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Retinopathy of prematurity in Iraq

A workshop at Ibn Al-Haitham Hospital for eye diseases

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At Ibn Al-Haitham Hospital for Eye diseases, Department of CME in the human resources training and development centre has held a scientific session on 7th April 2015 to discuss the evolving problem of retinopathy of prematurity. Many ophthalmologists, gynecologists, neonatologists and CME coordinators from Rasafa, Karkh, and Medical city health directorates have attended this session. The drive for holding this meeting was to discuss the imression of having many cases of loss of vision due to retinopathy of prematurity.

Risk factors for having this problem are premature delivery before 32 weeks of gestation and body weight of less than 1500 g. High oxygen delivery in incubators, breathing problems, intracranial hemorrhage and anemia are also other known risk factors.

Retina is the only organ that has no blood vessels till the 6th week of gestation. Retina of the premature baby is not fully developed. Giving them high O2 tension for a long period will lead to vasoconstriction due to decrease vascular endothelial growth factor. The continuous growth of the eye amid low O2 tension in its periphery will lead neovascularization in this area which extended into the vitreous leading to retinal detachment and dreadful loss of vision.

Attendees have discussed this problem, its raising incidence and the potential causes for its occurrence. They agreed on a plan to increase the awareness of the problem, its early detection and its proper treatment. The participants have made a round to see some of the diagnosed and registered cases of premature retinopathy and also to see the RetCam; The imaging system to screen for retinopathy of prematurity.

At the end of this workshop the participants have come up with many recommendations:

1. Starting educational programmes for the community about the danger of this disease on their children.

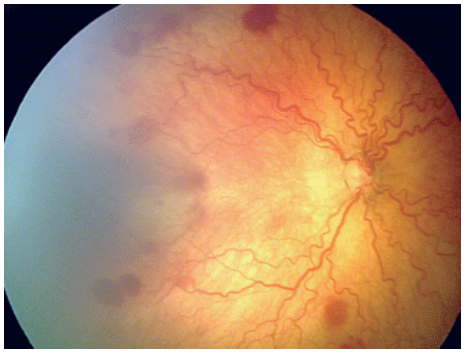

Figure 1: Retinopathy of prematurity

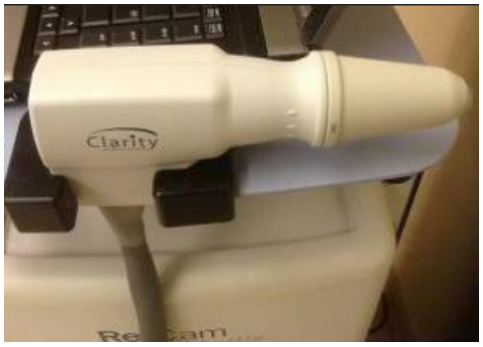

Figure 1: RetCam Imaging System

2. Enhance the awareness of the health care givers working in neonate and obstetric department about this disease and the risk factors for its development.
3. Design a referral quidelines for neonatal departmnets to refer each premature baby to the ophthalmologist within 4 weeks for screening and early detection of the disease.
4. Conducting a nationwide study to identify the scope of this problem in Iraq and to recruit resources for its prevention and provision of proper treatment as soon as possible.

These recommendation were aproved by the neonatology and ophthalmology supreem consultatary commiitees at Ministry of Health in Iraq.

Strengthening education and research in medical and health sciences in Iraq

A national workshop in Al-Sulaimaniya

Abdul-Sahib H. Abdul-Kareem

Ministry of Health and Ministry of Higher Education and scientific research in Iraq in collaboration with WHO and the European Union have organized a four- day national workshop in Sulaimania, Iraq from 5th-8th May 2015. The workshop was held to address how to strengthen education and research in medical and health sciences.

Many sessions have been hold to discuss many topics: curriculum, assessment of undergraduate students, continuous medical education (CME) and medical research. Participants, who were from ministry of health and ministry of higher education and scientific research, have been divided into four groups to discuss in details these topics and to come up with their recommendations. Experts from WHO have facilitated these discussions, and talked about their views and experience.

Current situation of Health Education and medical system in Iraq are facing many challenges. On analyzing this situation participants have raised many points and put a road map to overcome them.

Here we can summarise some of these challenges:

The 1st group is assessment challenges :

- The admission system to the medical colleges is not comprehensive and depends on few criteria such as grades at secondary-schools and unstructured interview.
- Many medical colleges lack a policy for student assessment, which is not strongly aligned with learning objectives and graduate competencies.
- Most of our colleges are still using assessment methods of low validity and reliability such as true/false MCQs and long essays.
- Lack of assessment bank for administering high quality tests.

The 2nd group is curriculum challenges:

- Curricula of medical colleges, in most of the time have failed to respond to the community needs.
- The shift from traditional approach to a need based approach, requires a fundamental change in the role and commitment of educators, planners and policy makers.
- The need to promote and develop the faculty members of the medical colleges especially when it comes to adopting the need based approach.
- Curriculum development should be the mission statements of medical colleges, but in most of our colleges is not present or it do not generally guide curriculum design, implementation and development.
- Lack of governance, social accountability and accreditation for our medical colleges from a third independent party. (Although many colleges nowadays are starting a process of accreditation nowdays, but the heavy brain drain of some faculty members have hindered this process remarkably.)

Senior Deputy Minister of Health addressing the audience

The 3rd group is CME challenges are:

- Lack of accriditation to the CME accriditation.
- Poor coordination among health institute, medical educational bodies, health professional syndicates, and scientific societies.
- Lack of compulsatory CME activities for health care givers.

The 4th is research challenges:

- Lack of research culture with poor allocated resources.
- Poor training of researchers in research methodology with lacking of collaboration between researchers and end users in the health system with low production of research.
- Poor utilization of research for policy modifications and improving patient care and health services.

The attendance have put a road map for the future working to Strength partnership between MOH and MoHER. This map is planned on a time table as follows:

Short term – within 6 months:

1. Establish a supreme committee for strengthening ME and research where both ministries are effectively represented.
2. Develop a strategic plan for modernizing medical education and research by the two ministries supported by WHO.
3. Management and leadership development capacity building for university middle and senior management

Medium term – 3 years:

Reviewing quality assurance of educational process and establishment of an Iraqi General Medical Council - equivalent body.

Longer term – 5-10 years:

- WHO will support the Quality Assurance of medical education through an expert assessment of the Iraqi Institutional arrangements .
- Establishing a deanery forum that should meet on a regular bases to work on development agenda.
- Connecting medical education and health services through stronger MoH-MoHESR partnership.
- Development of the faculty of the Medical colleges and continuous professional development for all health providers
- WHO will Provide support to the universities in the field of information .