working together provided a forum for inter country support and several connections were made as some countries, notably Turkey, had more developed training programmes and wanted to help other countries. By the end of the two days Moldova had already arranged to send a team to Turkey for further training. Initiatives like this show how IAPB support can be the key to developing long term and sustainable links between countries in the region. We anticipate several other training exchanges and observerships will arise from this workshop and it is clear that Turkey is both able and keen to provide support to other countries at minimal cost. This will make a huge difference to some of the less developed countries like Moldova, Romania and Georgia.

It was recognized that there was very little data on ROP and that surveys were required to assess the level of blindness from ROP. Prof Clare Gilbert introduced a proven methodology for blind schools surveys and offered to support anybody who wished to carry out a survey. By the end of

the meeting point people were identified from each country and they will each receive a copy of the CD with the methodology. The next step will be then to provide on line support through skype to each person to ensure that can use the methodology correctly.

During the workshop the UK ROP guidelines were referred to, specifically the parent information leaflets. Some countries had developed something similar but all the nurses were keen to have it translated into their own languages to guide them when liaising with patents. Permission has been secured from the RCO and RCPCH who published the original guidelines. These have now been translated into each respective language and have been published as pdf documents available electronically to download and print.

This workshop also provided an excellent opportunity to build up new faculty to lead future ROP workshops in the region. Dr Erika Maka is a vital part of this, a pediatric ophthalmologist from the Semmelweis Institute which hosted the workshop. Erika stood in for Professor Nemeth who was unable to attend part of the workshop and she also leads the ROP telemedicine project for the institute. Erika is a highly competent individual, who has the expertise and personality to become a future leader. During the workshop Erika had the opportunity to listen to and work alongside Professor Gilbert and Graham Quinn which gave her a valuable insight into how these ROP workshops can be delivered. Erika will be taking a leading role in the Romania workshop which will be next year.

The final report is completed and states a series of recommendations made for each country. Already several have been identified and actions taken.

- National ROP workshop, Bucharest, Romania – scheduled for March 2015
- Moldovan team to train in Turkey – dates still to be determined but contact has been made and the training under discussion.
- Train up point people for blind school surveys – already CDs with methodology have been sent out and Romania and Bulgaria have started data collection.
- Secure a laser and training for Georgia. A laser has been identified and once it has been received two or three ophthalmologists from Georgia will travel to Moscow to train with Dr Astasheva. Dr Astasheva was supported to train with LVPEI in 2013 and is now able to provide ROP training to others in the region.

The **Russia ROP workshop**, 19<sup>th</sup> – 20<sup>th</sup> June 2014, was a result of 3 years work by SSR to support the Russian Ministry of Health in developing their national ROP programme through sponsorship of international speakers at conferences and ROP seminars. This preliminary work was essential to build up the relationship and to get permission to hold a workshop style meeting as opposed to a more formal conference. The workshop was a regional one for Altay region of Siberia and was the first time that the participants had experienced an interactive workshop with group work and participant input.

There were a number of outcomes from this workshop, one interesting one being that the senior ophthalmologist said she now knew what a workshop actually meant and how grateful she was for the team demonstrating this to her. It is hoped that this will be the start of a more interactive type of meeting for the eye health sector in Russia. It has long been recognized that to have a ROP programme that is effective you need to involve all those who care for the infant at the critical stage – the neonatal nurses, neonatologists and ophthalmologists – involved in the planning and decision making. This is often a huge step in countries where decision making is not usually participative and nurses are unlikely to be involved in the decision making of infant care, particularly when it comes to making policies and guidelines.

Professor Gilbert noted many changes since 2009. In 2011 that 49 RetCams, which are used to take images of the retina (almost \$100,000 each), and 49 lasers had been purchased for the different regions. At one of the meetings a couple of years ago Professor Gilbert gave a talk on the importance of national guidelines for ROP programmes and last month we heard that a group of experts had been convened and national guidelines are now in place. In the past Professor Gilbert gave presentations on the importance of policy, particularly in relation to preventing ROP through improving the care of preterm infants, and Professor Brian Darlow, a neonatologist from New Zealand, has given talks on the importance of the first “golden hour” after birth. Again, at this workshop Professor Katargina explained that the Ministry of Health plans to establish 52 more neonatal intensive care units across the country and that each will have equipment for diagnosing and treating the ROP. Although there are undoubtedly many factors involved we can be confident that the support of SSR and exposure to work from other countries has allowed Russia access to valuable information and expertise as they develop their ROP programme.

In general the team felt that since the beginning when SSR supported speakers at seminars the treatment and screening for ROP in Russia has progressed greatly with the focus now being on increasing ROP coverage, improving neonatal care to reduce ROP blindness. There is now a deeper understanding and a higher level of interest than when SSR began to support activities in Russia.

A final report has been completed and sent to the Ministry of Health representative in Russia for approval. This report contains a series of recommendations.

Since the report was circulated communication has been received from Professor Katargina requesting a similar workshop in the city of Ekaterinburg. Discussions are underway to arrange this, potentially for 2016.

The **Poland** visits (June 6<sup>th</sup> – 9<sup>th</sup>) were an initial assessment visit to determine the ROP situation in country and what support might be needed to strengthen their national ROP programme. This trip involved sponsoring two international faculty – an ophthalmologist and neonatologist to speak at the national congress of ophthalmologists in Lodz. Also during this trip meetings were held with key ROP paediatric ophthalmologists and visits to several Neonatal Intensive Care Units (NICUs). This trip gave Graham Quinn and Brian Darlow an opportunity to understand the ROP situation and challenges in Poland and to make contacts that could be used in the future.

IAPB supported a ROP course to be given at the **South East European Ophthalmological Societies** (SEEOS) annual meeting. This was held in Bucarest, 1-4<sup>th</sup> October with the ROP course held on the 1<sup>st</sup> October. Dr Erika Maka, who had been part of the faculty at the Black Sea workshop, led the course along with Dr Nitelescu from Romania. Dr Nitelescu is the lead organiser for the 2015 Romanian ROP workshop and has been instrumental in engaging with the neonatology societies and leaders in Romanian. The course also demonstrated Erika’s research around telemedicine for ROP and the programme she runs in Hungary, this is a model that could potentially be replicated elsewhere in the region. A number of contacts were made from attending the conference and from the ROP course, these will be important in the future when the programme looks to expand to countries in this region, possibly taking 2-3 countries together who have commonalities and who also naturally draw to each other for support.

### **2015 Plans:**

**Romanian workshop** – To be held in March. A one day workshop for NICU teams, similar to the one held in Budapest. Faculty has been identified and invitation letters sent out. This workshop is

focused on bringing together the neonatologists with the ophthalmologists to look at one of the main challenges which is getting infants referred to an ophthalmologist in time. Many infants are currently being referred too late with critical ROP which could have been treated successfully if seen earlier.

**Georgian training** – In the Budapest workshop it emerged that the situation in Georgia is untenable, with very few ophthalmologists doing all the screening and treatment and that the only treatment available are Avastin injections. There are no lasers for ROP treatment. The priority was to secure a laser and training on its use. To date two lasers have been identified and it is anticipated that one will be received in early 2015. Once it is in place there are funds set aside to support the training of 2-3 ophthalmologists to go to Moscow to train with Dr Astasheva.

**Moldovan training-** Following the Budapest workshop the Moldovan team made links with Turkey to discuss possible training in the future. Funds were secured from OAAE to support this but due to ill health this had to be postponed. It is hoped that this will be an activity for 2015.