

ROP Screening Programme: Need For Sustainable Management Practices and Institutional Advocacy

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To ensure sustainable practices in the screening and management of retinopathy of prematurity (ROP), it is imperative to have institutional advocacy, as well as the development of human resources, national and international collaboration, and networking among paediatrics (NICU) and ophthalmology teams. Tertiary Referral Centres in Pakistan are now at the forefront of the efforts against retinopathy of prematurity (ROP) and associated morbidities. In Pakistan, organized efforts to implement the ROP screening program were made in different institutions nationwide with the help of national and international non-government organizations since 2013. In Mayo Hospital Lahore, a tertiary care hospital affiliated with King Edward Medical University (KEMU), the ROP screening and management program was initiated with the collaboration of the College of Ophthalmology & Allied Visual Sciences (COAVS, KEMU) and the Fred Hollows Foundation (2014-16), afterward, COAVS enabled the acquisition of the program, while Pakistan Retinopathy of Prematurity Educational & Research Alliance (PROPERA) became the spearhead of an ROP screening program since 2014 to build human resource and infrastructure in Pakistan. PROPERA established a network of partner hospitals across the country, harnessing the emerging epidemic of preventable, irreversible blindness in premature babies.

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Recently, an ROP audit from different healthcare institutions in Pakistan was presented at the Lahore Ophthalmology International Conference (8th -10th Dec 2023). The participants highlighted that ROP-associated blindness has now spread rapidly into large parts of the country due to improved newborn care facilities. With improvement and augmentation in neonatal services, more preterm newborns are surviving. These neonates are at higher risk of ROP, a Vaso-proliferative retinal disease and potentially blinding disorder.¹

In this conference, a way forward for the ROP program in terms of capacity building and sustainability of the program was discussed. The participants favoured the adaptation of public-private partnerships and voiced for the collaboration with the government, non-government, and private service providers to utilize available skilled resources and building of a well-designed need-based network to align the ROP services in Pakistan with other ongoing ROP programs in low-income countries.^{2,3}

In the Audit, an analysis of the reasons for attrition to complete ROP screening was presented, by the COAVS-ROP team in which a significant reduction in the rate of follow-up of babies for ROP screening was reported over eight years since the initiation of the screening program.

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Vinekar et al⁴ related the decline in the rate of follow-up to the lack of public awareness and 'paediatricians' not emphasizing the need for follow-up' in their cohort.

Similarly, Team COAVS-ROP identified the reduction in the follow-up in their cohort but, owing this attrition to the shortfall of advocacy within the institution emphasizing the need to address this modifiable issue for the durability of the project. The COAVS-ROP team deemed that identifying key players and their roles and responsibilities can improve coordination at the institutional level to strengthen ROP services.

There is a need to organize frequent multidisciplinary meetings, and workshops, highlighting the necessity of assembling an exclusive ROP team and efforts should be made to align the host institutional policies with the ROP program guidelines. The feasibility of the ROP screening project can only be guaranteed when the program is integrated into the existing organizational system. To ensure the implementation of mentor institutional policies e.g., ROP management team duty rosters, and transfer of the trained staff i.e., Postgraduate students and fellows, nursing and paramedic staff, need careful consideration. Unless the objectives and operating rules of the host institution are not in line with those of the program, the successful implementation of the screening program is difficult to perpetuate.⁵

The teams from other institutions highlighted the fact that The ROP program's sustainability was facing budgetary constraints. Unstable funding sources call for help to engage government, non-government, and other sources for funding acquisition. This financial instability makes the program vulnerable, as certain institutions may not continue activities after funding ends. In

summary, to ensure long-term success, a strong interdepartmental and intradepartmental liaison is needed to bridge gaps between host institutional SOPs and ROP guidelines.

To make the program more resilient, strong, and sustained financial support is imperative. Improved coordination between the government, mentor institutes, and all other stakeholders with a focus on adequate capacity building and infrastructure development is the only way forward to achieving the sustainability of the program.

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