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# Newsletter

Issue 19 | December 2013

## Meet the new President

An exclusive interview with EPA/UNEPSA's new President Professor Leyla Namazova

## 7<sup>th</sup> Europaediatrics in 2015

The next Europaediatrics conference will take place in Florence, Italy

## Global news

Ex-President of EPA/UNEPSA is now the President of IPA - with over 1 million paediatricians

## Clinical update

The Global Polio Eradication Initiative

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# Editorial

Dear colleagues and dear friends,

It is great honour to succeed dear friend and esteemed colleague Manuel Moya in the role of editor in chief of EPA Newsletter. Professor Moya has started and edited the Newsletter from January 2009 with great success, and has merited approval from colleagues all around Europe. I hope that Professor Fugen Cullu Cokugrass and myself as new editors will stay on Manuel's tracks and we will do our best to keep the quality and reputation of the EPA Newsletter.

Unfortunately, this is the sad occasion to part from one of the most respected European paediatricians, Professor David Bransky. Professor Bransky was former Secretary General of EPA/UNEPSA, and contributed to all EPA's activities with great enthusiasm. We all mourn for his loss, and will keep affectionate memory on David Bransky as a dear friend and exceptional colleague.

The new President of EPA/UNEPSA Leyla Namazova Baranova gave her first interview to the Newsletter, indicating what would be the prioritised activities during her mandate period. EPA/UNEPSA will be even more active in promoting collaboration among European paediatricians and our national societies.

General Assembly of the EPA/UNEPSA and the EPA/UNEPSA Council Meeting were held in Moscow on 27 September 2013, during the meeting dedicated to the celebrations for the 250<sup>th</sup> anniversary of the foundation of Pediatrics in Russia. In the report of our Secretary new and very important initiatives of EPA/UNEPSA are presented.

We have special privilege to announce the 7th Europaediatrics Congress which will be held on 13-16 May 2015 in Florence. This is new great occasion for meeting of colleagues from whole Europe, and we are inviting you to save the dates and plan to meet many old friends once again.

Our Newsletter has spread the contacts and collaboration with various organizations and individuals that have impact on quality of healthcare of children. It is great honour for our Newsletter that the American Academy of Pediatrics (AAP) has accepted the long term collaboration with EPA/UNEPSA. The first article with information about AAP structure and activities and plan of future collaboration with EPA are here presented.

Another important contribution is from the Advanced Paediatric Life Support (APLS) Group, the oldest European group for paediatric life support education. The great experience of APLS instructors will help us to renew our knowledge in paediatric emergencies that are interesting for all paediatricians.

The International Pediatric Association (IPA) Congress took place in Melbourne, with the central theme "Bridging the gaps in Child and Adolescent Health". The takeover of IPA Presidency of our former President Profesor Andreas Konstantopoulos is a great honour for EPA/UNEPSA.

Dear colleagues, I hope that our Newsletter will continue to inform you of many activities aimed for promotion of health of children. Therefore, please, provide us with the information about actualities in your countries in paediatric health care, including reports about all events and meetings. Any contribution is most valuable and highly welcome.

## **Julije Mestrovic**

Editor of Newsletter

Vice President of EPA/UNEPSA

**The new President of EPA/UNEPSA Leyla Namazova Baranova gave her first interview to the Newsletter, indicating what would be the prioritised activities during her mandate period**



The EPA newsletter recently had an exclusive interview with the newly elected President of EPA/UNEPSA, Professor Leyla Namazova from the Union of Paediatricians in Russia. Here is what she responded to some questions that many would have curiously wanted to ask her if given the opportunity:

**The EPA Newsletter:** First may I congratulate you on your election to the position of President for the European Paediatric Association.

**Professor Namazova:** I would like to express my deepest gratitude to the General Assembly of EPA, who elected me to this prestigious position. It is both a great honour and a great responsibility.

**The EPA Newsletter:** Could you tell us a little about your paediatric career?

**Professor Namazova:** I qualified in 1987 and my clinical expertise is in paediatric pneumology, immunology and allergology I am currently:

- Professor of Paediatrics
- Deputy Director of the Scientific Center of Children's Health and Director of one of its Institutes (the Institute of Preventive Paediatrics and Rehabilitation), Moscow, Russia.
- Head of 2 paediatric departments in Moscow's Universities (Department of paediatrics in the Russian Medical Research University and Department of Allergy and Immunology in the 1st Moscow Medical University)
- Member of the Russian Academy of Medical Sciences,
- Vice-President of the "Union of Paediatricians of Russia" and
- Chairman of the Russian "Public Academy of Paediatrics"

**The EPA Newsletter:** Could you expand on what you see as the priorities for EPA under your leadership?

**Professor Namazova:** May I answer that from two different perspectives. From the perspective of children and young people

there are significant unacceptable variations in the health and quality-of-life for children across the nations of Europe. These inequalities are likely to get larger with the economic challenges facing our countries and as paediatricians we must stand up and act as advocates for the well-being of children we see - after all, it is better to prevent conditions such as obesity and mental health problems, than having to treat them.

Then from the perspective of the services that we provide as paediatricians, once again there are significant variations in the quality, quantity and safety of health services to children and families across the diversity of Europe. This diversity could be seen as a natural experiment from which we could learn by studying which systems and services produced better outcomes. If we are smart then we should be able to learn from each other and implement relevant best practice.

**The EPA Newsletter:** That sounds like an ambitious vision.

**Professor Namazova:** Yes it is, but EPA has already taken the first steps in this direction and I would like to support further cooperation and collaboration between professional organisations that represent the interests of children in Europe. I have no doubt that this will at times be very challenging, however, we already have some good pan-European clinical research networks and cooperation between paediatricians at a clinical level, we now need to build on this experience and begin to learn from each other on how best to plan, provide and improve the services we provide. A good example would be the advantages and disadvantages of general practitioner versus primary care paediatrician providing first contact care. Again, there are huge differences in what is provided within child health promotion/screening and surveillance programmes across different nations.

**The EPA Newsletter:** What do you see as the priorities for EPA over the next five years?

**Professor Namazova:** We must continue doing the things we do well and build on those foundations that encourage collaboration between paediatricians, for example, sharing scientific knowledge and experience through the Europaediatrics congress. I would like to see, for example, more discussion and debate about issues such as the development of public health services for children and families, the organisation of services and how we deliver best value across all the sectors that are involved to complement the excellent clinical research presentations and review lectures.

EPA is supporting "learning across borders" as a major initiative to study the diversities that exist within Europe and I would call upon paediatricians and their organisations to become actively involved as this has the potential to showcase best practice within individual nations for the benefit of others.

Having said this, it is important to "stay ahead of the game" and I will be writing to the presidents of organisations that are represented by the European Paediatric Association to ascertain their views on

*what they feel are the priorities for future EPA work streams. I know, for example, many countries are concerned about cross-border health care - some children are unable to access the specialist care they require, in a timely way, from many different reasons.*

**The EPA Newsletter: Do you have any concerns about developments in Europe?**

*Professor Namazova: I am concerned about the development of European paediatric congresses although they definitely have become an integral part of continuous medical education for many European paediatricians. However, the number of congresses has increased inadequately and they have become bigger, more luxurious and more expensive. There is a remarkable imbalance of attendance between Eastern and Western European countries. Furthermore, due to an increased number of abstracts presented during oral or poster sessions the number of parallel sessions has increased to such an extent that an individual participant is unable to attend more than 30% of all presentations. The time for fruitful discussions allowing participants from different regions to communicate in more depth after presentations and during "free-time" seems to have reached a critical limit. Last but not least the dependence of sponsorship and the influence from professional congress organisations, pharmaceutical industry or other commercial organisations may bias the content of the scientific programme. Likewise, there are a small number of paediatricians who engage in "conference tourism" - they sign up for the conference but are not there to improve their paediatric knowledge or skills! EPA Council is currently discussing the importance that there may be a general need for restructuring future paediatric congresses concerning the geographical allocation of congresses, the acceptance rate of abstracts and the content and structure of the programme. It is essential that we all maintain our paediatric competence throughout our working lives as the boundaries of science will continue to expand and challenge our thinking and delivery of services.*

**The EPA Newsletter: If I gave you one wish, how would you use it?**

*Professor Namazova: That's a difficult one to spring on me! I think you might expect me to say more resources for paediatric research or for the delivery of services to children and families, but I am going to say I would like to see the UN Convention on the Rights of the Child fully implemented across Europe, indeed the world, to promote the status of children in all societies as they are the future generation and deserve this investment.*



Meet the spring in beautiful Tuscany! The next Europaediatrics conference will be held in in Florence, Italy, on 13-16 May 2015

#### SAVE THE DATES!

## 7<sup>th</sup> Europaediatrics Congress 13-16 May 2015 Florence, Italy "Fortezza da basso" Conference Center

The Europaediatrics Congress is the highlight of the activities of the European Paediatric Association, the Union of National European Paediatric Societies and Associations (EPA/UNEPSA). Taking place every two years, this is the flagship event of the EPA/UNEPSA and the meeting point of general paediatricians and paediatric subspecialists not only from Europe but from all over the world. Following the success of the preceding editions, hundreds of paediatricians, residents, and students will be gathering for the 7th biennial Meeting of EPA/UNEPSA. Plan to join your colleagues at Europaediatrics 2015 and benefit from an unparalleled educational forum, where you will learn about the newest developments, innovative techniques, and advanced practices in different areas of Paediatrics.

Europaediatrics 2015 will include platform presentations, case sessions, educational workshops, interactive sessions, meet the professor sessions and more, which will be presented by international experts. This is your opportunity to gain new knowledge in different fields of Paediatrics, discuss the most recent challenges in Paediatric Health Care and exchange new ideas with experts and colleagues from Europe and around the world.

- **Leyla Namazova-Baranova**, President of EPA/UNEPSA
- **Giovanni Corsello**, President of 7th Europaediatrics
- **Armido Rubino**, Honorary President of 7th Europaediatrics
- **Terence Stephenson**, Chairman of the 7th Europaediatrics Scientific Committee

# Report from the EPA/UNEPSA General Assembly in Moscow



The EPA General Assembly meeting took place in Moscow on 27 September 2013.

## “Learning across Borders”

EPA/UNEPSA flagship project launched in Moscow  
A special session of the General Assembly of the European Paediatric Association and the Union of National European Paediatric Societies and Associations (EPA/UNEPSA), was held in Moscow on 27 September 2013, during the recent international meeting dedicated to the celebrations for the 250<sup>th</sup> anniversary of the foundation of Pediatrics in Russia.

As it has been emphasized by the new EPA/UNEPSA President, Professor Leyla Namazova, during her introductory remarks at the General Assembly, Europe faces profound challenges in meeting the evolving needs of children and families, in improving health services and systems and surviving in an increasingly pressured economic climate. The EPA/UNEPSA research strategy focuses on health services, systems and policy research, aiming to improve our understanding of how best to shape our response to the common pressures we all face.

The EPA/UNEPSA research policy focuses in three main areas: first to gather evidence on the health, health care delivery, experience and outcomes of Europe’s 200 million children; second to analyse data and publish policy relevant findings; third to communicate the findings and link innovators and researchers to implement new ways of working to improve safety, experience and outcomes of services for children and families. We are the beginning of a new phase for European child health research: the launch of a three year research strategy for Europe called “Learning across Borders”.

The “Learning across Borders” project were presented and approved during the General Assembly by the members of the editorial committee appointed for the project, Ingrid Wolfe, Simon

Lenton, Jochen Ehrich and Massimo Pettoello-Mantovani. The project is dedicated to understanding the diversity of child health care systems throughout Europe for the benefit of children and children’s services. The findings will then be presented through the publication of three Supplements in the Journal of Pediatrics:

Supplement 1, will focus on the diversity of national child health care systems in Europe; Supplement 2, will be dedicated to describing the pediatric subspecialty care in Europe; and Supplement 3, will be a thematic volume analyzing specific aspects of child health care in Europe.

These summaries are intended to be useful tools for:

- Examining different national approaches to the organisation and delivery of child health services
- Highlighting common challenges and different approaches to solving problems
- Facilitate the exchange of information between European countries
- Learning from progress and problems.
- Informing and stimulating comparative analyses





Professor Alexander Baranov, President of the Union of Pediatricians of Russia with Professor Andreas Konstantopoulos, President of the international Pediatric Association

The long-term intention is to build a solid profile for EPA/UNEPSA in the area of research on child health care service in Europe and to further strengthen the recognition of EPA by the national and European legislators.



Professor Leyla Namazova Baranova, President of the European Paediatric Association, hosting presidents of the national societies at the EPA General Assembly.



## News from our member societies



One of many inspiring scientific sessions

## A joint meeting between the Turkish and Balkan Paediatric Associations

10-13 June in Istanbul, Turkey

The 49<sup>th</sup> Turkish Pediatric Association Congress and the 1<sup>st</sup> Congress of Paediatric Association of the Balkan was held in Istanbul between 10 and 13 of June, in ICEC with the participation of more than 1,000 Turkish and Balkan pediatricians. During this successful joint congress, which was organized under the auspices of the Turkish Pediatric Association, the 10<sup>th</sup> World Congress of International Association for Adolescent Health also took place. Participants of the Balkan congress had the opportunity to participate in this very important meeting. During these meetings many distinguished pediatricians from different Balkan countries presented and shared their experiences. Participants from Balkan countries had also the possibility to visit and discover the secrets of this historical city.

Presidents of Balkanic countries agreed that this kind of meetings help to develop interactions between the pediatricians of the Balkan region and decided to pursue. The new president of the Paediatric Association of the Balkan, Prof. Mehmet Vural stated that the association will continue to promote postgraduate courses and local meetings during the coming years.



Professor Julije Mestrovic held one of the presentations



Above: A busy registration desk at the joint meeting. Below: Distinguished speakers and debates inspired by sharing valuable expertise and experience.



# Global News: The IPA Congress 2013



Professor Andreas Konstantopoulos, new IPA President

## The International Pediatric Association (IPA) Congress

24-29 August in Melbourne, Australia

The 2013 IPA Congress was held in Melbourne-Australia in great success on 24-29 August 2013. The congress, which gathered more than 3,500 delegates from around the world, having as a central theme “*Bridging the gaps in Child and Adolescent Health*”, covered a broad variety of topics through a series of interesting presentations and sessions. It is worth mentioning that during the first congress day a series of pre-congress workshops has been held with the participation of renowned international associations in the field of pediatrics, such as the World Health Organization (WHO), UNICEF, the American Academy of Pediatrics, the International Network of Paediatric Surveillance Units (INOPSU) and many others.

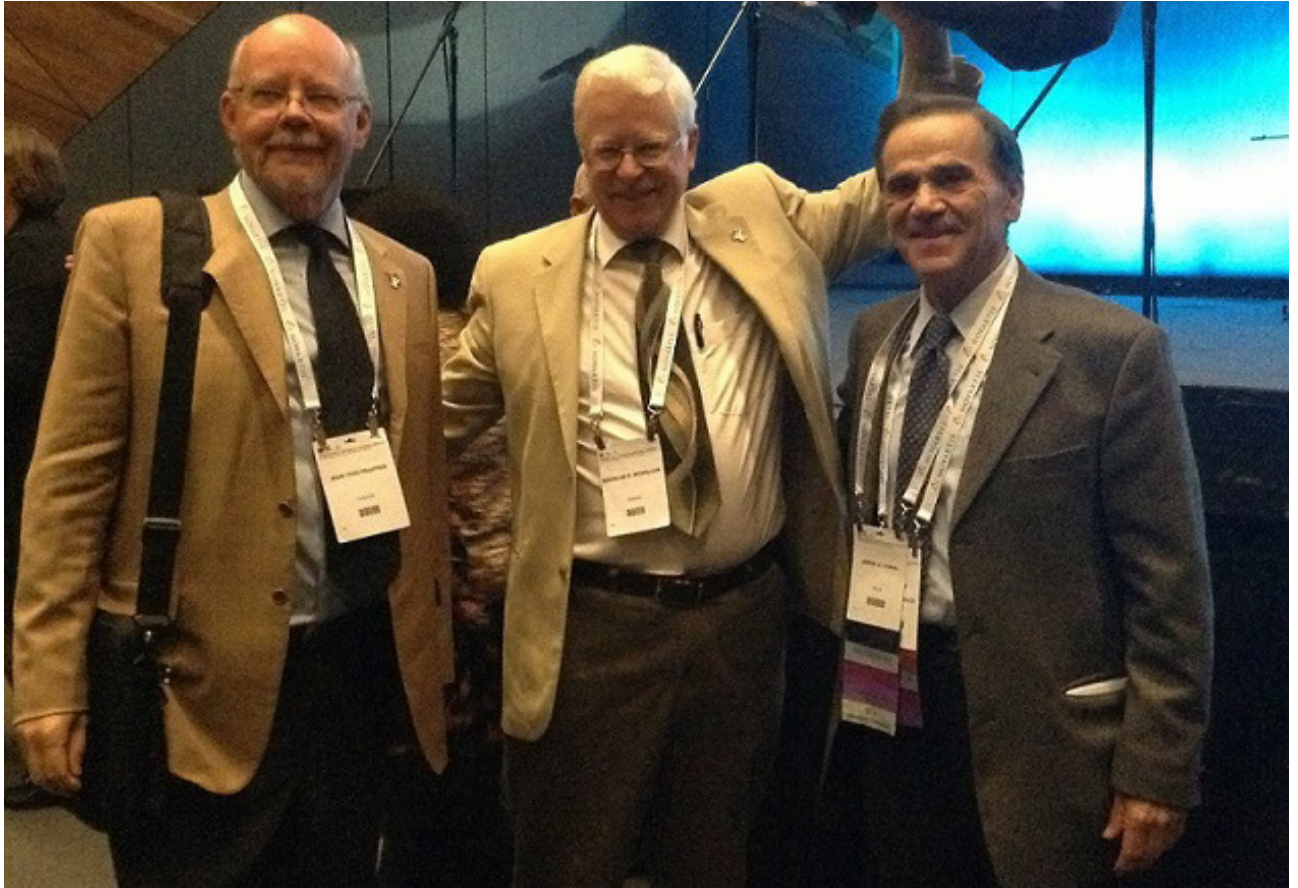
Within the framework of the 2013 IPA Congress, a change in IPA leadership took place. Prof. Andreas Konstantopoulos has taken over the IPA Presidency from Dr. Sergio Augusto Cabral. The new IPA Executive Committee for the period 2013-2016 will have the following structure:

- **President:** Andreas Konstantopoulos, Greece
- **Executive Director:** William J. Keenan, USA
- **President-elect:** Zulfiqar Bhutta, Pakistan
- **Immediate Past President:** Sergio Cabral, Brazil
- **Treasurer:** Peter Cooper, South Africa
- **Coordinator of Development:** Naveen Thacker, India

As a historical reference, IPA was inaugurated in Paris in 1910 with the presence of representatives from 16 countries and today it consists of 169 Members on a national, regional, subspecialty level, representing more than one million pediatricians all around the world.



Professor Andreas Konstantopoulos, new IPA President, and Dr. Sergio Augusto Cabral, IPA immediate Past President

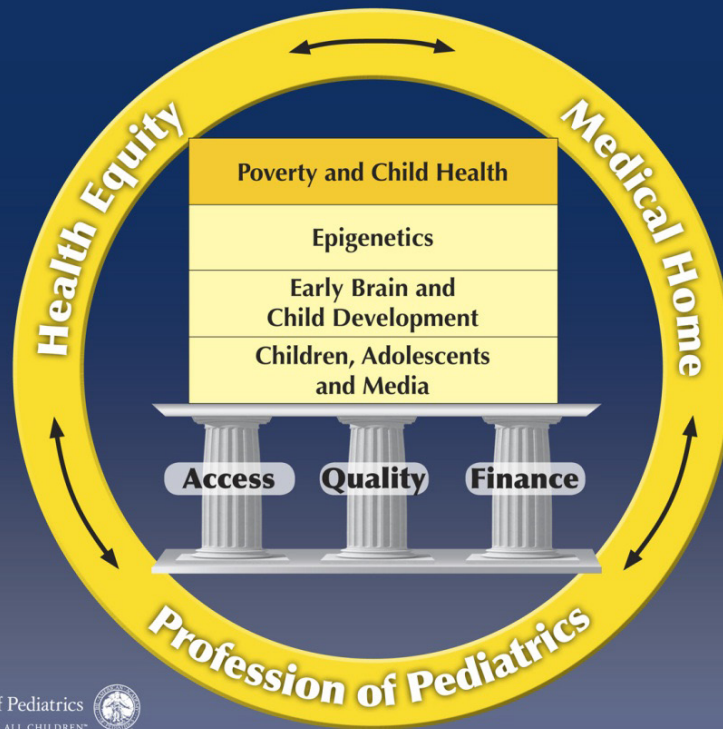


Dr. Jean-Yves Frappier, IPA 2016 Congress Scientific Committee Chair with Dr. Douglas McMillan, IPA 2016 Congress President and Prof. Andreas Konstantopoulos, new IPA President

**The IPA congress in Melbourne gathered more than 3,500 delegates from around the world, under the central theme “*Bridging the gaps in Child and Adolescent Health*”.**

# AAP Agenda for Children 2013-2014

DEDICATED TO THE HEALTH OF ALL CHILDREN™



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

We are delighted to announce this year an expanded collaboration between the EPA and AAP. Our two organizations have worked together for years, but 2013 marks a new partnership to benefit the profession of pediatrics and the world's children. In this issue of the EPA newsletter, we would provide an overview of the AAP child health priorities, our involvement with the EPA, and a description of some of the current AAP activities.

The AAP ([www.aap.org](http://www.aap.org)) is a US-based professional membership organization of 62,000 primary care pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. Our mission is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. To accomplish this, AAP supports the professional needs of its members – no matter where they are in the world. More than 2,000 AAP members reside and/or practice outside the US, in 109 different countries.

Through policy statements, clinical reports, technical reports and practice guidelines, the AAP issues recommendations which form the basis of pediatric health care. AAP policy covers a broad range of topics; all policy statements and reports are available to the public at AAP Policy Web site. In addition, AAP actively advocates for access to health care for all children, adolescents and young adults. We work with government, communities and other organizations to shape

many child health and safety issues.

Child Health Priorities are selected by the AAP Board for inclusion in the Academy's Agenda For Children. The Agenda and the AAP strategic plan are available at AAP Agenda for Children Web page. Child Health Priorities for 2013-2014 include:

- Poverty and child health;
- Epigenetics;
- Early brain and child development;
- Children, adolescent, and media.

The AAP is the largest pediatric publisher in the world, with more than 300 titles for consumers and over 500 for physicians and other health care professionals. We deliver original research, commentaries, evidence-based medical education and news for pediatric professionals. Forty-four of our current publications are translated into 40 different languages. AAP publications are displayed at more than 50 conferences around the globe each year. In 2009 the AAP launched a parent-oriented Web site, [HealthyChildren.org](http://HealthyChildren.org), which offers up-to-date health advice for parents and caregivers. The AAP works extensively with the media and carries out public information campaigns to ensure that timely, accurate messages and information reach families and professionals.

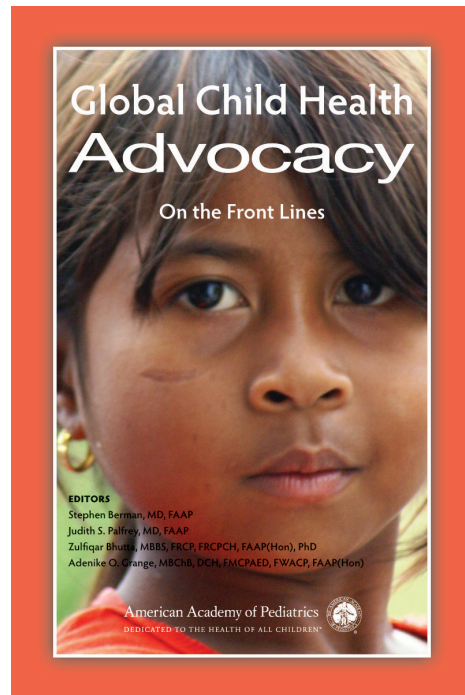
The AAP is also home to several long-term research programs to enhance the delivery of health care to children. The Pediatric Research in Office Settings program conducts studies using a network of 1,800 pediatricians working in office-based practices. PROS is one of the longest-running research programs in the U.S. Ongoing education of pediatricians is a cornerstone of promoting optimal care for children. Continuing medical education (CME) is also a major activity of the AAP. Each year AAP experts participate in more than two dozen international and national meetings, and more than 1,300 international participants attend the AAP's 13,000 person National Conference and Exhibition in New Orleans, and nearly 1,100 international delegates participate in the Pediatric Academic Societies' meeting each year.

We were delighted to participate at the recent Europediatrics conference in Glasgow with 3 speakers:

- Dr. Thomas McInerney, the AAP President, gave a keynote speech on "Children, mental health, and primary care" addressing key mental health issues in the pediatrician's office and providing useful tools and resources for pediatricians.
- Dr. Jonathan Klein, AAP Associate Executive Director, was a plenary session speaker whose topic "Child Health Priorities: Pediatric Specialties and Primary Care" covered how the AAP is addressing primary vs specialty care as well as Millennium Development Goals.
- Dr. Louis Cooper, Past President of AAP, was the speaker at the Special Symposium on Immunizations Jointly Organized with WHO addressing the topic "Congenital Rubella Syndrome, The Hidden Chronic Burden"

In addition, AAP and EPA leadership discussed future collaborations and ways to share knowledge and benefit pediatricians by exchanging speakers at future Europediatrics and at the AAP's National Conference and Exhibition, working on and publishing joint guidelines on clinical issues, publishing articles in each others' newsletters – this AAP column is the first one in the EPA newsletter and we will include an EPA column in the Academy's Section on International Child Health's newsletter.

The AAP is also active within the International Pediatric Association (IPA), an organization of 144 National Pediatric Societies from 139 countries, 10 Regional Pediatric Societies, and 13 International Pediatric Specialty Societies. IPA goals are that every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop and fulfill to his or her human potential. The AAP recently participated at the International Pediatric Association Meeting (ICP) 2013 held in Melbourne, Australia on August 25-29, 2013 where the new Global Child Health Advocacy book was launched. The book is available at AAP Bookstore Web page.



Our National Conference and Exhibition was held on October 25-29, 2013 in Orlando, Florida with over 500 sessions on various child health topics, including global child health track throughout the conference. Some of the sessions in this track included:

- Symposium: Millennium Development Goals: 2015 and Beyond;
- Section on International Child Health All Day Program on Rights to Health and Working with Refugees;
- First, Do No Harm: Ethical Issues Related to International Health Experiences;
- Christopherson Lecture - Addressing Newborn Survival Globally: How Can Pediatricians Contribute;
- NCE 101 for International Attendees (orientation to our annual meeting for international attendees and many others).

We are very happy to report that we had an overall attendance of over 8,000 professionals at the 2013 AAP National Conference with record international attendance of 23% of the participants. More information and selected recorded sessions from the conference are available at [AAP Experience](#) Web page. And we hope to see you at the 2014 National Conference in San Diego, California in October 11-14, 2014!

For additional information about the AAP please visit [www.aapglobal.org](http://www.aapglobal.org) or contact us at [aapglobal@aap.org](mailto:aapglobal@aap.org).

## Announcements

**Obituary**

# Professor Emeritus David Branski passes away

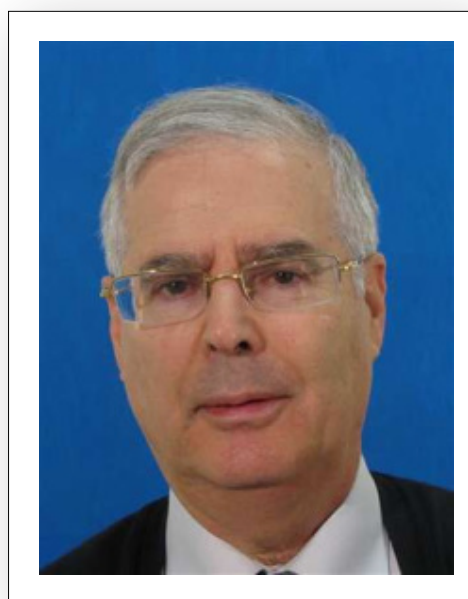
Professor David Branski was the former Secretary General of the European Paediatric Association, the Union of National European Paediatric Societies and Associations (EPA/UNEPSA) from 2002-2009 and former Director of the Pediatric Division at Hadassah, Israel.

The field of Paediatrics has suffered a great loss when Professor David Branski passed away a few weeks ago. Professor Branski devoted much of his time and energy in progressing the scientific knowledge in the field of Paediatrics, and in improving public health services for children in Europe, particularly during the years in which he held the position of Secretary General of EPA/UNEPSA.

Professor Branski was born in Tel Aviv in 1944. He completed his medical education at the Hebrew University – Hadassah Medical School, specialising in paediatrics. He later completed his residency in Bikur Holim Hospital in Jerusalem. Professor Branski went on to complete a subspecialty residency in pediatric gastroenterology in the Children's Hospital in Buffalo, New York, USA. Returning to Israel, Professor Branski worked at Bikur Holim Hospital, serving as interim director of the Paediatric Ward, and as director of the Nutrition and Gastroenterological Department in the Pediatric Ward.

In 1991, Professor Branski moved to Shaarei Tzedek Hospital as director of the paediatric department, where under his direction, the department grew and expanded its expertise by opening additional paediatric subspecialty sections. He was appointed as the director of the Paediatric Division at Hadassah in 2002, a role he filled until his retirement in 2010. Under his leadership, the Hadassah's Paediatric Division further developed its reputation as one of the leading centers in paediatric medicine both in Israel and abroad.

Professor Branski was a strong advocate for children and a respected leader in the field of paediatrics. Professor Branski was also a member and consultant for a number of scientific national and International organisations and committees, as well as a member of several governmental committees. From 1999-2004 he was appointed as chairman of the Israel Pediatric Association. He was an active member of The Scientific Council of the Israel Medical Association and acted as chairman of the pediatric exam committee.



Professor Branski was active in academia beginning in 1975 with his appointment as chief resident of paediatrics and in 1996, he became a professor in the field of paediatrics. He was a key figure in the ESPHGAN conferences over the years and secretary-general of the European Pediatric Association, the Union of National European Paediatric Societies and Associations (EPA/UNEPSA) a role he filled from 2003-2009.

Professor Branski was author of a large number of medical and scientific studies, articles, chapters and books in the field of paediatrics and paediatric gastroenterology. Recently, he had been appointed as chief editor of one of the leading journals in the field,, the Journal of Pediatric Gastroenterology and Nutrition.

Professor Branski was known for his warm personality and dedication to his patients and their families and was lauded for his professionalism, dedication and kindness. EPA/UNEPSA mourns the loss of Professor David Branski, a beloved and respected colleague and friend.

## European Paediatric Association (EPA/UNEPSA)

# Join the most extensive paediatric network in Europe!

Since the launch of the individual membership scheme, the European Paediatric Association (EPA/UNEPSA) embraces a constantly increasing number of individual members from all over Europe. EPA/UNEPSA welcomes all doctors who are certified as paediatricians in Europe and are members of their respective National Paediatric Society/Association participating in EPA/UNEPSA.

By joining EPA/UNEPSA, you gain access to a network of 41 national European associations and open yourself to a new world of opportunities.

### Benefits

The individual membership is offered at a privileged 50 Euro annual fee and encompasses a set of benefits that aim to provide value to the wide community of European paediatricians.

- On line access to the The Journal of Pediatrics is a core benefit of individual membership to our association and we are excited by the prospect of making such a valuable resource widely available to paediatricians across Europe.
- Our members will enjoy reduced registration fees to Europaediatrics as well as to other events organised by our Association.
- The quarterly e-newsletter aims to be a source of current information relevant to the interests of European paediatricians.
- Finally, our members will find in our new website a valuable tool and resource

Individual membership is offered on an annual basis starting on the 1 January of each year and ending on the 31 of December.

You may apply on line for an individual membership. Please visit our website [www.EPA-UNEPSA.org](http://www.EPA-UNEPSA.org) for more details and to fill out a registration form.



We look forward to welcoming all of you in EPA/UNEPSA!



# Global Polio Eradication Initiative (GPEI): Oversight Board reaffirms unflagging commitment



## Statement by heads of agencies of the Global Polio Eradication Initiative

On 26 September, the Polio Oversight Board (POB) – made up of the heads of Global Polio Eradication Initiative (GPEI) partners WHO, UNICEF, Rotary International and the United States Centers for Disease Control and Prevention, and senior leadership of the Bill & Melinda Gates Foundation – met for the first time with donors such as Norway, the US, Canada, Japan and the Islamic Development Bank, and other key stakeholders such as the Nigerian and Pakistani governments and the GAVI Alliance, to review progress against the GPEI's Polio Eradication and Endgame Strategic Plan 2013-2018, launched earlier this year.

The POB's mandate is to provide strong, active leadership of the global polio eradication program and to maintain the highest levels of accountability and transparency among the GPEI's core agencies.

Last September, during the UN General Assembly, United Nations Secretary-General Ban Ki-moon joined heads of state from Afghanistan, Nigeria and Pakistan, as well as donor government officials and donors from the public and private sectors, to commit the political leadership needed to stamp out polio forever. Earlier this year, the World Health Assembly unanimously approved a six-year Polio Eradication and Endgame Strategic Plan to achieve a polio-free world by 2018. World leaders had previously met in Abu Dhabi to pledge US\$4 billion in support of the plan, more than three-quarters of its projected cost.

## Statement by Heads of Agencies of the Global Polio Eradication Initiative Following a Meeting of the Polio Oversight Board:

"Today, we reaffirm our agencies' unflagging commitment to support governments and national authorities to implement the GPEI's Polio Eradication and Endgame Strategic Plan 2013-2018, and to realize the health benefits polio eradication will bring worldwide.

Last week, we met to review progress on commitments made last year to an emergency approach to complete polio eradication by 2018. We assessed the impact of those commitments, and noted the progress made against the Strategic Plan in the face of serious challenges.

The GPEI's top priority remains interrupting polio transmission in endemic countries, and success is now largely dependent on eliminating the virus in relatively small geographic areas of Pakistan and Nigeria. We are encouraged that polio cases are down 45 percent in Nigeria, Pakistan and Afghanistan from this point last year. Afghanistan has had the most striking decline, down more than 80% compared to last year, and has recorded just four cases this year. We heard from health ministers from Pakistan and Nigeria about critical actions being taken to address continuing transmission in their countries, including establishing access to those few remaining areas where children have not received the polio vaccine.

Threats of violence against the heroic women and men who deliver polio vaccines remain a serious concern and we discussed the GPEI partner agencies' and country governments' responses to the distinct challenges of reaching children in insecure areas, including building trust in high-risk areas by expanding health services and engaging local and religious leaders.

We remain hopeful that the global program is closing in on the elimination of one of the last two remaining types of wild poliovirus (type 3), which has not been detected anywhere in the world in more than 10 months. The upcoming low transmission season (November to April) in countries currently affected by polio transmission will be crucial, and we agreed that endemic country plans could be further refined to capitalize on this unprecedented opportunity.

The outbreak in the Horn of Africa, where more than 190 cases have been reported following importation of the virus earlier this year, and the recent detection of poliovirus in sewage samples in Israel are grave reminders of the ongoing risks to previously polio-free areas of the world if we do not complete eradication. We reviewed measures underway to quickly halt these outbreaks to prevent further spread, and we will evaluate progress and areas of risk again in two months. We also examined the ongoing transmission of poliovirus in Israel following an importation into that country, and discussed the measures being taken to interrupt that transmission and prevent polio cases in Israel and surrounding countries.

The new GPEI Strategic Plan emphasizes strengthening immunization systems and accelerating the introduction of Inactivated Polio Vaccine (IPV). We heard specific plans to leverage the polio infrastructure to improve routine immunization in 10 focus countries. Work is already underway in Nigeria, Ethiopia, the Democratic Republic of the Congo, Chad, India and Pakistan, with the goal of achieving at least 10 percent annual increase in DTP3 coverage in 80% of high-risk districts. Strengthening these systems is critical to halting polio transmission and ensuring delivery of other critical health interventions to the world's most vulnerable children.

We also reviewed concrete strategies for tackling the major challenge of introducing at least one dose of IPV in more than 100 countries by the end of 2015, which we are pursuing in close coordination with our partners in the GAVI Alliance. These strategies include communicating the rationale for and urgency of IPV introduction to national policy makers and ensuring the availability of appropriate and affordable IPV and Oral Polio Vaccine (OPV) products for all settings.

As leaders of the agencies charged with implementing the GPEI Strategic Plan, we are committed to closely monitoring our organizations' work and ensuring we are doing everything possible to fulfill the plan's objectives. The Polio Oversight Board's stewardship and guidance will be measured against specific operational, financing and human resource metrics that were shared today with donors and key stakeholders. This enhanced accountability will play a critical role in ensuring we achieve a polio-free world by 2018."

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The Global Polio Eradication Initiative (GPEI), launched in 1988, is spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, and supported by key partners including the Bill & Melinda Gates Foundation.

The GPEI Polio Oversight Board is made up of the heads of agencies of GPEI partners (WHO Director General Dr. Margaret Chan, UNICEF Executive Director Anthony Lake, Rotary International Past President Wilf Wilkinson, and CDC Director Dr. Thomas Frieden) and Bill & Melinda Gates Foundation Global Development President Dr. Chris Elias.

# Update In Paediatric General Practice

## The Advanced Life Support Group (ALSG):

# Saving lives by providing training: does the approach work in resource poor settings



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We aim to show how the ALSG family of obstetric and paediatric courses provides training for health professionals in the safe and effective management of pregnant women and girls, newborn infants and children and young people along the entire pathway of health care internationally ([www.alsg.org](http://www.alsg.org)).

ALSG courses are currently available in 37 countries on five continents and they are all appropriate to the environment in which the healthcare professional is working. Over 130,000 people have been trained through ALSG courses since this medical education charity was formed in 1990.

Does the approach work in resource poor settings? When considering education and training in resource-poor settings it is essential that a whole-system approach is followed. Education and training alone will not produce the desired outcomes of lives saved.

*What does this mean in practice?* Many groups working in resource-poor settings have expertise in particular areas. At ALSG, our expertise is in education and training, and therefore, in order to implement a whole-system approach, we work in partnership with Maternal and Child Health Advocacy International (MCAI – [www.mcai.org.uk](http://www.mcai.org.uk)). MCAI bring expertise in advocacy, infrastructure, logistics, systems and audit.

The Strengthening Emergency Care system relies on all elements of the emergency chain of care to be functioning (Figure 1 on the next page).

It is also essential to acknowledge that many of those

working along this pathway do not work within a particular specialty and, therefore, they may be working with patients of all ages and with a wide variety of conditions. The decision to train all of them in emergency maternal, newborn and child health reflects this.

*Developing the education packages.* At each point in the pathway, we ask the questions:

Training needs	Who recognises the problem? How do they respond? What do they need to know? What do they know already?
System and Infrastructure needs	Where? i.e. where will the patient go Are they able to take the training back to the workplace?
Audit of outcomes and effectiveness	Does it work?

Consideration of language, literacy and culture is also essential in any training material development. An example of this from The Gambia is that course materials were

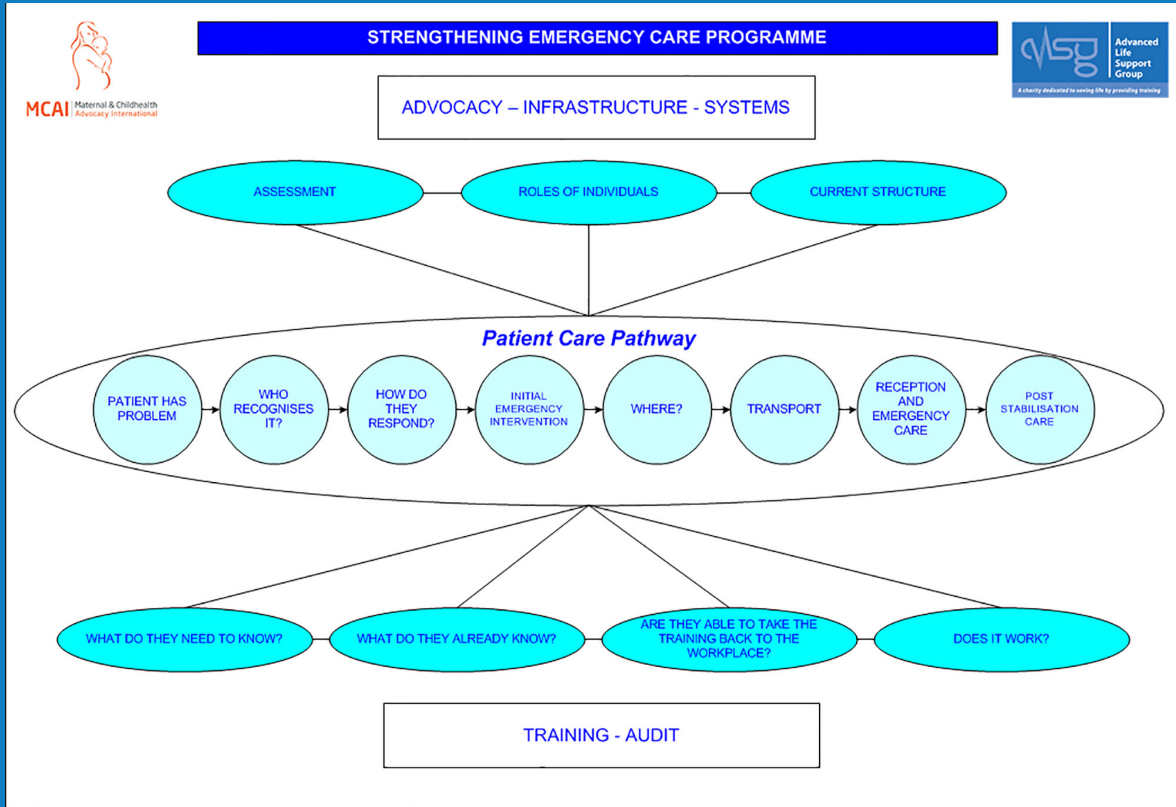


Figure 1: Pathway of emergency care

developed for the Traditional Birth Attendants (TBAs) and Village Health Workers (VHWs) appropriate for their level of understanding with pictorial manuals. The courses were delivered in local languages by the Gambian ALSG instructors, supported by a UK ALSG instructor.

*Introducing SEC to a new country.* SEC is currently running in Pakistan, The Gambia and Liberia. The introduction into a new country is structured as shown in Figure 2.

A country-wide, or in some instances, region-wide assessment of emergency services is undertaken to identify in the major health centres and hospitals any issues with adequate electrical power, regular water supplies, basic equipment, emergency drugs and medical supplies. There is also an assessment of the training needs of health workers in the skills needed to manage emergencies. The overall assessment is based on a standard WHO needs assessment from the Integrated Management for Emergency & Essential Surgical Care (IMEESC) Toolkit (<http://hinfo.humaninfo.ro/websites/imeesc/equipment.html>) with additional criteria based on experience in the field by MCAI.

The partnership of two (ALSG plus MCAI) is expanded to four to include the Ministry of Health and WHO in-country. This partnership is governed by a Memorandum of Understanding (MOU) and is an essential step in ensuring that systems and infrastructure requirements are met.

*Goal and Objectives.* The programme goal is that all emergencies be effectively managed with minimal delay 24

hours a day through integration between the community and a hygienic, basically equipped and adequately staffed major health centre or hospital with an operating theatre supported by a functioning laboratory including blood banking and transfusion. The exact configuration of these services is country-dependent.

*The process.* The next step in achieving this may involve introducing further partners if there are gaps in services, systems and infrastructure which would prevent the implementation of the emergency care pathway. For example, in The Gambia we entered into a partnership with the Emergency and Essential Surgical Care project of the World Health Organisation who implemented the Integrated Management of Emergency and Essential Surgical Care (IMEESC) toolkit (<http://hinfo.humaninfo.ro/websites/imeesc/index.html>) to allow us to address the gaps in surgical care services and also with UNFPA and UNICEF.

*Training needs.* Existing ALSG and MCAI education and training packages are then reviewed and adapted for those healthcare professionals in the major health centres and hospitals. New packages may be developed. In Pakistan, they added a basic Emergency Life Support course, whilst in The Gambia courses for Traditional Birth Attendants (TBAs) and Village Health Workers (VHWs) were new components, and more recently in Liberia a Neonatal Care Course was an important addition. Any new courses are developed and quality assured using the same tried and tested methodologies. Following pilots of these courses, they then become an additional component in the core SEC package.

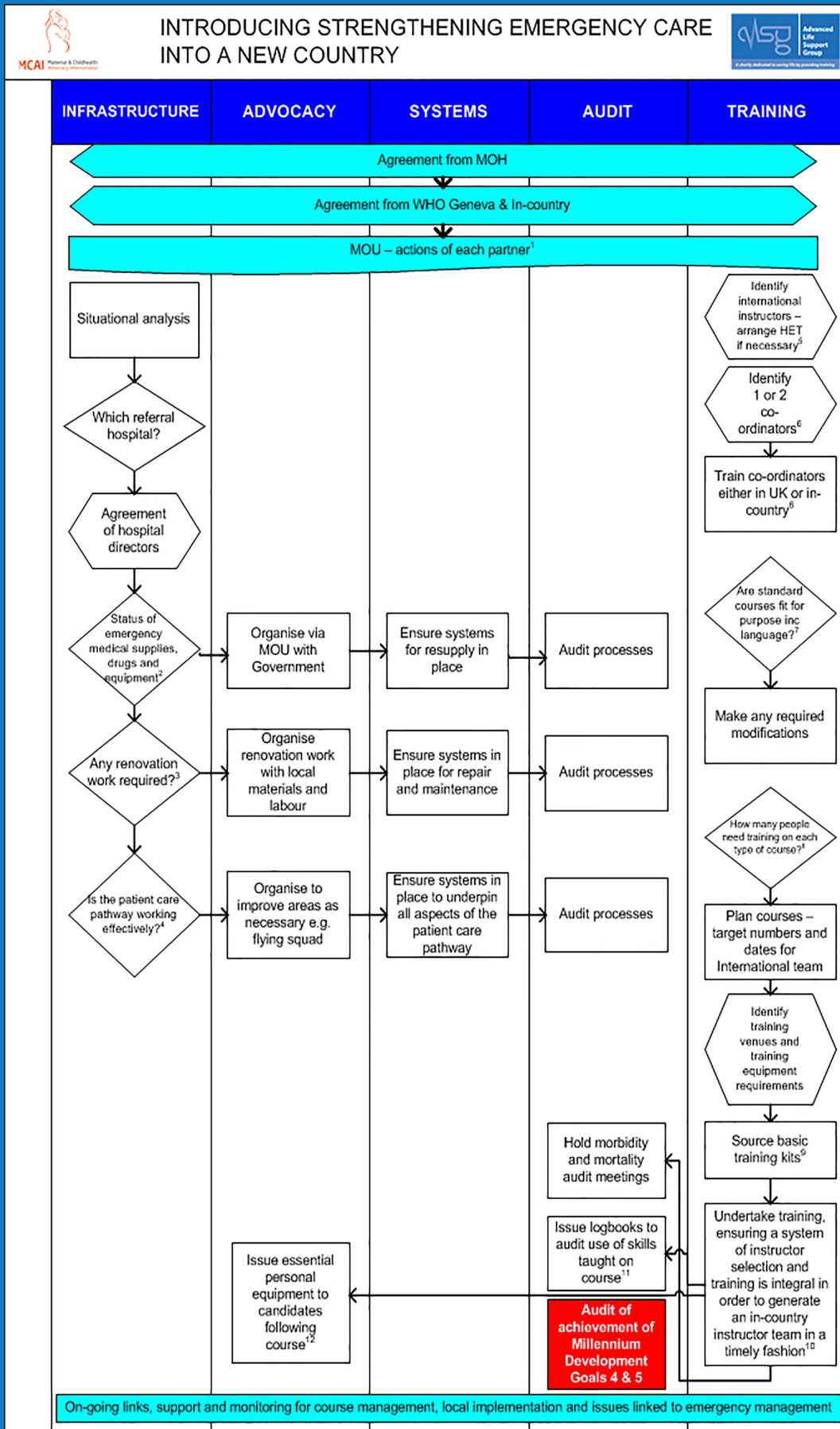


Figure 2: Introducing SEC to a new country

The projects begin with volunteer international instructors from ALSG running the courses for healthcare professionals. They select high achieving trainees from each course to participate in the Generic Instructor Course (GIC) and become accredited ALSG instructors. The GIC is an internationally recognised, educationally approved course to train trainers. Having successfully completed this course and completed their instructor candidacy (monitored by UK instructors), a pool of accredited in-country ALSG Instructors is created.

This pool of accredited instructors is critical to the sustainability of the courses and the system, as acknowledged in a review article for the programme in Pakistan: "The major contributor to the success of this project was the passion and enthusiasm of a team of highly motivated and committed volunteer instructors" (Hafeez et al., 2009). They not only train their peers on the courses for healthcare workers, they also train those that support them in community settings in local languages. In addition, they have lead roles in the on-going advocacy for the strengthened system.

*System and infrastructure needs.* Advocacy aims to ensure that those who have been trained are able to effectively use their skills 24 hours every day. This was achieved by ensuring a robust link between the community and the health centre/hospital, renovation and provision of essential equipment for the maternity and paediatric emergency departments and operating theatre, provision of emergency drugs, supplies, and basic equipment within a patient journey that was capable of delivering effective emergency care.

### Audit of outcomes and effectiveness

Throughout, the training is evaluated by the in-country team, the International ALSG training team and the in-country based SEC Programme Director using course evaluation forms, attendance, assessment and registration records. After the training, logbooks are used for recording details of each emergency managed. "Emergency" is defined as a condition that would likely lead to death or severe brain damage in 6 hours if not given immediate and appropriate emergency treatment.

Immediately following the course, candidates express confidence, here's an example from The Gambia: "I will now be using the A, B, C structured approach to prevent and manage so many problems like eclampsia". In Pakistan, a postal audit carried out after the courses, showed that 90% of respondents had used the acquired skills and the structured Airway, Breathing, Circulation (ABC) approach in practice. Additionally, 81% of respondents reported that these training courses had resulted in better availability or use of supplies at their facilities (Zaeem-ul-Haq et al., 2009).

Outcomes for patients in Pakistan, where 1123 resuscitation attempts were documented, reported an overall survival rate of 89% (Zafar et al., 2008). In The Gambia, an initial summary of outcomes of resuscitation in the healthcare setting produced in 2009 showed that in 96% of cases the patient survived (Cole-Ceesay et al., 2010).

In addition, in The Gambia, flying squad midwives report on

each patient referred by TBAs and VHWs. Between May 2007 and February 2010, 133 patients were transferred to Brikama or the Royal Victoria Teaching Hospital (RVTH) in Banjul.

Of those who were transferred: 123 were pregnant women and all documented survived (In 3 the outcomes were not documented); 2 of 6 non pregnant transfers died (both from road accidents). There were 10 stillbirths and 8 neonatal deaths recorded.

### To summarise

This programme combines medical education with advocacy and resources, thereby enabling the trained healthcare workers to use their newly acquired skills and knowledge. The programme has also integrated emergency care from the community through to the first referral and tertiary hospitals. The aim is for the programme to become an integral part of a health system and every effort is made to develop sustainability, as the project model is spread.

In conclusion, it is possible to implement the ALSG approach in a resource-poor setting – saving lives by providing training as one component of a whole system approach implemented in partnership with MCAI and other key organisations.

For further details visit the partner websites: <http://www.alsg.org/uk/SEC> and <http://www.mcai.org.uk/default.aspx#!strengthening-emergency-care/c1100>

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# Calendar of events: Upcoming conferences

2014-2015



European Meeting by EPA/UNEPSA

**7<sup>th</sup> Europaediatrics**

13-16 May 2015, Florence, Italy

**Members and Affiliated Societies' Meetings**

**XVII Congress of Pediatricians of Russia with International Participation "Actual Problems of Pediatrics"**

14-16 February 2014, Moscow, Russia

**8<sup>th</sup> National Conference of Paediatric Subspecialties – Hellenic Paediatric Society**

8-9 March 2014, Athens, Greece

**Royal College of Paediatrics and Child Health (RCPCH) Annual Conference 2014**

8-10 April 2014, Birmingham, UK

**Annual Congress of the French Society of Paediatrics**

22-24 May 2014, Lyon, France

**Centenary Congress of the Spanish Association of Paediatrics**

5-7 June 2014, Madrid, Spain

**110<sup>th</sup> Annual Meeting of the German Society for Pediatric and Adolescent Medicine (DGKJ)**

11-14 September 2014, Leipzig, Germany

**14<sup>th</sup> National Congress of the Portuguese Society of Pediatrics**

3-5 October 2014, Porto, Portugal

**XI. Congress of Croatian Pediatric Society**

**X. Congress of Croatian Pediatric Nurses**

16-19 October 2014, Dubrovnik, Croatia

**58<sup>th</sup> Turkish National Pediatrics Congress jointly held with the XIV Turkish Speaking Countries Congress of Pediatrics (UNPSTR), the 35<sup>th</sup> UMEMPS Congress and the 13<sup>th</sup> Turkish National Pediatric Nurses Congress**

22-26 October 2014, Belek-Antalya, Turkey

**Other Paediatric Meetings**

**The International Neonatology Association Conference (INAC 2014)**

3-5 April 2014, Valencia, Spain

**7<sup>th</sup> World Congress on Pediatric Intensive and Critical Care (PICC 2014)**

4-7 May 2014, Istanbul, Turkey

**32<sup>nd</sup> Annual Meeting of the European Society for Paediatric Infectious Diseases (ESPID 2014)**

6-10 May 2014, Dublin, Ireland

**47<sup>th</sup> Annual Meeting of European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN),**

9 - 12 June 2014, Jerusalem, Israel

**European Respiratory Society (ERS) Annual Congress 2014**

6-10 September 2014, Munich, Germany

**European Research Conference on Paediatric Neurology - EPNS Research Meeting 2014**

11-14 September 2014, Bucharest, Romania

**53<sup>rd</sup> European Society for Paediatric Endocrinology (ESPE) Annual Meeting**

18-20 September 2014, Dublin, Ireland

**The AAP National Conference & Exhibition (AAP Experience)**

11-14 October 2014, San Diego, USA

**5<sup>th</sup> Congress of the European Academy of Paediatric Societies (EAPS 2014)**

17-21 October 2014, Barcelona, Spain

**Excellence in Paediatrics 2014**

4-6 December 2014, Dubai, United Arab Emirates

**European Paediatric Neurology Society Congress 2015**

27-30 May 2015, Vienna, Austria

**54<sup>th</sup> European Society for Paediatric Endocrinology (ESPE) Annual Meeting**

1-3 October 2015, Barcelona, Spain

## EPA/UNEPSA member associations 2013

**Albania**

Albanian Paediatric Society

**Armenia**

Armenian Association of Paediatrics

**Austria**

Oesterreichische Gesellschaft für Kinder- und Jugendheilkunde (OEGKJ)

**Azerbaijan**

Azerbaijan Pediatric Society

**Belgium**

Societe Belge de Pédiatrie/Belgische Vereniging voor Kindergeneeskunde

**Bosnia and Herzegovina**

Paediatric Society of Bosnia and Herzegovina

**Bulgaria**

Bulgarian Paediatric Association

**Croatia**

Croatian Paediatric Society

**Cyprus**

Cypriot Paediatric Society

**Czech Republic**

Czech National Paediatric Society

**Denmark**

Dansk Paediatrisk Selskab

**Estonia**

Estonian Paediatric Association

**Finland**

Finnish Paediatric Society

**France**

Société Française de Pédiatrie

**Georgia**

Georgian Paediatric Association

**Germany**

Deutsche Gesellschaft für Kinder- und Jugendmedizin (DGKJ)

**Greece**

Hellenic Paediatric Society

**Hungary**

Hungarian Paediatric Association

**Ireland**

Royal College of Physicians of Ireland/Faculty of Paediatrics

**Israel**

Israeli Paediatric Association

**Italy**

Società Italiana di Pediatria

Società Italiana di Ricerca Pediatria

**Latvia**

Latvijas Pediātrū Asociācija

**Lithuania**

Lithuanian Paediatric Society

**Luxembourg**

Société Luxembourgeoise de Pédiatrie

**Macedonia**

Paediatric Society of Macedonia

**Moldova**

Moldovan Paediatric Society

**The Netherlands**

Nederlandse Vereniging voor Kindergeneeskunde

**Poland**

Polskie Towarzystwo Pediatryczne

**Portugal**

Sociedade Portuguesa de Pediatria

**Romania**

Societatea Romana de Pediatrie

Societatea Romana de Pediatrie Sociala

**Russia**The Union of Paediatricians of Russia  
Public Academy of Pediatrics**Serbia**

Paediatric Association of Serbia

**Slovakia**

Slovenska Paediatricka Spolocnost

**Slovenia**

Slovenian Paediatric Society

**Spain**

Asociación Española de Pediatría

**Sweden**

Svenska Barnläkarföreningen

**Switzerland**Société Suisse de Pédiatrie/Schweizerische  
Gesellschaft für Padiatrie**Turkey**

Türk Pediatri Kurumu

**Ukraine**

Ukraine Paediatric Association

**United Kingdom**

Royal College of Paediatrics and Child Health



## EPA Newsletter issue 19

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