Bridging the Gap in Neonatal Care – The East-European Perspective


With participants from Perinatology projects of Romania, Moldova and Ukraine

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Perinatal projects in Moldova, Romanian and Ukraine:

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Disclaimer

The views and ideas expressed herein are those of the author(s) and do not necessarily imply or reflect the opinion of the Agency.
Abbreviations

ESPNIC European Society of Paediatric and Neonatal Intensive Care
EU European Union
ESPR European Society of Paediatric Research
PCC Paediatric Critical Care
SCIH Swiss Centre for International Health
SDC Swiss Agency for Development and Cooperation
STI Swiss Tropical Institute

Participants to the congress invited by SDC:

Moldova  Dr. Ana Buza (Chisinau)
         Dr. Ala Curteanu (Chisinau)
         Prof. Petru Stratulat (Chisinau)

Romania Dr. Manuela Cucerea (Tirgu-Mures)
         Ms. Elena Dumitrescu* (Sibiu)
         Dr. Livia Ognean* (Sibiu)
         Dr. Adrian Toma (Giulesti, Bucharest)
         Dr. Maria Stamatin (Iasi)
         Dr. Silvia Stoicescu (Bucharest)
         Dr. Gabriela Zaharie* (Cluj)

SCIH    Dr. Lucas Opitz (consultant from Nice, France)
         Ms. Joëlle Schwarz (project associate)
         Dr. Manfred Zahorka (project leader)

Ukraine Dr. Oksana Chopko (Lutsk)
         Prof. Dmytro Dobryansky (Lviv)
         Dr. Andrey Solodarenko (Kyiv)
         Dr. Zoya Tsikhon’ (Ivano-Frankivsk)

* received an educational grant and presented a poster at the Congress
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Executive Summary

On June 24 – 28 2007 took place in Geneva the 5th World Congress on Paediatric Critical Care (PCC). For this occasion, the Swiss Centre for International Health (SCIH) invited participants from Ukraine, Romania and Moldova where it has ongoing projects financed by the Swiss Agency for Development and Cooperation (SDC). In total, 14 people were invited (3 received educational grants from the Congress and had poster presentations) and participated in the Congress.

For the SCIH, one of the aims of this Congress was the network-building for its participants. The PCC was indeed an opportunity to meet partners from neighbouring projects all funded by SDC, as well as experts from Europe and around the world and follow the discussion on the top issues in critical care. Furthermore, the Congress was an ideal place to explore possibilities for establishing partnerships with international experts and neonatal/paediatric centres, and to discuss ways and options of how to bridge the gap in neonatal care in Eastern and Western Europe and accelerate the improvement of quality of care.

The role of SCIH was to facilitate those contacts by organising various events where the participants could present their working contexts and discuss with the participants some ways forward to “bridge the gap in neonatal care”. A 90 minute Symposium chaired by international experts and representatives of professional societies was organised on the first day where participants from Romania, Moldova and Ukraine respectively gave a presentation on the country perinatology situation and their experience with collaboration. The session was followed by an aperitif to continue the discussion in an informal atmosphere. Throughout the week the SCIH organisers discussed with the same team their experience during the Congress and their views on ways forward to bridge the gap in neonatal care, some ideas on how the collaboration could be enhanced, some goals to be set for the up-coming years. The results of these elaborations were presented and further discussed during a wrap-up lunch session on Wednesday.

Throughout the Congress, the participants were able to exchange with international experts issues of clinical methodologies and technologies, but also relating to different views and mentalities towards ethical issues, demand of transparency and objectivity, quality assurance constrains, etc. The programme of the congress had a large frame of topics each day including therapeutical issues as well as organisational matters, ethical concerns and international child health amongst others.

The meeting showed that there is a high need for collaboration and exchange. However, due to the limited participation in international forums of colleagues from East European countries (frequently due to financial constraints) there is little awareness of European and International professional societies of the needs of countries with resource constraints and of alternative exchange platforms. Additionally the partial weakness of national professional societies in Eastern Europe and their limited role in setting standards, controlling quality of care and policy work reduce their international visibility and limit their role in international exchange. The interest of European professional societies to open up towards the East and the willingness to create European quality standards and standardised
training curricula may open a new window of opportunity for increased networking and integration of Eastern European professional societies. Some key areas where East – West collaboration in Neonatology/Paediatrics and Intensive Care could be strengthened are:

- Information sharing within country and between neighbours (conferences, round tables, etc.)
- Strengthening national professional associations
- International partnerships (joint research – participate in research networks; capacity building and training; benchmarking, institutional partnerships
- Participate in European network ESPNIC, ESPR (curriculum development; research collaborations)
- Sharing guidelines and protocols, cooperation in development and implementation
- Use of ICT for communication, consultation and research (i-path; IT based monitoring of pregnant women – database on pregnant women of the region)
- Physical participation in European, World professional events (possibility of physically meeting people as a precondition for networking)

The meeting underlined the need for motivated and really engaged people for networking. It recognized the constraints posed to networking by the individual workloads of professionals. However, networks function through its people and function through the engagement and interest of individuals.
Introduction and Aims

In spite of the ongoing health sector reform projects started in many countries of Central and Eastern Europe in the mid 90s, there is still a considerable knowledge and experience gap in the perinatology field. Strong hierarchical health care delivery systems, a lack of continuous medical education (CME), limited access to international research and professional exchange platforms, limited availability of international literature, low knowledge on evidence based procedures, a weak if existing system of professional associations are some of the influencing factors.

The Swiss Centre for International Health (SCIH) has been working in SDC funded projects supporting the health sector reform efforts in the area of Maternal and Child Health of Eastern European countries since the late 90s. Clinical and managerial capacity building, continuous training efforts, evidence based medicine and improving service quality in general are key areas in these interventions. Professional networking on a national and international level through the exchange of experts and via IT based platforms are models used to modernise current practices.

Being interested in international collaboration of Paediatric experts, the organisers of the 5th World Congress on Paediatric Critical Care (PCC 2007 from 24 to 28 June 2007 in the Palexpo building in Geneva) provided in their programme a forum for the discussion of different approaches in international settings. Within this framework, the SCIH in collaboration the team around Prof. Michel Berner (Neonatology and Intensive Care, HUG Geneva: Congress organisers) and funded by the Swiss Agency for Development and Cooperation (SDC) organised a symposium on “Bridging the Gap in Neonatal Care – The East-European Perspective” as part of the congress program. The PCC Congress was seen as an opportunity to bring together peers from Moldova, Romanian and Ukraine that are working in health contexts that are similar – due to historic background and health situations – and yet different – due to local characteristics. Representatives from 3 SDC funded perinatal projects in Moldova, Romania and Ukraine and heads of national professional associations were therefore invited to participate in the Congress, share their experiences, their lessons learnt and discuss ideas on how to best bridge the gap in neonatal care between East and West. Bringing those people together aimed on one hand at promoting exchanges of ideas on how to enhance collaboration between those similar countries and on the other hand at giving them the opportunity to exchange with the international scene and thereby aiming at East-West collaborations.

Through the large number of topics and presentations held each day (pulmonary, cardiovascular, sepsis, metabolism and endocrinology, neurology, organization and emergency, nursing care, nursing innovations, ethics, international child health, anaesthesia/analgesia) the Congress provided a platform for exchange and discussion on West European and Anglo-American medical standards at the level of methodologies and technologies, different professional mentalities, ethical questions and the demand for transparency and objectivity.

The aim was also to give the invited participants the opportunity to enhance:

- collaboration in education and training (doctors and nurses, teachers and
trainers, curricula, guidelines, standards, quality indicators, etc.);
- collaboration in research (joint research projects, common research protocols, exchange of researchers, help in infrastructure, health technology assessment, etc.);
- exchange platforms (telem medicine, professional networks, national and international conferences, collaboration of professional societies, etc.)
- partnerships (hospital partnerships, research partnerships, stewardships, mentoring systems, etc.)

Organisational set-up

During this Congress, the SCIH organised as part of the official programme various events where the participants from Moldova, Romania and Ukraine could present their working contexts, their international collaboration experiences and their views on ways forward to bridge the gap in neonatal care:

- A 90 minute Symposium was organised on the first day of the Congress, with the title “Collaboration between East and West: Bridging the Gap in Neonatal Care”. The meeting was followed by an aperitif to provide an opportunity to more informal discussions
- The participants from Ukraine, Romania and Moldova were invited to the Congress dinner held at the shores of Lake Leman, in Geneva to meet professionals they would like to talk to.
- On the last day of the Congress, a lunch session was organised, as a wrap-up of experiences of the Congress and an assessment of ways forward
- Throughout the Congress, the SCIH had a meeting point set up, where the participants could meet during breaks, invite people for discussions, present the projects, make available some flyers, contact addresses, etc.
- Various opportunities were created for the invited participants to meet each other and discuss regional differences and best practices in their respective projects and engage in regional networking.

All week - Meeting point in the Exposition Area

A meeting point was set in the exhibition area, close to the area for poster presentations with table and chairs, where the participants could meet. At various occasions, the projects implemented by the SCIH in East-European countries could be presented with the support of a poster, flyers and CD-ROMs.
June 25 - Symposium

The 90 minute Symposium on “Collaboration between East and West: Bridging the Gap in Neonatal Care” took place Monday afternoon in the frame of the “International Child Health” sessions. The Symposium was divided in two parts: First a series of introductory presentations were made by representatives from Ukraine, Romania and Moldova presenting their working specific contexts and major problems they face to stimulate the discussion. Additionally, a Swiss neonatologist, who frequently worked as a trainer for SDC funded projects in East-European countries presented his experience. Secondly, the presentations were followed by a round-table discussion with contributions from the panel and the audience. The Symposium was open to the public and some external participants from Eastern countries (and others) took part in the final discussion.

The presentations:

- Introduction by SCIH (Dr. Manfred Zahorka) titled “Collaboration between East and West: Bridging the Gap in Neonatal Care”, providing an outline for the session and subjects for discussions (see annex 1)
- Ukraine (Prof. D. Dobryanskyy) on “Improvement of Perinatal Care in Ukraine – how to take a right way?” (see annex 2)
- Moldova (Dr. Ala Curteanu) on “Strengthening Perinatal System in Moldova: results, problems and ways of finding solutions through the Moldavian-Swiss collaboration” (see annex 3)
- Romania (Dr. Adrian Toma) on “Romanian-Swiss Neonatal Program “RoNeonat”: Bridging the gap in neonatal care” (see annex 4)
- On behalf of the SCIH (Dr. Lucas Opitz, France) with a presentation titled: “Do you speak my language? About communication in perinatology training between East and West, a clinician’s point of view” (see annex 5)

Three presentations were focused on the respective contexts of the countries represented, on the projects implemented by SCIH and on ways forward to bridge the gap in neonatal care between East and West. Specific topics were raised such as international collaboration, for instance using ICT (Information and Communication Technology), the professional collaboration through access to
publications, conferences, professional networking, etc. A focus was also set on the need to strengthen human resources for health, the institutional capacity, administrative support and funding. Each of the country representatives listed some priority problems and proposals to respond to them.

The last presentation by Lucas Opitz aimed at presenting the “clinician’s point of view”. The presentation addressed the issues related to “professional language” (e.g. the different understanding of medical concepts) when working in different cultures / contexts. For former soviet countries, the recent opening means the sudden arrival of different voices using similar terminology but partly with different medical concepts behind (e.g. different interpretation of neonatal mortality, concept of normal pregnancy, etc.). Those voices are emanating from the medical practice in the Newly Independent States (NIS), the international literature, the various public health settings, from the humanitarian and cooperation actors, and from the daily practice in perinatology. This recent melting-pot of voices may create incompatibilities in priorities, focus and statistical figures, which influence the strategic orientation and organisation of health care services. What is urgently needed, according to Opitz, is an adaptation in order to agree and come to a common linguistic denominator in perinatology.

The presentations were followed by a round-table panel discussion chaired by Geoffrey Barker (Kids Health International), Manfred Zahorka (SCIH) and Michel Berner (HUG). This Symposium was open to the public and some external participants from Eastern countries took part in the final discussion.

Panel members were:
- Manfred Zahorka, Swiss Centre for International Health, Switzerland
- Michel Berner, Hôpitaux Universitaires de Genève (HUG), Switzerland
- Geoffrey Barker, Kids Health International, Canada
- Denis Devictor, European Society of Paediatric and Neonatal Intensive Care (ESPNIC), France
- Gelmius Siupsinskas, World Health Organisation Europe

The discussion started with the notion of collaboration. It was said that internet-based collaboration is a good tool, as it involves lower costs as expert missions and consultations, but it increases the chances of misunderstanding (referral to Lucas Opitz’s presentation), therefore, it’s not enough for cooperation. Furthermore, Mr. Barker emphasized on the need to assess local needs and resources before embarking in international cooperation, as often, resources can be found at the local/regional level. “The key is to understand the context in which the collaboration takes place”.

The Romanian – Moldovan collaboration was raised as a good example, due to the common language, but also therefore not extensible to other surrounding countries, such as Ukraine. The later however, could also engage in such collaboration with other countries, such as Lithuania. The concept of “ownership of the collaboration” was raised by Dr. Siupsinskas. The international collaboration is about sharing experiences, but then, those experiences have to be adapted to local context and the collaboration processes have to be “owned”. Dr. Opitz emphasized
on the need to adapt the Western aims to the local context and needs, to follow one’s own evolution.

At this point, Denis Devictor, president of ESPNIC, invited present representatives to become members of the society, with the prerequisite to know what the priorities for Eastern European countries are before engaging in East-West collaboration. Precisions were given about reduced fees and access to publications for low-income countries by Adrian Toma, himself member of the Society.

The idea of international collaboration was also approached as a means of addressing the issue of brain drain. A participant from Romania stood up and explained that as a physician trained abroad, international collaboration could motivate the return of trainees from abroad, as it would address their fear of isolation back in the country.

In the end of the discussion, Mr. Devictor raised the point that the knowledge and know-how of East-European professional is meaningful to western professional, as it is often more basic and not yet completely systemised.

For a complete transcription of the discussion, see Annex 7

Right after the Symposium, an aperitif was set up outside of the room and informal discussions took place. The idea was to enhance discussions on their first experiences at the congress, to look at their expectations, etc.

**June 27 - Congress dinner**

On Wednesday, June 29 was held a Congress dinner at the shores of Lake Leman. All the participants were invited and attended the dinner. The invited teams from Ukraine, Romania and Moldova took the opportunity to socialise and establish contacts.

From left to right: unknown, D. Dobryanskyy, Z. Tsikhon’, M. Zahorka, Mrs and Mr. Berner, O. Chopko, A. Solodarenko.
June 28 - Lunch session

On Thursday, a 60 minute wrapping up session on lessons learned in the Congress overall and during the Tuesday Symposium took place. Prior to the session, team meetings with the invited participants were organised to prepare and review needs and priorities for future collaboration and exchange. Manfred Zahorka, as the co-chair of this session with Prof. Berner, presented a summary of the topics and discussions raised during the Symposium, as well as “ways forward” that had been proposed by the country representatives. The participants were assigned to contribute by their interventions on brainstorming on next steps that need to be taken in order to bridge the gap in neonatal care between East and West.

The main points that have been raised in this presentation on “what we would like to do” are:

- Information sharing within country and between neighbours (conferences, round tables, etc.)
- International partnerships (joint research – clinical studies – research network; capacity building, training; identify partners for study on neurological follow up; EEG monitoring network)
- Participate in European network ESPNIC, ESPR (curriculum development; research collaborations)
- Sharing guidelines and protocols, cooperation in development and implementation
- Use of ICT for communication, consultation and research (i-path; IT based monitoring of pregnant women – database on pregnant women of the region)
- Building up – strengthen local association as a long term vision
- Neonatology registry – benchmarking (between tertiary centres; anonymous vs. non-anonymous data collection and evaluation)
- Quality improvement/Quality Management
- Establish multidisciplinary collaboration in the sense of a true Perinatal system
- Detect who really wants to participate, who is really interested in collaborating with us.
- Physical participation in European, World professional events (possibility of physically meeting people as a precondition for networking)
- Find the right persons for networking, develop specific subjects/small projects for collaboration

In the following discussion, Prof Berner suggested that it needs two active parties for collaboration to happen and Eastern countries should take initiatives to express their needs for Western countries to respond to. He underlines the advantages for Eastern European countries to seek individual partnerships, for example between one institution in Romania and one in Switzerland of comparable size. The partnerships could be enhanced through tools such as teleconferencing (or other IT based instruments) occasional meetings, conferences or others. He emphasized also that “one must keep in mind that health professionals in the West are involved in their own hospitals and therefore, there may be some delay in the response they give”. Collaboration with European professional organisations such as ESPNIC or donor contributions (SDC, EU funding, etc.) for some partnerships could be sought.
Although coordinating this event, SCIH cannot allocate funds but can coordinate or facilitate such activities.

Some participants presented their country experiences on collaboration, and other participants asked if the collaboration experience between SCIH and Romania, Moldova, Ukraine could be extended to other countries.

Manfred Zahorka re-centred the discussion formulating the need for specific ideas and projects, which could be formulated and put on paper to be implemented in the future. Dr. Toma proposed telemedicine collaboration between HUG and Romania, where learning sessions could take place with the ICT tool and spread throughout maternity hospitals in Romania. A health professional from HUG explained that his experience of collaboration with a Romanian nurse training in Geneva revealed that communication difficulties were a barrier to good collaboration. Manfred Zahorka underlined that East-West collaboration is a two-side experience, where Western health professionals also have a lot to learn from Eastern countries, as they have medically interesting cases that are no longer seen in Western countries and which can serve great training purposes for Western professionals.

On the role of organisations like SCIH it was suggested that with their large networks of professionals, their national and international contacts they could facilitate contacts and networking opportunities. Having an anchorage in the West-European and Anglo-American systems and at the same time antennae into Eastern European societies, sometimes with STI affiliated organisations in place (like the CRED Foundation in Romania), the SCIH could function as a information exchange hub for interested groups from both sides, provide the contacts for networking and entry points for new collaboration initiatives and facilitate partnerships.

The important role of donor organisations like SDC in providing low level kick-off funding for such projects, the strengthening of network links and professional exchange platforms as well as facilitating mutual exchange visits of professionals was highlighted in the discussion. Despite the increasing availability of ICT also in NIS and the development of e-learning and professional exchange platforms (like i-path) there is a continued need for physical exchange and meeting of health care professionals and managers.

For a complete transcription of this session, see annex 8.
Conclusions and way forward

The participation in the Congress was highly welcomed by all invited participants from Eastern Europe. Discussing issues of regional and international collaboration to bridge the gap between East and West was quite motivating for some and plans were made for future regional meetings and participation in each others professional conferences. The Symposium and the side program generated some interesting ideas and initiatives, which need to be followed up. Although many participants underlined their willingness to collaborate and to network, the individual workload of professionals may limit these initiatives. After all, networks are made by people and it is only through the initiative and perseverance of these people that networks come alive and stay that way.

Institutional partnerships between Eastern and Western countries might be a way in the right direction. There is a great potential for mutual learning in this collaboration and institutions and individuals may mutually benefit. However, there is a need for strategic thinking and these partnerships need to be thoroughly organised. Institutions should not overload themselves with multiple partnerships, which may limit the quality of individual collaborations.

The interest of Western European professional societies to open up towards the East and the willingness to create European quality standards and standardised training curricula may open a new window of opportunity for increased networking and integration of Eastern European professional societies. However, some of the professional societies in Eastern Europe might be very weak and they may not be involved in quality assurance and setting medical standards. Strengthening the role of these societies may be an initiative worthwhile undertaking.

There is an important task for European networks like ESPNIC to facilitate the inclusion of Eastern Europe through its membership policies and through incorporating Eastern European professional societies into their activities (e.g. curricula development, quality assurance, guideline development and reviews, etc.). Models like corporate memberships, special rates for low income countries, joint memberships for national and European societies, and others could be developed to facilitate membership for professionals in low income countries.

European forums should also open up to represent the specific problems of countries with small health budgets and problems related to building up a system of neonatal and perinatal care. A subsection could be included into European conferences (or a congress could be organised in Eastern European Countries) to host discussions on problems like specific structural issues of East European health systems, the need for simple, cost effective and proven efficient methods in prevention, therapy and organisational aspects of care, etc.

As an institution working in the field of capacity building and health systems strengthening in many East European countries, the SCIH could contribute to the collaboration temporarily through its networks by facilitating contact between East and West and to some extent organise local support through its affiliated institutions.
Some key areas where East – West collaboration in Neonatology/Paediatrics and Intensive Care could be strengthened are:

- Information sharing within country and between neighbours (conferences, round tables, etc.)
- Strengthening national professional associations
- International partnerships (joint research – participate in research networks; capacity building and training; benchmarking, institutional partnerships)
- Participate in European network ESPNIC, ESPR (curriculum development; research collaborations)
- Sharing guidelines and protocols, cooperation in development and implementation
- Use of ICT for communication, consultation and research (i-path; IT based monitoring of pregnant women – database on pregnant women of the region)
- Physical participation in European, World professional events (possibility of physically meeting people as a precondition for networking)

**Annexes**

Annex 1   Symposium introduction
Annex 2   Ukraine presentation
Annex 3   Moldova presentation
Annex 4   Romania presentation
Annex 5   L.Opitz presentation
Annex 6   Lunch session presentation
Annex 7   Transcription of Symposium discussion - Roundtable
Annex 8   Lunch session – presentation and discussion
Annex 9   Transcription of Symposium discussion – Wrap up
Annex 10  Ways forward proposed by Moldova team
Annex 1: Symposium introduction

Bridging the Gap in Neonatal Care – The East European Perspective

A symposium of the 5th World Congress on Perinatal Critical Care (PCC 2007) in Geneva

Presentations (1)
- Presentation 1 (SCIH): Intro
  - summarize SCIH collaboration experience in Eastern Europe
  - specify objectives/problem description
- Presentation 2: Moldova
  - application of guidelines and quality assurance in resource poor settings
  - knowledge update on new developments
  - treatment options under resource constraints

Presentations (2)
- Presentation 3: Cooperation experience
  - experience of Western health experts working in the East: what are the differences, what are the gaps?
- Presentation 4: Ukraine
  - domestication of neonatal care
  - family medicine in perinatal care
- Presentation 5: Romania
  - regionalization and external emergency transport
  - different treatment paradigms
  - innovative, legal innovative procedures

Podium discussion – 50 minutes
- Participants:
  - SCIH moderation
  - WHO Copenhagen
  - Representatives of neonatology societies
  - Geneva team
  - Representatives of Eastern Europe

Major points of discussion (1)
- How can collaboration between East and West facilitate the development in the East
- Networking
- Exchange programs
- Joint research projects
- Hospital partnerships
- Role of professional societies
- What can Western systems contribute to development from an Eastern perspective

Major points of discussion (2)
- How does available assistance correspond to partners' needs
- Organizational structure
  - team work vs. hierarchies
  - Interdisciplinary collaboration (Primary Care (GP) and Obstetrics and Neonatology)
Annex 2: Ukraine presentation

**Improvement of Perinatal Care in Ukraine – how to take a right way?**

D. Dobryansky, Z. Tsykhon, O. Chopko, A. Solodarenko
Ukraine-Swiss Perinatal Health Project

**Changes in infant’s mortality rates in European region**

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**Causes of ineffective perinatal care in Ukraine**
- Old model of perinatal care organization and functioning, administrative “pressure”, hierarchies
- Lack of universal standards of clinical practice
- Inadequate use of simple and effective interventions
- Limited access to up-to-date information
- Suboptimal training of medical personnel
- Unreliable statistics
- Limited financing

**Levels of Perinatal Care in Ukraine – about 400,000 births annually**
- Family/Community Care and District Hospitals
- City Maternity Hospitals
- Regional Hospitals
- Perinatal Centers
- Children’s Hospitals
- Academic Institutions
- Infant Transport

**Effective interventions**

Current coverage of neonatal interventions in 75 countries, 2000
International collaboration

- The key aspect of global policy directed to improvement of human health worldwide
- The "10/90 gap" disparities in global health research
- History and experience of international collaboration in Ukraine
- Evolution of the collaboration - from formal humanitarian aid to well organised educational and joint governmental programs
- Important "tool" to facilitate the solving of the mentioned problems

International collaboration

- "Perinatologists and Neonatologists in the developed countries have an obligation to actively participate in the global crusade of bridging the 10/90 gap. The task is enormous and the options are many. The options include capacity building through-
  - Training of selected personnel
  - Providing access to journals, symposia on research and
  - Establishing collaborative research in areas of mutual interest..."

Ukraine Swiss Perinatal Health Project

- The objective of the Project is to contribute to the health system development and to improve offer, quality and access to preventive and curative perinatal public health services in selected Ukrainian regions

Main directions of Project activity

- Improvement of Perinatal Care – development of the concept of "service packages" and regionalization of Perinatal Care
- Establishment of technical sustainability
- Development of ICT component
- Creation of professional networking within the regions, development and implementation of the up-to-date standards of clinical practice, continuous training for medical staff, effective use of limited resources

Main directions of Project activity

- While the "service packages" may answer on "what is to be done on each level of care" the IHTPs (integrated health technology package) can calculate the resources needed and costs of services
- The changes of referral system (based on better information exchange between all levels) contributes into regionalization of PC
  * a software elaborated by WHO and tried by the Project

Telemedicine Project component

- The main goal of telemedicine component introduction in April 2003 was to foster communication between Ukrainian specialists and the involved medical partners in Switzerland and Western Europe.
**Telemedicine Project component**

- The current ICT component of the Project aims to contribute to its overall objective by improving access to information for health professionals in Ukraine, fostering professional networks and establishing a Telemedicine platform through which information can be exchanged.

**iPath Telemedicine Platform**

- iPath is a web-based, open source telemedicine platform developed at the University of Basel since 2001.
- The iPath platform combines communication with content management features.
- Its main function is the “medical discussion group” in which a defined group of users can present and discuss clinical cases.
- iPath provides the user with a structured format to present the cases.

**Example of case presentation**

**Case discussion**

**Main problems in iPath use**

- Activity and motivation
- More expertise
- Effective consultancy service
Future tasks

- Finalize the model of clinical telemedicine use
- Elaborate and implement the protocols of iPath use in the pilot institutions according to the model
- Organise ongoing consultation service for clinical problems in Perinatal Medicine
- Initiate external quality monitoring of clinical iPath use

Conclusions

- ICT is a valuable instrument to enable access to information and to foster the exchange of experience among national and international health professionals
- It is contributing to the continuous professional education, growing confidence and independency, and may increase the overall capacity of a health system
- Technology alone, without the appropriate structures behind which organise the network, the benefits are not fully realised

Conclusions

- International collaboration is a valuable tool for the development of health care system
- Possible area of collaboration include education and training, research activity, partnerships, use of ICT and networking
- To be successful such a collaboration must be institutionally based, administratively supported, appropriately funded and well organised with predetermined concrete goals to achieve
Annex 3: Moldova presentation

Strengthening Perinatal System in Moldova: results, problems and ways of finding solutions through the Moldavian-Swiss collaboration

Main achievements obtained within implementing the National Programme of Perinatology
- An organized system of perinatal care was created in 3 levels: the criteria of maternal and neonatal referral were elaborated
- Maternity units at all levels were equipped with medical devices
- National policy in perinatal care was elaborated (2001) and revised (2006)
- In order to implement cost-effective interventions in perinatal care, family doctors, doctors of Obstetrics and Gynecology, midwives, and nurses were trained and modules were elaborated
- A range of clinical protocols were elaborated in obstetrics (37), in neonatology (98), and for family doctors (129)
- A monitoring system of the incidence, mortality, and morbidity (monthly) morbidity and mortality mortality (quarterly) and assessment of the quality of the perinatal services based on WHO questionnaires have been created
- Neonatal and maternal mortality audit has been implemented with the support of UNICEF, as well as perinatal audit with the support of WHO since 2006
- Moldova is a pilot country in the European region in implementing Making Pregnancy Safer Initiative
- The National Perinatology Centre was awarded the title of WHO Collaborating Centre in 2006

Collaboration with the SDC
- National Programme of Perinatology (2002-2007)
- Modernizing the Moldavian perinatology system Project (2006-2007)

Main directions of collaboration within both programmes were:
1. Strengthening human resources;
2. Strengthening institutional capacity;
3. Monitoring and evaluation of perinatal qualitative services;
4. Strengthening communication systems, family education and community mobilization;
5. Carry out joint research.

1. Strengthening human resources

National Programme of Perinatology
In 2003 – 2007, SDC supported:
• 11 training sessions "Antenatal care" in 22 regions of the country, 2023 persons participated, and 860 nurses were trained
• 3 training sessions "Essential care in delivery", 75 obstetricians trained
• 3 training sessions "Management of newborn's care", 150 midwives and nurses trained
• 1 seminar "Audit of perinatal deaths", 23 specialists trained

Modernizing the Moldavian perinatology system project:
• 7 aerodynamicists have been trained in Romania using GRAB and methods of ventilation: EECP and Galley methods
• 98 perinatologists of the 2nd and 3rd levels were trained in using ventilation technologies
• 4 clinical protocols on cerebral disorders and other structures of premature infants and their complications, using respiratory technology and other diagnostic methods were elaborated

"Antenatal care" training session
"Follow up of the development of infants discharged from NICU" seminar in Bucharest, Romania

"Perinatal Audit" seminar

"Using ventilation techniques" training with Dr. L. Opitz

2. Strengthening institutional capacity

National Programme of Perinatology
Creation of educational centres for pregnant women and their families in Family Doctor Centres and maternity units in regions covered by the "Antenatal care" training courses through the supply of TV-sets, videos, and furniture.

Modernizing the Moldavian perinatology system project
Supporting regional maternity units from the country

- As part of the project, 25 maternity units of 12 medical and 4 county hospitals have been equipped with systems for maternal and neonatal care. The Moldavian Health Care Research Institute (MHCRI), a non-profit perinatal centre, and two perinatal centres from the region benefit from the project.
- The result of the project is a new, modernized and equipped maternity unit as part of the regional perinatal system of care.

Dispersed Maternity Centres
- The HORETIC Diagnostic and Following Centre was opened and equipped with ECG, USG, Audiology, and Endoscopy devices.

Educational centre for pregnant women and their families in Family Doctor Centre, Straseni

Bringing the Equipment in the country
3. Monitoring and evaluation of the quality of perinatal services

- National Programme of Perinatology
  - Before running seminars and after 6 months of training, the evaluation of quality of antenatal services was carried out in the regions covered by "Antenatal care" training courses.

4. Strengthening communication systems, family education and community mobilization

**National Programme of Perinatology**
- In the period of 2005 – 2006, in partnership with UNICEF, SDG supported the National Campaign of Communication dedicated to the health of the mother and child "A Beautiful and Healthy Child".
- Key-behaviours during pregnancy were promoted within the Campaigns a) addressing the doctor in the first weeks of pregnancy, b) maternal folic acid supplementation, and c) knowing about dangers signs during pregnancy.
- The results of the campaign exceeded the objectives set up initially.
- At the moment we start to prepare the new National Campaign dedicated to the health of the baby during its 1st year of life.
5. Carry out joint research

**Modernizing the Moldavian perinatology system project**

- **Study on neurological disorders of the newborns with LBW and VLBW**
  - **Study Goal** is to estimate high technology implementation impact on reducing incidence of cerebral disorders as well as other statuses associated with prematurity and their complications on premature newborns with birth weight <1.5 kg

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**Problems - solutions**

Despite these results the following problems remained unsolved:

1. High rate of congenital anomalies in perinatal and early neonatal mortality;
2. Low survival of infants with LBW (<1500 g) and VLBW (<1000 g);
3. High rate of children with NBW (2500 g) in perinatal deaths, especially due to severe asphyxia;
4. Insufficient supervision of neurodevelopmental status of premature infants and mature ones with severe pathologies of CNS during childhood resulting in late rehabilitation and handicap.

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1. **Congenital anomalies - main cause of the perinatal and early neonatal mortality**

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**Our proposals**

As solutions in reducing the rate of anomalies in perinatal and early neonatal deaths, as well as improve prenatal diagnostics and care of these infants in the neonatal period, we propose:

- Training of specialists in ultrasound working in the 2nd and 3rd level centers in the diagnosis of congenital anomalies starting with gestational age of 12-14 weeks;
- Training of paediatric surgeons from the MCHCRI in surgical correction of congenital anomalies of the gastrointestinal tract through seminars or practising abroad;
- Strengthen 2-3 centers of the 2nd level and the MCHCRI with USG devices and colour Doppler.

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2. **Low survival of infants with LBW (<1500 g) and VLBW (<1000 g)**

- The percentage of premature births presents 4.8% out of all births and approximately 50% from premature infants die in the early neonatal period.
- At the moment in the country the survival of children with VLBW presents 9.7%, and LBW - 53%, presenting lower rates than in the European countries.

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**Our proposals**

In order to increase the survival of prematures it is necessary to strengthen the two NICUs from the 3rd level in:

- Creation of an infrastructure for X-ray examination of the abdomens with respiratory diseases in order to monitorise the use of respiratory support methods, the catheterization of central vessels, etc;
- Improvement of the X-ray diagnosis through training courses or training abroad;
- Use of the catheterization of central vessels for parenteral nutrition and infusion, create possibilities to prepare solutions for parenteral nutrition;
- Invite a team (a neonatologist, a nurse and a respiratory therapist) from West in order to work with the staff of NICU or training a team from Moldova abroad.
3. High rate of death children with NBW

- Another issue is that the rate of children with weight of 22500 g presents 44% out of early neonatal deaths and is due to, especially, severe asphyxia.

Our proposals

- In order to sort out positively the problem no. 3 some activities have to be performed:
  - Organize a seminar for obstetricians from the 3rd, 2nd and partially 1st levels which received the CTG devices in use of cardiotocography;
  - Train the obstetricians in use of forceps, vacuum extraction, monitoring of the status of the infant in the 2nd period of delivery with the help of seminars, experience exchange;
  - Strengthen delivery rooms of the MOHICRI and 10 maternity units of the 1st level with number of 500-700 births per year with CTG devices in order to improve the foetal monitoring in obstetrical complications.

Problem 4. Insufficient follow up of premature infants and term ones with severe pathology

- In order to strengthen the follow up, we propose:
  - Organize in Moldova a seminar dedicated to supervise the development of infants discharged from NICU;
  - Inform consultant paediatricians, family doctors about the services provided by the Follow up Centre through seminars;
  - Training deeply the specialists in using US, neonatal EEG and audiometry;
  - Create a computerized system of data collecting of the infants discharged from NICU and supervised in the Follow-up Centre;
  - By elaboration educational materials to strengthen parents’ education who have infants with disabilities.

Other proposals

5. Create partnerships with professional societies in West in elaborating and revising of EBM protocols;
6. Develop electronic informational system between three perinatal centres in the country;
7. Strengthen research.

Chisinau

The Cuflea church
The Capriana monastery

Orheiul Vechi

Thank you very much for your attention
Annex 4: Romania presentation

**Romanian Swiss Neonatal Program “RoNeoNat”**
- Bridging the gap in Neonatal Care

**Results**
- Regionalization of the Perinatal Care
- Specialized Neonatal Transport System
- Organization of NICU (2 pilot regions of Romania)
  - Iasi (22,000 deliveries/year)
  - Targu Mures (10,000 deliveries/year)
- Neonatal guidelines / staff training
- Quality management network

**Guidelines in neonatology**
- The first initiative to establish national guidelines in the field of maternal-neonatal care was taken in 2004 by the Association of Neonatology in Romania and the Swiss-Romanian Neonatology Program (RoNeoNat).
- A National Guideline Commission was established.
- There were selected a number of important issues in neonatology, in which guideline development was considered necessary.

**The first 8 guidelines were developed in the period June 2004 - Jan 2005 and had the following topics:**
- Neonatal resuscitation
- Enteral feeding of the premature infant
- Follow up of high risk newborn
- Management of hypoglycaemia
- Thermoregulation of the newborn
- Management of sepsis in the newborn
- Neonatal transportation
- Hand washing

**Training**
- Training for the equipment bought through the World Bank Loan
  - Step-down training for level 1, 2 and 3 centers
  - As an extension of the RoNeoNat pilot program
- Training in:
  - Neonatal Resuscitation
  - Infant stabilization

**Present issues in Romanian Perinatal Care**
- Lack of medical staff
- Countrywide difficulties in implementing the regional system
- Practical implementation of the guidelines still needed
- Continuation of organizing the quality management network and implementation of evidence-based quality management policies
Areas for potential collaboration

- Organization and implementation of the quality management national network
- Periodically planned training for all the levels of perinatal care
- Elaboration and updating of neonatology guidelines
- Common research programs and studies
- Romanian Neonatal Network Registry

Areas for potential collaboration

- Common research programs and studies
  - Establishing of a research network

Areas for potential collaboration

- Romanian Neonatal Network Registry
  - National confidential network involving local III/II and I centers
  - National center
  - Computerized data collection system
  - Help from PH specialists from Switzerland and Europe

Areas for potential collaboration

- Elaboration and updating of neonatology guidelines
  - Priorities:
    - RDS
    - Hypothesis
    - Abortion
    - GBS infection

Areas for potential collaboration

- Periodically planned training for all the levels of perinatal care
  - Training with the logistic and reaching help of Swiss, European and US specialists

Areas for potential collaboration

- Organization and implementation of the quality management national network
  - Medical quality and special services for families
  - Patient and family satisfaction
  - Use of evidence based interventions
  - Family centered care
  - Follow up of high risk neonates
Annex 5: L. Opitz presentation

Do you speak my language?

About communication in perinatology between East and West, a clinician’s point of view

Dr Lucas Opitz
DR, Pédiatrie
CHU de Nice, France
On behalf of Swiss Centre for International Health
STI, Basel, Switzerland

Different culture - different medicine?

Chinese traditional medicine:
- Yin - Yang
- Five elements

May we speak different languages in perinatology?

Some history:
Commonwealth of Independent States (CIS)

- Major political changes in 1989
- Scientific-medical opening slow
- Exchanges with international medicine hesitating
- Moscow (St Petersburg) remains the intellectual centre / policy maker

Health structures in CIS

- Basically state-run facilities/activities
- Access of population: medical/sanitary structures close by, basic and specialised services even in remote areas
- Little means for specialised services
- Cost-effectiveness not taken into consideration
Health structures in CIS

- Medical structures/personal under vertical hierarchy (ministry, chief neonatologist)
- Central bureaucratic ruling even on medical/scientific work
- Prikaz/nakaz: not always updated
- Authoritarian control system/investigations by non-clinicians
- Access of civil society?

History of international cooperation/humanitarian medicine

- ICRC, MSF
- Refugee camps, war, surgery, nutrition, infectious diseases
- Public health: epidemic surveillance, immunisation, breastfeeding, HIV
- Institutionalisation: WHO: bureaucratisation, guidelines (e.g. IMCI)
- Consultancy - implementation
- Geographically limited to developing countries

Recent history of perinatology

Worldwide evolution
- Obstetrics
  - Exact dating of pregnancy
  - Screening:
    - Ultrasound, serologies
    - PCR
  - Prenatal corticosteroids
  - Monitoring: CTG, portogram
  - Intrapartum chemophrophylaxis
  - Analgesia

Recent history of perinatology

Worldwide evolution
- Neonatology
  - Primary resuscitation
  - Critical care:
    - Monitoring
    - Surfactant
    - Ventilation
  - HFO, NO

Evolution in neonatology

- Patient-friendliness
- Manual handling
  - CPR, perinatal hypoglycaemia, prevention of toxicologic disease, early recognition of complications

History of medicine and communication

- Internationally:
  - Fast evolution of medicine and exchanges:
    - Publications/literature: demand for objectivity (statistics)
    - Scientific information exchange
    - Evidence-Based Medicine
    - Access: Internet
Do we talk about the same things?

- How many pregnancies are pathological?
  - In the West: 90% are physiological
  - In the East, officially, rumours talk about 75% of pathological pregnancies

Grammar?

- Do we have the same grammatical rules = same definitions?
  - "Gestosis" = toxemia = gestational hypertension, pre-eclampsia
  - Is it enough to diagnose low Apgar at 1 minute as "asphyxia" and thus medicalise the baby?
  - Do prophylactic antibodies in ventilated newborns really prevent nosocomial infections?

Spelling?

- Do we use a different orthography? (same phenomenon, but different description)
  - What is "congenital" pneumonia?
  - Can "TORCH" be the diagnosis of neonatal septic shock?
  - Is intrauterine growth retardation and chronic foetal hypoxia the same?

Dialect?

- Different habits:
  - Soviet pharmacopoeia
    - Hypertonic treatment in foetal growth retardation
    - Plasmapheresis in patients with viral hepatitis
    - Etamsylate

Accent?

- What kind of importance do we give to a definite pathological/physiological phenomenon?
  - Contraindications of prenatal corticosteroids in case of preterm delivery?
  - Aspiration of cephalohematoma?
  - Dopamine as an indispensable drug in every ventilated newborn?
  - Dysmaturity a pathology with impact on perinatology?

Can we talk the same language using numbers/statistics?

- Reliability?
  - Misreporting: non-registration
- Comparable?
  - Definition of life birth
  - Definition of gestational age
  - Definition of pathology

UNICEF Innocenti research centre, 2006
Life birth

Defined as:
Any expulsion or extraction of a product of conception irrespective of the duration of pregnancy which occurs separation from mother (but irrespective of separation from placenta) has any evidence of life (breath, cardiac activity, movement)

WHO

About public health language

“Improving perinatal services according to international standards”:
- How can we precisely define these standards?
- Geographical variabilities
“Reducing mortality”:
- At which price?
- What about complications, comorbidity?

The big issues in neonatology

- Priorities:
  - Morality
  - Morbidity: ischemia-hypoxia, infectious diseases, prematurity
  - Introgenic: over-diagnosis, over-medicalisation

The big issues

Clinicalwise:
- Preparedness
- Timeliness
- Knowledge

The big issues

- Technical: equipment, maintenance, single use devices
- Structural: stratification of services, intrauterine transfer, communication
- Financial: sustainable
- Hierarchical

In parallel

- Public health
  - Prevention programs
  - Folic acid
- Patient-friendliness
  - Humanisation
  - Rooming in, kangaroo
  - Downgrading overmedicalisation
  - Analgesia
Implementing organisms

- Use appropriate language
- Be realistic
- Be concrete
- Be adapted
- Avoid duplications: communicate and cooperate with each other

What about statistics

- Situation improvement means
  - more objectivity,
  - more truthfulness,
  - less fear.
- Hence: worsening of some statistic indicators

(Success means honesty)

Conclusion: Geopolitics of perinatology

- Evolution process in perinatology in CIS is on its way
- International co-operation can and does accelerate these dynamics
- All partners are invited to adaptation
- Getting a common linguistic denominator will be of benefit for mothers and newborns
Annex 6: Lunch session presentation

Collaboration between East and West
Option and Perspectives

What would we like to do – our vision
- Information sharing within country and between neighbours (conferences, round tables, etc.)
- International partnerships
  - Joint research – clinical studies – research network
  - Capacity building – training
  - Identify partners for study on neurological follow-up
- EPS working network
- Participate in European network Espnic, ESPR
  - Education development
  - Research collaborations
  - Sharing guidelines and protocols, cooperation in development and implementation

What would we like to do – our vision
- Use of ICT for communication, consultation and research
- E-paths
- IT based monitoring of pregnant women – database on pregnant women of the region
- Building up – strengthen local association as a long term vision
- Neonatology registry – benchmarking (between tertiary centres)
- Anonymous vs. non-anonymous data collection and evaluation
- Quality improvement/Quality Management

What are concrete task, who is in charge
Local activities with a potential for collaboration:
- Network on nosocomial infections epidemiology – collaboration with Basel, Prof. Butler will come to the major development conference in June, 2007 Sibiu (CRES, Prof. Butler, SCIH)
- National registry – establish (CRES, Dr. Stevenaciu)
- Follow up network – of 3 centres, starting Brazi, develop common approach to follow up in entire Romania
- CM – national or regional conference, network people training same language
- Common research on neurophysiological outcomes of NICU treatment, mechanical ventilation, CPAP outcome Moldavian study Sibiu (Prof. Buter)

What are concrete task, who is in charge
Regional collaboration
- Participation in each others national conferences – language problem, finding organizers, rotating system in which the hosting neonatology society organizes the conference in English language and international participants join
- Organize conference with Chisinau and balti – common conference on specific subject annually, open to others
- Organize common training, regional training with foreign experts
What are concrete tasks, who is in charge

International collaboration

- Curriculum development - ESPNIC
- Create partnerships - ESPNIC
- Establish training program for nurses with international support, curriculum for nurses
- Establish protocols for neonatal transport and quality assurance
- EEGs network - International, regional, BrainZ people, active users of BrainZ, Switzerland, Utrecht people, Sweden
- Research collaboration
Annex 7: Transcription of Symposium discussion discussion - Roundtable


Presentations:
Introduction: Manfred Zahorka - MZ
Ukraine: Dmytro Dobryanskyy - DDy
Moldova: Ala Curteanu - AC
Romania: Adrian Toma - AT
Western consultant: Lucas Opitz - LO

Roundtable animators:
Manfred Zahorka, MZ
Denis Devictor, ESPNIC - DD
G. Baker, Kids Health International, Canada – GB
G. Siupsinskas, WHO Europe - GS
Michel Berner, HUG - MB

Discussion:
MB: Do experts have to travel to cooperate or can internet be enough?
DD: Internet is not enough, because it increases the problem of language (e.g. presentation of L. Opitz). It's a great tool, but it's not enough for cooperation.
GB: Collaboration: which issues needs to have collaboration? There can be internal collaboration (among regions), or there can be international collaboration, whose targets are not always the most appropriate at certain times. We need to identify which fields can be addressed internally, and thereby identify common internal fields, before going to international solutions.
But, the international collaboration is also important, as western practitioners can show eastern ones tricks that are more efficient to them, but that are no longer expressed in the West, as they are totally internalized and therefore no longer addressed.
However, the key is to understand the context in which the collaboration takes place (before deciding between internal or international collaboration)

MB: Can the example of the Romanian – Moldovan collaboration on the ventilation training be foreseen as a long term experience?
MZ: The SCIH tried to generate through the programmes the internal collaboration, by inviting physicians to go to conferences / training in close regions (as the example of the Moldavians being trained with the Romanian on ventilation). The aim is indeed the continuous level, the long-term.
But, as expressed by LO, there is also a true problem of language (Moldavians and Romanians speak the same language, but not the Ukrainians for instance).
This collaboration also gives something manageable toward high-tech medicine from the West. The collaboration also brings to Western physicians experiences with cases that are no longer seen in the West.
A. Solodarenko: It's true that collaboration between Ukraine and Lithuania could improve health because of the similar language, level and culture. However, someone like L. Opitz brings NEW technologies and practices into the country.
GS: International collaboration is sharing experiences, etc. The public health approach is not applicable everywhere. The key effectiveness of investment is that international money be combined with national contribution. The key to collaboration is ownership: to own its own way nationally.
GB: The need is to build the targets: money invested doesn’t always lead to enhancement of health status if targets are not set beforehand. Hardware is not enough, there is a need for software (staff, knowledge, experience). One shouldn’t follow by the line what’s been done in the West.

LO: Follow your own evolution, adaptation of “Western” aims to local context and needs.

DD: About 20 people from Eastern Europe are members of ESPNIC. The European society can be a tool to improve the communication between East and West.

A. Solo: Yes, but there is a difference of income for physicians between East and West. It is impossible to pay fees for ESPNIC society, plus it’s difficult to have access to international publications.

DD: This can be done, but we need to know the priorities for Eastern countries first, before we start collaboration.

MZ: WHO does this also

AT: Speaking personally, I’m a member of ESPNIC, with reduced fees and access to publications. Coming from a Low Income Country, we were heard, especially in the Barcelona conference last year for example.

An anaesthetist from Targu Mures: call for foetal cardiology

LO: We are having a technical discussion, but let’s go back to simple things also. We should put the basic issues first, like hypothermia, nosocomial, before we even start speaking about foetal cardiology.

Someone: We need to learn from Western experiences made 30 years ago, when all the progress was made, to know how to change things.

XX: For this purpose, professionals trained in other countries can bring back great experiences.

GB: This is what we do, and to make sure the trainees do go back to their country, we provide ongoing support for 10-15 years support. At the starting of a programme, there is a need for a huge time of bases building. The experiences will never meet the ones from Western where advance is as far that the fundamentals are so acquired that they are taken care of by nurses or technical staff.

Trainee: There is a need for collaboration and communication to motivate the return of trainees from abroad, because there is a sort of fear of isolation back in the country. For this, bi-lingual publications could be a solution.

Nurse from St-Petersburg: we had collaboration with the U.S., and the lesson learned is that there is a need to evaluate the local needs before investing. There is also a need for a team consistency from both sides, so that the collaboration takes place between the same person, and everything mustn’t be started all over every time. Also, there is a need to include all staff in the collaboration, including the nurses.

DD: I have 2 dreams as president of ESPNIC: to create a curriculum of what staff in PCC should know and the East can define their needs because they are often more basic; to create a partnership (partenariat), an efficient network.

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Annex 8: Lunch session presentation and discussion

Collaboration between East and West

Options and Perspectives

What would we like to do – our vision
- Information sharing within country and between neighbours (conferences, round tables, etc.)
- International partnerships
  - Joint research – clinical studies – research network
  - Capacity building – training
  - Identify partners for study on neurological follow up
  - EEG monitoring network
- Participate in European network ESPNIC, ESPR
- Curriculum development
- Research collaboration
- Sharing guidelines and protocols, cooperation in development and implementation

What is the use of ICT for communication, consultation and research
- Global
- IT based monitoring of pregnant women – database on pregnant women of the region
- Building up – strengthen local association as a long term vision
- Neonatology registry – benchmarking (between tertiary centres)
- Anonymous vs. non-anonymised data collection and evaluation
- Quality improvement/Quality Management

What would we like to do – our vision
- Establish multidisciplinary collaboration in the sense of a true Perinatal system
- Detect who really wants to participate, who is really interested in collaborating with us
- Physical participation in European, World professional events is important. The possibility of physically meeting people is a precondition for networking
- Find the right persons for networking, develop specific subjects/small projects for collaboration

What green task, who is in charge

Local activities with a potential for collaboration
- Network on neonatal infections epidemiology – collaboration with Basel. Prof. Bihari will come for the second developmental conference Nov 2007 Basel (CRED. Prof. Bihari, CRED)
- National registry — — — — — — — — — — — (CRED. Dr. Silicnicu)
- Follow-up network – 7 countries: training, training, develop common approach to follow up in entire Romania
- GM – national or regional conference, network, people, training, same language
- Common research on neurophysiological outcomes of NICU treatment, mechanical ventilation, neurodevelopmental outcomes, Maltese study (Geneva (Prof. Bihari))

What green task, who is in charge

Regional collaboration
- Participation in each others national conferences – language problem – option: organise a rotation system in which the other hospital in the country organises the conference in English language and international participants join
- Organise conference with Chairs and last – common conference on a specific subject annually, open to others
- Organise common training, regional training with foreign experts
Annex 9: Transcription of Symposium discussion – Wrap up

Participants:
Manfred Zahorka (MZ)
Michel Berner (MB)
Representatives from Ukraine, Moldova, Romania (same as for Symposium)

Presentation by MZ of a summary of the visions of participants from Ukraine, Moldova and Romania.

MB: maybe the silence in the room is due to a disappointment of the participants because they feel nothing really happened during the PCC? But there are some lessons learned: collaboration needs two active parties to happen: Eastern countries have to take initiative to express their needs for Western countries to answer.

Also, one must keep in mind that health professionals in the West are involved in their own hospitals and therefore, there may be some delay in the response.

One other point is not to try to involve in too large projects, but rather to seek local partnerships. For example, one hospital in Romania can establish a partnership with a hospital of the same size in Switzerland, Germany or France. And the SCIH can give the access to those partnerships, as they can establish the contacts. However, if partnership goes through teleconferences, it is very costly, could SCIH offer help in that domain also?

X from Romania: Yes, but one need to know the specific expertise of each Western hospital to see which hospitals would suite for a partnership.

MB: For this question, I call for my colleagues present in this room

Dr. from Bern: Would love to work in a 1 to 1 partnership, on the long term though. But we indeed need the support from an instance such as SCIH to carry the partnership.

M. Zahorka: Yes, some things can be done. There are also other instances such as the ESPNIC from Mr. Devictor, present yesterday.
A. Solodarenko: In the Ukraine-Swiss perinatal project, telemedicine exists and is used for discussions, second opinion, and so on. What we would like is to engage with international experts now for a long-term cooperation.

MB: About your internet site, it was difficult to understand the procedure required for the discussions, maybe it could be made in a more understanding way.

AS: Yes, there are lots of possibilities with this tool.

MZ: At the moment, the collaboration with the 3 countries goes through SCIH/SDC, but the projects have ends. We could help with the start-up of the partnership, but the long-term can’t be assured by us, a rapid status of independence must be attained, which is in fact the aim of all projects, to attain sustainability.

MB: Are there other sources available to sustain such projects?

MZ: There is the European Union, for instance. But I don't have any other specific instance in mind right now.

MB: Does SCIH have the power to pressure a little bit the Ministries of Health of the 3 countries to make sure they assure the sustainability?

MZ: First, the success of such an approach has to be shown before we can pretend to that, but it’s quite unpredictable, whether the MoH will adopt such projects or not.

A. Toma: I would like to give the example of another successful project (cf. morning presentation of Pakistani colleague): the project for Global Paediatric Research, which has an annual meeting with advertisement for research projects. It’s a place of multilateral collaboration or search of research project.

MB: Research is difficult in Switzerland because of financial and ethical reasons. Regulations on drugs fro children and neonates for example are becoming very strict because of European regulations. Therefore, there is a need for new studies. But the funding must come from the pharmaceutical industry, and Romania, as part of the European Union, could take part in those possibilities of new studies and researches.

X from Serbia: Do you plan on extending your collaboration with other countries, such as Serbia? There are a lot of common points between Serbia and East-European countries such as Romania. For example, there are opportunities for Serbian physicians to work in Western institutions, and in the other hand, the physicians working in Serbia are from the Middle Age! There is a great openness to collaboration from the young ones. Maybe there is something to do in terms of collaboration?

MZ: Our projects are funded by SDC, there is a possibility to sharing idea and contents of our projects, but there aren’t really any opportunities in these projects to include new “actors” or partners. What could be done are joint conferences, or collaboration within regions.

A.Curteanu: In an article from the Lancet in 2005, Moldova is referred as a low income country that has however reduced its mortality. From the experience of Moldova, the following points could be shared in collaboration:

- a questionnaire elaborated by WHO for the assessment of quality of care
- a registry experience
- conferences that could take place and offer a collaboration between Iasi and Chisinau
- next October, a conference/training will take place in Chisinau where Romanians and Ukrainians could participate (invitation)
- exchange experiences in neonatal with the U.S (with Dr. Ognean), some Moldovan experts could be sent to Sibiu to increase the knowledge

MB: To my opinion, the most important points are the collaboration in hospitals between doctors and nurses.

O. Chopko: Ukraine has an experience with its former collaboration with Christian Children Fund (CFF). Now our aims should be to involve different colleagues from the health care. In Ukraine, an improvement is needed in the education of nurses.

MB: Do the nurses in Ukraine have contacts with nurses in the West, do you know?
OC: (not understood)

MZ: Thank you for your interventions, but what I would like are specific ideas to be put into paper and then applied in the future. How do we make sure that the information circulates?

AT: I have a proposal. The proposal is to involve into telemedicine activities with Prof. Berner. Although we understand that there is the problem of time for the staff, a good way to keep it going could be to organise a centre of telemedicine that could be used once a week, in the form of a lesson. Slides could be passed, and Skype used to communicate, because it’s free. We could have the same sessions in the three countries from one expert in Geneva.

The question behind this is how to consolidate the experience of RoNeonat? My question to SCIH is: what will the institute do next for the programme?

MZ: Well, as you all know, the problem is that the project is over at the end of the year! The collaboration will slow down in the future. But there is CRED that can continue. The issue will be to find other funds, and that could be done with our help.

X from Egypt: Are you involved in international collaboration? With Africa for example? In Egypt, the EEG collaboration would be of great interest for us.

MZ: Again, as I said, the three projects here are funding projects, the collaboration that we are trying to put up is at its beginning.

X from Geneva: I had the experience to host a Romanian nurse that was training in our hospital in Geneva. To would have been were appreciated to know her “knowledge” before hand, so that we could have spoken the same language, and I could have organize to share information and practices that were relevant to her, according to her “basics”. It would be easier to know better there “basics” in order to align our levels of training, to be able to adapt the training better.

MB: Yes this is the problem of exchanges! Information has to be useful, indeed. The discrepancies are inevitable, and it has to be adapted to the future practices.

MZ: That is something that should be explored. It’s not one-side experience learning. For Swiss practitioners, to go and learn about daily routines in those countries is very useful also.

MB: In the future, we could have maybe a list of interested hospitals in East and in West who would like to engage in collaboration. Then, a discussion platform could be established once a week to discuss issues, practices, information or just to say hello!
MZ: We could bring a platform because we are in contact. An institutional partnership could be tried, yes. Collaborations can be intensified from the Swiss experience, including new actors, such as Egypt and Serbia! But one important point is the physical contact that is still very important in collaboration. Events are still needed and very fruitful when people can physically meet.

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Annex 10: Way forward proposed by Moldova team

AREAS OF COLLABORATION AND SPECIFIC ACTIVITIES IN PERINATAL CARE THAT REQUIRE STRENGTHENING IN MOLDOVA

Emerging of existent problems in the country
- High rate of congenital anomalies in perinatal and early neonatal mortality;
- Low survival of infants with LBW (<1500 g) and VLBW (<1000 g);
- High rate of children with NBW (≥2500 g) in perinatal deaths, especially due to severe asphyxia;
- Insufficient supervision of neurodevelopmental status of premature and mature infants with severe pathology of SNS during childhood resulting in late rehabilitation and handicap

We would like to collaborate with partners from West in the following main directions:
1. Strengthen human resources;
2. Strengthen institutional capacity;
3. Carry out joint research;
4. Strengthen communication systems, family education and community mobilization;
5. Create partnerships with professional societies in West in elaboration and revising of EBM protocols;
6. Develop electronic informational system between several perinatal centres in the country.

1. STRENGTHENING HUMAN RESOURCES through seminars, visits of specialists from Moldova in clinics in West and vice versa for training, partnership between hospitals

A. Seminars for:
- Specialists in ultrasound working in the 2nd and 3rd level centers in the diagnosis of congenital anomalies starting with gestational age of 12-14 weeks;
- Paediatric surgeons from the MCHCRI in surgical correction of congenital anomalies of the gastro-intestinal tract through seminars of internship abroad;
- Specialists in US, neonatal EEG, audiometry, and X-ray diagnosis;
- Obstetricians from the 3rd, 2nd and partially 1st levels who received the CTG device in use of cardiotocography;
- Obstetricians in use of forceps, vacuum extraction, monitoring of the status of the infant in the 2nd period of delivery with the help of seminars and experience exchange;
- Neonatologists, neurologists in follow up of the development of infants discharged from NICU;
- Seminar in paediatric emergency.

B. Internship abroad of Moldovan specialists in clinics in West:
- paediatric surgeons from the MCHCRI in surgical correction of congenital anomalies of the gastro-intestinal tract;
- for a team composed by an obstetrician, neonatologist and nurse in NICU;
- neonatologist / neurologist in a Follow up clinic

in the following areas:
- obstetrical and neonatal US;
- neonatal EEG;
- neonatal audiometry;
- X-ray diagnosis on neonates.

C. Partnership between hospitals
- Invite a team (a neonatologist, a nurse) from the Swiss hospital in order to work with the staff of NICU in the management of premature infants;
- Invite a respiratory therapist and occupational therapist from the Swiss hospital in order to work with the staff of NICU in using devices for respiratory support and care of premature infants with disabilities.

D. Organisation of conferences
- Organize days of the newborns together with the neonatologists from Iasi, Romania;
- Organize a National Conference together with the Association of Neonatology (Perinatology) from Switzerland, Ukraine and Romania.

2. STRENGTHENING INSTITUTIONAL CAPACITY
- Strengthen 2-3 centers of the 2nd level (Perinatal municipal centers such as Chisinau, Balti and Cahul) and the MCHCRI with USG devices and color Doppler;
- Strengthen delivery rooms of the MCHCRI and 10 maternity units of the 1st level with number of 500-700 birth per year with CTG devices in order to strengthen the monitoring of foetal suffering in obstetrical complication;
- Creation of a computerized system of collecting data of the infants discharged from NICU and supervised in the Follow up Centre.

3. CARRY OUT JOINT RESEARCH IN:
- Action of antioxidant medication in antenatal period in decrease of newborns' neurological complication, in particular, in LBW infants;
- Study of administering various concentration of O2 in development of Bronchopulmonary Dysplasia in VLBW newborns;
- Study of postnatal growth and neurodevelopmental status in newborn babies with VLBW and LBW through follow-up;
- Early Onset Bacterial Sepsis and its particularities depending on birth weight, gestational age, pathogen, and intrapartum antibiotic prophylaxis;
- Assessment of neurological diagnosis of adverse outcomes of acute neonatal asphyxia by EEG and computerised tomography;
- Role of interleukins in cerebral disorders associated with intrauterine infection in newborns;
- Elaboration of pathogenesis of acute renal failure aiming to create the prophylaxis and early correction systems of renal disorders in newborns with critical statuses.

4. STRENGTHENING COMMUNICATION SYSTEMS, FAMILY EDUCATION AND COMMUNITY MOBILIZATION
- Elaboration of educational materials for parents dedicated to the follow up neonatal (posters and leaflets): gastro-oesophageal reflux, hearing and vision disorders;
- Elaboration of implementation of Communication Campaign in preventing the Syndrome of sudden infant death;
- Elaboration of educational materials dedicated of the care in pregnancy, delivery, neonatal care, breastfeeding, care at home, prophylaxis of burning, traumatisms, and poison of infants at home.

5. CREATE PARTNERSHIPS WITH PROFESSIONAL SOCIETIES IN WEST IN ELABORATION AND REVISING OF EBM PROTOCOLS

6. DEVELOP ELECTRONIC INFORMATIONAL SYSTEM BETWEEN SEVERAL PERINATAL CENTRES IN THE COUNTRY
- Create infrastructure for collecting electronic data for the monitoring of the status of the baby from NICU;
- Consult neonatal severe cases on Internet.