

# REPORT OF THE PRESIDENT AND THE EXECUTIVE DIRECTOR 2001 - 2004

## INTRODUCTION

This report covers the three-years elapsed since the 23<sup>rd</sup> International Congress of Pediatrics in Beijing, China, in September 2001. It is divided into three sections:

- I. Governance and Administration of the International Pediatric Association (IPA)
- II. Activities of the International Pediatric Association (IPA) 2001-2004
- III. Future directions of the International Pediatric Association (IPA)

We welcome comments by members of the IPA Council of National Delegates. There will be time for discussion at the Council of Delegates meetings on August 15 and 18<sup>th</sup>, 2004.

## I. GOVERNANCE AND ADMINISTRATION OF THE INTERNATIONAL PEDIATRIC ASSOCIATION

### 1.1 The Council of National Delegates (CND)

The Council of National Delegates (CND) is the general assembly of IPA Members. Each member National Society designates an official voting representative to participate in the CND meetings.

The CND adopted by majority vote the following resolutions in September 2001 during working sessions (National Delegates Sessions 19 and 20) in Beijing, China.

#### - Resolutions concerning new members:

**Resolution #166:** The Albanian Pediatric Association was approved as a national member society of the IPA.

**Resolution #167:** International Network of Paediatric Surveillance Units (INoPSU) was elected as an affiliate member of the International Pediatric Association upon the recommendation of the Executive Committee.

**Resolution #168:** The Federation of International Societies of Pediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN) was elected as an affiliate member of the International Pediatric Association upon the recommendation of the Executive Committee.

The IPA now (prior to elections at the 24<sup>th</sup> Congress in August 2004) consists of 142 national pediatric societies representing 138 countries, 10 regional pediatric societies representing the seven geographic regions recognized by IPA, and 11 international societies of pediatric specialties. This steady growth of our constituency is an indication of the strong wish of pediatricians worldwide to play a role in IPA's basic commitment to improving child health throughout the world.

#### - Resolutions concerning election of the host countries for International Congresses of Pediatrics of both 2004 and 2007 (according to resolution #144 passed in Amsterdam), the next President-Elect, and the next Standing Committee:

**Resolution #162:** Mexico was declared the successful applicant; thus, the venue of the 24<sup>th</sup> International Congress of Pediatrics will be Cancun, Mexico, in 2004.

**Resolution #163:** Greece was declared the successful applicant; thus, the venue of the 25<sup>th</sup> International Congress of Pediatrics will be in Greece, in 2007.

**Resolution #164:** Professor Manuel Vega Lopez was elected President of the 24<sup>th</sup> International congress of Pediatrics in Mexico.

**Resolution #165:** Dr Andreas Constantopoulos was nominated representative of the Hellenic Pediatric Association for the organization of the 25<sup>th</sup> International Congress of Pediatrics in Greece.

**Resolution #169:** Professor Adenike Grange of Nigeria was declared President-Elect for the period 2001-2004.

**Resolution #170:** The four specialty / subspecialty affiliate societies elected to serve on the IPA Standing Committee for the period 2001-2004 are: International Pediatric Nephrology Association (IPNA), International Child Neurology Association (ICNA), International Society for Tropical Pediatrics (ISTP) and International Society of Paediatric Oncology (SIOP).

**Resolution #171:** The Council of National Delegates approved the Standing Committee for 2001-2004 (see section 1.2 on Standing Committee)

Resolutions opposing violence in the world:

**Resolution #172:** The tragic acts of violence which have occurred within the past several days remind us that life is fragile and precious. The IPA condemns all forms of terrorism and violence throughout the world. Unfortunately, cycles of senseless violence continue to occur. These cycles undermine society and compromise the future of the world's children. Violence and terrorism not only destroy life but also leave long lasting emotional scars on children and their families. As pediatricians we must be prepared to help these children and their families.

The IPA, representing the world's pediatricians, offers its sympathies to the friends and families who have lost their loved ones. We, hereby, re-affirm the commitment of the IPA and the world's pediatricians to make the world a better, more secure place for children.

**Resolution #173:** The International Pediatric Association, considering:

1. That the Pediatric Society of Colombia has been the advocate for the rights of children in Colombia
2. That it has set the standards for the physical, psychological and social care of children and adolescents for 84 years.
3. That it represents more than 41% of the Colombian population.
4. That the country is experiencing times of war and violence, basically involving children and adolescents, who pay their tribute, accounting for 30% of kidnaps and more than 50% of cases of abuse, death and displacement,
4. That children are players in the armed groups that recruit them,

We request:

1. That the Colombian government include the Pediatric Society of Colombia in the boards of the agencies responsible for surveying both children and families, such as the Instituto Colombiano de Bienestar Familiar (ICBF) at a national and regional level,
2. That it may become a party of the Comité Temático por la Paz, an advocate for the rights of Colombian children and adolescents.

**Council of National Delegates Meetings in Cancun, August 2004:**

The Council of National Delegates will meet on Sunday, August 15, from 9.00 to 17.00 and again on Wednesday, August 18, from 11.00 to 18.00. Dinner with members of the Executive and Standing Committees will follow the Wednesday meeting.

The times for the meetings of the CND in Cancun are being significantly expanded to give all of our societies a larger role and a chance to be heard in the IPA. There will be time for National Pediatric

Member Society representatives to have input into important issues such as constitutional changes, modification of dues structure, issues relevant to member societies, and future IPA directions.

At the first session on Sunday, August 15, changes in the Constitution will be presented and discussed. If approved by the CND, the new Constitution will come into force at the end of the Cancun Congress. In the afternoon possible modifications of dues structure and expectations of the member, societies regarding IPA will be discussed.

At the second session on Wednesday, August 18, the new President-Elect, the new Standing Committee members, and the host country for the 26<sup>th</sup> ICP of 2010 will be elected.

### **Election of the Host Country for the 26<sup>th</sup> ICP - 2010:**

Candidates for hosting of the 26<sup>th</sup> International Congress of Pediatrics of 2010 are:

- Argentina
- Cuba
- Italy
- Japan
- South Africa
- Turkey

Each Society will present its bid at the second session of the Council of National Delegates (10 minutes per candidate maximum). Once the host country has been selected, the Council of National Delegates will elect the President of the 2007 International Congress, and designate an official representative to the Executive Committee of the 2010 host country National Society.

### **Election of the President-Elect**

The Executive Director has received four nominations for election to the position of President-Elect as stipulated by the Constitutional By-laws that require that each nomination be signed by at least three Member Societies. The By-laws also specify that candidates must be from a region from which no President-Elect has been elected during the two preceding three-year terms. The two preceding Presidents-Elect are Jane Schaller (USA) and Adenike Grange (NIGERIA).

The President-Elect, after one three-year term, will take office as President for one three-year term. In case of the President's temporary or permanent incapacity, the President-Elect will serve as Acting President for the duration of the said incapacity.

The following four candidates have been duly nominated:

- Uday Bodhankar (India)
- Chok-Wan Chan (Hong Kong)
- Robert Holl (Netherlands)
- Manuel Katz (Israel)

### **1.2 Standing Committee**

The Standing Committee for the period 2001-2004 has been composed of:

- Seven representatives of the Regional Societies of the seven IPA geographic regions

#### ***Representatives of Regional Affiliate Societies***

- K. Olness (USA)  
American Academy of Pediatrics (AAP)  
(Representing North America)

- T. Puga (Argentina)  
Asociación Latino Americana de Pediatría (ALAPE)  
(Representing Latin America)
- H.C. Lue (Taiwan)  
Asian Pacific Pediatric Association (APPA)  
(Representing Asia Pacific)
- M. Moya (Spain)  
Union of Mid-Eastern & Mediterranean Pediatric Societies (UMEMPS)  
(Representing Mediterranean-Middle East)
- J. Tumwine (Uganda)  
Union of National African Pediatric Society and Association (UNAPSA)  
(Representing Africa)
- M. Katz (Israel)  
Union of National European Pediatric Societies and Association (UNEPSA)  
(Representing Europe)
- K. Yurdakok (Turkey)  
Union of Pediatric Societies of Turkic Republics (UNPSTR)  
(Representing Central Asia)

- Four Representatives elected from member International Pediatric Specialty Societies

#### ***Pediatric Specialty Societies Represented on the Standing Committee 2001-2004***

- |                                       |   |
|---------------------------------------|---|
| ▪ S. Wallace (UK)/ P. Evrard (France) | International Child Neurology Association (ICNA)      |
| ▪ E. Avner (USA)                      | International Pediatric Nephrology Association (IPNA) |
| ▪ U. Bodhankar (India)                | International Society for Tropical Pediatrics (ISTP)  |
| ▪ S. O. Lie (Norway)                  | International Society of Paediatric Oncology (SIOP)   |

- Ten Ad Personam Members nominated by the Executive Committee and elected by the Council of Delegates

#### ***Ad Personam Members of the Standing Committee 2001-2004***

- |                       |                                |
|-----------------------|--------------------------------|
| ▪ S. Bhave (India)    | ▪ C. Rahimy (Benin)            |
| ▪ R. Cooke (UK)       | ▪ J. Ramet (Belgium)           |
| ▪ B. Duncan (USA)     | ▪ J. Sewell (Australia)        |
| ▪ E. Hillman (Canada) | ▪ A. Younes (Egypt)            |
| ▪ N. Matsuo (Japan)   | ▪ E. Zecevic-Cemerlic (Bosnia) |

- The eleven members of the Executive Committee  
(See section 1.3)

The Standing Committee is the major committee responsible for IPA policy, and acts on behalf of the Council of National Delegates. The Standing Committee of 2001-2004 has been very active during this triennium, holding four meetings:

- |  |                                 |
|--|---------------------------------|
| ▪ September 2001, Beijing Congress           | (Standing Committee Session 35) |
| ▪ March 2002 Paris area, (Maffliers, France) | (Standing Committee Session 36) |

- January 2003, Geneva area, (Annecy, France) (Standing Committee Session 37)
- October 2003, Ankara, Turkey (Standing Committee Session 38)

The Standing Committee Meeting in Maffliers in March of 2002 was preceded by a three-day retreat of the Standing Committee for the purpose of reviewing the status of the IPA. This meeting established a framework for IPA work to be achieved by the time of the 24<sup>th</sup> International Congress in 2004. This retreat was facilitated by an external consultant (Bill Walch of the Communication Agency DCA), and proved very useful in clarifying the history, purposes, and possible future directions of the International Pediatric Association. The report of this retreat has been sent previously to the Council of National Delegates, and will be available at Cancun. An Executive Summary of the Retreat is included later in this report.

Four important items of work have been started and subsequently accomplished, based on work the Standing Committee initiated at this Retreat. They include:

I. Revision of the IPA Constitution to make it clearer and more democratic, and to strengthen the roles of the National, Regional, and Specialty societies. The CND will vote on adoption of these Constitutional changes at the first CND meeting.

II. Selection of a core Professional Congress Organizer (PCO). *Kenes International*, with headquarters in Geneva, was chosen in view of its broad experience in organizing international congresses in many countries and in managing office affairs of professional scientific organizations. The IPA feels that working with such an organization offers several advantages including:

- Assisting with administrative duties of the IPA executive offices
- Assuming organizational and financial responsibility for IPA International Congresses, thus removing much work and all financial risk from host countries.

III. Establishment of a tax-free corporation in the United-States, the International Pediatric Association Inc, to enable major granting entities, foundations, and donors to contribute to the IPA

IV. Development of a framework for equitable IPA dues structures. This framework will be discussed at the Council of National Delegates first meeting in Cancun.

The 2001-2004 Standing Committee will meet on August 11 (full day), and the newly constituted 2004-2007 Standing Committee will meet all day on August 21.

### **1.3. Executive Committee**

The Executive Committee includes the IPA officers (Honorary President, President, President-Elect, Executive Director, Treasurer, Coordinator, and Congress President) plus four ad personam members (two chosen by the Executive Committee and two by the Standing Committee).

Members of the Executive Committee also serve as members of Standing Committee.

The Executive Committee is responsible for implementing and overseeing policies determined by the Standing Committee and the Council of National Delegates.

The composition of the 2001- 2004 Executive Committee has been:

- I. Dogramaci: Honorary President (Turkey)
- J. Schaller: President (USA)
- J. Schmitz: Executive Director (France)
- A. Grange: President-elect (Nigeria)
- S. Cabral: Treasurer (Brazil)
- E. Alden: Coordinator (USA)

- M. Vega Lopez: Congress President 2004 (Mexico)
- A. Ahmad: Ad Personam (Pakistan)
- C.W. Chan: Ad Personam (Hong Kong)
- M. Gracey: Ad Personam (Australia)
- C. Villamizar: Ad Personam (Columbia)

#### Summary of Regional Representation of the combined Executive and Standing Committees 2001-2004:

• Mediterranean-Middle East, North Africa, Central Asia	4
• North America	6
• Latin America	5
• Europe	6
• Asia	8
• Sub-Saharan Africa	3
	Total 32

The Executive Committee has met on six occasions since the 2001 Beijing Congress (4 of the meetings concurrent with SC meetings):

September 2001 - Beijing, China	(Executive Committee Session 78, 79)
February 2002 - Paris area, France (Maffliers)	(Executive Committee Session 80, 81)
September 2002 - Ankara, Turkey	(Executive Committee Session 82)
January 2003 - Geneva area, France (Annecy)	(Executive Committee Session 83)
October 2003 - Ankara, Turkey	(Executive Committee Session 84)
March 2004 - Paris, France	(Executive Committee Session 85)

The Executive Committee has been instrumental in working out the implementation details of Standing Committee Initiatives, overseeing transfer of the IPA office to Geneva, and overseeing IPA finances under the direction of its Finance Committee (Sergio Cabral, Treasurer, Chok-wan Chan, Errol Alden, Jacques Schmitz, Jane Schaller).

In Cancun, meetings of the 2001-2004 Executive Committee will be held on August 13, and of the newly constituted 2004-2007 Executive Committee on August 22.

#### 1.4. Administrative Office of the IPA

In September of 2001, when Jacques Schmitz succeeded Robert Haggerty as IPA Executive Director, as previously decided by the IPA Executive Committee, the administrative office of the IPA was moved from Rochester, NY, to Paris, France. The IPA administrative office was first located at Château de Longchamp, PARIS - France. In early 2001 the IPA administrative office was moved to Hôpital Necher-Enfants Malades, 149 rue de Sèvres, PARIS - France. It was originally planned that Kenes would first assist with administrative functions of the IPA in Paris, and that after the Cancun Congress in 2004 the IPA office would move to Geneva, housed in the offices of Kenes. However, the IPA office was moved from Paris to Geneva on June 30, 2003, following the resignation of IPA administrative coordinator Jane McCullough who aptly and efficiently ran the administrative office from 1998 to 2003. The new Geneva address for the IPA is 17, rue du Cendrier, PO BOX 1726, CH-1211, Geneva 1 - Switzerland. Our new administrative coordinator in Geneva is Isabelle Bourzeix, who has efficiently and pleasantly assumed her role. Registration of the IPA in Paris was closed on December 17, 2003, and the IPA was formally registered as a nonprofit organization in Switzerland in December 2003.

The IPA president's office in Boston has been within the Department of Pediatrics at Tufts University School of Medicine (750 Washington Street, Box 286, Boston, MA 02111), assisted by Karen McCart and Tamara Collins. Much of the IPA work on program, establishment of a tax-free corporation in the United States, and incorporation of the IPA in Switzerland has been done through this office.

We of the IPA administration acknowledge and thank the many generous people who have helped us with administrative tasks in the last three years. We particularly remember Dr. Sheila Wallace with gratitude for her wise and willing contributions, and with sadness at her untimely death in 2002; Dr. Wallace represented the International Pediatric Neurology Association on the IPA Standing Committee.

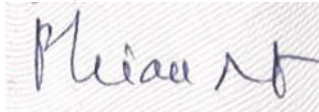
### **1.5. Finances**

The triennium 2001 - 2004 was marked by the decision of the Standing Committee, under the strong leadership of the Executive Committee and its Finance Committee (chaired by Sergio Cabral, IPA Treasurer), to build IPA capacity and infrastructure to permit more activities and better services to our Members, and to implement activities and programs important to global child health and appropriate to our Membership. The IPA Standing, Executive and Finance Committees recommended the creation of a reserve fund of \$150,000 to assure the future fiscal stability of the IPA, and the creation of a tax-free corporation in the United States (the IPA foundation, Inc. to permit grants and donations from major foundations and donors.

### **AUDITOR'S REPORT FOR 2004**

I have closely examined the accounts of the International Pediatric Association for the Years 2001, 2002 and 2003 to date and verified the Association's account ledger, the corresponding bank statements and documents for bank transactions. I have been in contact with the Professional Accounting Auditors, chosen by the Association, who regularly consult and who verify the accounts; I can assure you that they are in compliance both with the generally accepted principles of accounting and with the system of bookkeeping adopted by the Association.

Paris,

A handwritten signature in blue ink, appearing to read "Patrick NIAUDET", is written over a rectangular area with a light gray grid pattern.

Patrick NIAUDET  
IPA Auditor.

## II. ACTIVITIES OF THE INTERNATIONAL PEDIATRIC ASSOCIATION 2001-2004

During this triennium 2001-2004, IPA has furthered the organization and activities of our Association. Planning began with the first meetings of the Standing and Executive Committee in September 2001 at the time of 23<sup>rd</sup> Congress in Beijing. Key activities have included:

### 2.1 Child Watch Africa

In February 2002, a major conference was held in Nairobi, Kenya to launch the Child Watch Africa Program. Funds for this project were raised from a number of sources including Johnson & Johnson, the Children's Vaccine Program at PATH, and the Turner Foundation; in kind support was generously provided by UNICEF, WHO, and IPA. Both UNICEF and WHO have become partners in this endeavor. The Nairobi Declaration was drafted, stating the principles of the African Pediatricians and their regional society, UNAPSA.

#### **CHILD WATCH AFRICA: NAIROBI DECLARATION**

##### **Union of National African Pediatric Societies and Associates International Pediatric Association Nairobi, February 2002**

- I. Whereas at the turn of the new Millennium, African children continue to suffer disproportionately from disease and disadvantage despite recent advances in the medical sciences, globalization of trade and industry, increasing social and cultural interchanges, growth in economies of the richer countries, and improvements to the economies of some developing countries.
- II. Whereas each year millions of children in sub-Saharan Africa continue to suffer and die from conditions which are either preventable or for which there are affordable treatments, including needless perinatal deaths, acute respiratory infections, diarrheal diseases, vaccine-preventable disorders, malaria, tuberculosis, HIV/AIDS, malnutrition and nutritional deficiencies, psychosocial disorders, and chronic physical and mental impairment; and whereas wars, migrations, violence, abuse of the young, and violations of human rights exacerbate these problems.
- III. Whereas child health today is essential to the health of adult populations of tomorrow.
- IV. Whereas it is now well recognized that poor health is a major contributor to ongoing poverty and a major detriment to national development.
- V. Whereas the right to the enjoyment of the highest attainable standard of health and to facilities for rehabilitation and treatment of illness are fundamental rights of all children, as set forth in numerous international human rights treaties, especially the Convention on the Rights of the Child.
- VI. Whereas all African Governments have ratified this Convention.
- VII. Whereas the Organization of African Unity (now African Union) has adopted the African Charter on the Rights and Welfare of the Child, and many countries in sub-Saharan Africa have ratified this Charter.
- VIII. Whereas the Union of African Pediatric Societies and Associations (UNAPSA) has existed and striven consistently for children's health; and its members include the national pediatric societies of the 34 countries of sub-Saharan Africa; and some 2,000 pediatricians from these societies are based in communities, universities, government agencies, and other child health facilities, and therefore represent a valuable resource of professionals whose careers are dedicated to child health.
- IX. Whereas United Nations agencies, notably UNICEF and WHO, and numerous non-governmental organizations such as the Children's Vaccine Program at PATH and the Pediatric AIDS Foundation, share our concern for African child health.



- X. Whereas major funders including the World Bank, bilateral agencies, and the private sector have expressed concern with the state of African child health.
- XI. Whereas we together acknowledge the urgency and grave responsibility of responding to issues of child health in sub-Saharan Africa, recognizing that these are not only critical for child health but also for the well being of communities and the stability of nations.
- XII. Now, therefore, the African pediatric community, backed by the International Pediatric Association and in collaboration with other stakeholders, seeks to bring its voice and expertise to tackle these issues of poor health and lack of health equity for African children.
- XIII. Therefore, as major stakeholders in African child health, we hereby declare that the poor state of African child health is not acceptable and we call for more effort to be made and monitored systematically to address the following key issues:
- Infant and child mortality rates are steadily increasing in many African countries.
  - Major causes of child deaths remain unchanged: newborn mortality, malaria, acute respiratory infections, vaccine-preventable diseases, diarrhea, malnutrition, and HIV/AIDS.
  - The HIV/AIDS pandemic has reached disaster levels in Africa with millions of children infected, millions more orphaned, and mother to child transmission rates rising.
  - Immunization rates have declined over the past decade to less than 50% in many countries, and important new vaccines have not been introduced.
  - Effective drugs for children are not widely available.
  - Access to, and quality of care are inadequate in most countries.
  - Inadequate financial resources, physical infrastructure, and health manpower seriously constrain health care of children and sustainability of programs, and contribute to loss of professionals to richer countries.
  - Widespread poverty, war, massive displacement of populations, natural disasters, and famine pose major health problems for children.
  - Sector wide approaches such as primary health care which would ensure better coverage and equity in child health have not been utilized.
  - Vital services covering important areas such as adolescent and psychosocial health are largely unavailable.
- XIV. Therefore, we now call specifically upon:
- A. The National Pediatric Societies and Associations to:
- Establish Child Watch Committees in each African country to monitor child health on a country level and provide data to Child Watch Africa for regional and global advocacy. Such Child Watch committees will include a broad representation of people and agencies concerned with child health, and will advocate for child health using a human rights approach.
  - Strive to achieve acceptable levels of child health and child health care in their countries for all children.
  - Participate proactively in community capacity development.
  - Foster acquisition of knowledge and skills by member pediatricians in appropriate areas of child health including ethics, advocacy, epidemiology, biostatistics, finance and gender analysis, communications, and counseling.
  - Develop neglected areas such as adolescent and psychosocial health, and child health in humanitarian emergencies.
  - Assume a major role in training pediatric nurses and other health workers, including re-training at appropriate intervals.
  - Assume a major role in public education and advocacy for child health.
  - Assist Ministries of Health in information gathering and program design in child health, and provide advice in matters pertaining to child health.

- B. UNAPSA/International Pediatric Association to:
- Ensure wide distribution of this Declaration and other documents concerning African child health.
  - Emphasize reaching the unreached, particularly in countries where there is a severe shortage of a child health workforce.
  - Develop and circulate standard guidelines and protocols for the achievement of the highest attainable quality of care.
  - Develop a communications network and strategies to improve the awareness of child health issues in Africa.
  - Mobilize stakeholders for necessary support at regional and national levels.
  - Issue an annual Child Watch Report on the health status of African children and advocate for improvement.
- C. National Governments to:
- Take immediate measures to document and improve the state of child health at national levels.
  - Include representatives of national pediatric societies in decision making on all issues related to child health.
  - Facilitate access to child services through adoption of sector wide and sustainable approaches to the delivery of health services.
  - Improve standards of child health care through increased funding of child health programs.
  - Seek to achieve acceptable levels of infrastructure and workforce for child health.
  - Develop policies to ensure equitable access to basic health care and universal primary education.
- D. African Union:
- Confirm the observer status of UNAPSA at African Union deliberations.
  - Develop permanent mechanisms of continuing dialogue with UNAPSA on issues pertaining to child health.
  - Include UNAPSA on all regional consultative committees pertinent to child health, including related issues such as humanitarian emergencies, displaced persons, armed conflict, and children's rights.
- E. African Development Bank:
- Involve UNAPSA and its National Pediatric Societies in programs and projects concerning child health in Africa.
  - Explore and institute means of adequate funding for African child health programs.
- F. United Nations Agencies, World Bank, Bilateral Organizations, and NGO's Concerned with Child Health:
- Participate in appropriate Child Watch committees.
  - Plan and execute child health programs within African countries in consultation with National Pediatric Societies, according representative pediatricians a seat at the table in all phases of planning, implementation, and evaluation of child health programs.
  - Assure child health issues a priority in funding.

## **2.2 Maffliers Retreat of the Standing and Executive Committees**

In March 2002, at Maffliers, France, we held an organizing retreat of the Standing and Executive Committees. The Executive Summary of that retreat provides a framework for the future of IPA.

**RETREAT REPORT  
IPA STANDING COMMITTEE  
EXECUTIVE SUMMARY**

- I. The IPA has great potential as an organization. The IPA is a venerable organization with an honorable history dating back to 1910 and a unique composition of some 500,000 trained professionals in some 136 countries. Our organization has a potential role to play as a major force for child health throughout the world. To do this, we must transform ourselves from an organization based mainly on triennial congresses, friendship, and education to an organization active in program and advocacy for children throughout the world.
- II. We must work together. To achieve our potential, we need to strengthen our organization and foster effective working relations between our officers, our Secretariat, our governing committees, and our various members.
- III. We must engage our membership. Our 136 national societies are the backbone of our organization, as are our regional affiliate subspecialty societies. We must get to know our members better, find out their needs and their interests, and give them a clear role in governance of the IPA. Turning a large and far-flung organization such as the IPA into a structure which can effectively work together to address problems is a challenge. We must demonstrate value to our member societies to engage their participation in actions which will address crucial child health needs through meaningful programs. We must also serve as an organization that can strengthen our membership societies and assist them with their professional needs.
- IV. Better communications are essential. The IPA should provide a voice for child health and for child advocacy throughout the world. To do so, we will need to establish an effective communications network for our membership in the form of a newsletter, an e-mail network, a web page, and perhaps a journal. We also need to enhance our relationships with the media to permit our advocacy on child health issues.
- V. Ethics are important. We must establish an ethical base for what we stand for and what rules govern our relationships with other organizations and industry. We must take a child rights approach and take care to assure quality in all of our activities.
- VI. Program must be a crucial driving force. IPA programs must be centrally directed and chosen according to criteria which include feasibility, importance on a global scale, opportunities for National Pediatric Societies and their members to participate, and fundability.
- VII. Knowledge and science remain paramount considerations. The IPA should be a repository of the best child health information and advice available on a global basis. Education at all levels (professional, allied health, governments, public, children), and teaching and training are all important.
- VIII. Funding sources must be found. Adequate resources are needed to run an efficient and functional organization. Funding sources include dues, grants, corporate contributions, and gifts. All of these will be explored, with attention to appropriate ethical considerations.
- IX. Our governance and structure must reflect and facilitate our mission. In order to fulfill our potential, we must look at our rules of governance including our Constitution, and structure them in a way which permits us to move forward. Key considerations in this regard are democracy, appropriate representation, and geographic distribution.
- X. Together we can do it!

### **2.3 IPA session at the United Nations General Assembly Special Session on Children**

In May of 2002, in collaboration with WHO and UNICEF, IPA presented a special session at the United Nations General Assembly Special Session on Children which resulted in the "New York Call to Action" and the motto "Healthy Children for a Healthy World", both of which have now been adopted by our governing committees. Our session was attended by leading officials of UNICEF, WHO, the UN, and governments. The event was addressed by Carol Bellamy, UNICEF Executive Director; Roger Moore, UNICEF Goodwill Ambassador; Mrs. Stella Obasanjo, First Lady of Nigeria; Andrew Natsios,

Administrator, US Agency for International Development; Ingela Thalen, Minister of Health and Social Affairs, Sweden; and Ihsan Dogramaci, Member and Past President of UNICEF Executive Board, and Honorary President of IPA.

This session represented a unique opportunity for a panel of pediatricians representing the world to speak to world leaders on child health issues.

Participants in our IPA panel included:

- Ishan Dogramaci (Turkey)
- Adenike Grange (Nigeria)
- Swati Bhawe (India)
- Asfaq Ahmad Khan (Pakistan)
- Horacio Lejarraga (Argentina)
- Mamdouh Gabr (Egypt)
- Louis Cooper (USA)

Moderators of the session were Yves Bergevin, Chief of Health, UNICEF; Hans Troedsson, Director of Child and Adolescent Health, WHO Geneva; and Jane Schaller, President of the IPA. Errol Alden, Coordinator of IPA, served as Rapporteur of this Session.

A full report of the UNGASS IPA session will be available in Cancun for those who are interested.

## **HEALTHY CHILDREN FOR A HEALTHY WORLD**

### **NEW YORK CALL TO ACTION FROM THE PEDIATRICIANS OF THE WORLD UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON CHILDREN MAY 10<sup>TH</sup>, 2002**

*Recognizing* that some 30,000 children die each day from conditions which are either preventable or for which there are affordable treatments.

*Realizing* that many of the world's children suffer illness and malnutrition, and that ill health has many faces such as poverty and inequity, disability, poor physical health, impaired psychosocial health, and neglected education.

*Distressed that* children are subject to many forms of abuse, and are the first to suffer during wars, conflict, and violence.

*Regretting that* environmental degradation imperils the present and future health of children everywhere, and that many children are thrust into unhealthy lifestyles.

*Duly noting* that there is adequate knowledge and technology to prevent and address the major health problems facing children.

*Acknowledging* that the International Pediatric Association (IPA), with over 500,000 pediatricians worldwide, is strategically placed to play a leadership role in the promotion of children's health.

*Hearing* the commitment voiced by Governments, UN and other agencies, non-governmental organizations, private sector, and communities to improve the health and welfare of children, especially those most vulnerable.

*Knowing* that the Convention on the Rights of the Child and other international instruments guarantee all children the right to the highest attainable standard of health and health care.

NOW, THEREFORE, we the pediatricians of the world who have dedicated our lives to children, working closely with other professionals, governments, UN and bilateral agencies, NGO's, the private sector, and communities, pledge to:

- (I) *Mobilize* our membership worldwide to support and promote efforts to achieve the Millennium Development Goals and those goals outlined in "A World Fit for Children", the Outcome Document of the UN Special Session on Children, May, 2002.
- (II) *Work all together for child health* with other partners as advocates for the attainment of better health for all children everywhere.
- (III) *Join efforts to accelerate* the fight against the HIV/AIDS pandemic that has reached disastrous levels in Africa and is threatening other regions in the world.
- (IV) *Promote* the care of mothers and newborns to assure that all children have the best possible start to life.
- (V) *Work for* the highest possible standards of care for children and support policies that ensure equitable access to basic health care for all children, with comprehensive attention to the whole child.
- (VI) *Support peace and stability* and insist that children be the first to receive protection and relief from violence in its many forms.
- (VII) *Advance* the causes of environmental preservation and safety, and of healthy lives for children.
- (VIII) *Foster* active collaboration among professionals, governments, UN agencies, universities, NGO institutions, and communities.
- (VIX) *Establish* Child Watch committees at country level in collaboration with other partners, to monitor child health, to provide data for regional and global advocacy, and to find the ways forward for meeting child health goals.
- (X) *Advocate* for needed resources for children.
- (XI) *Collaborate* with UNICEF, WHO, and other agencies in supporting global efforts that benefit children.
- (XII) *Call upon* governments to place child health and development high on national and global agendas to ensure that the Millennium Development Goals and those goals outlined in "A World Fit for Children" are reached in each country.

## **2.4 Organizational Activities**

We have followed through with our IPA planning decisions and have achieved a number of results:

- We have completed an external review and consultation (The Maffliers Retreat)
- We have developed a statement of principles (the New York Call to Action)
- We have had four intensive meetings of our Standing Committee and six of our Executive Committee
- We are in the final stages of revising the IPA Constitution to permit the IPA to become a more active and representative organization
- We are moving towards democratization of our organization with an expanded role for the Council of National of Delegates and of our individual pediatric members
- We have formalized and are activating six IPA program areas, and are exploring other key child health areas.
- We have moved our Executive Offices from Paris to Geneva, and have engaged a professional management company.
- We have formed a tax-free corporation in the United States, the International Pediatric Association Foundation, Inc.

## 2.5 External Relations

We have expanded external relationships with other major organizations, including WHO, UNICEF, other UN related entities, NGOs, and other professional organizations:

- World Health Organization (WHO): IPA is in a formal relationship with the World Health Organization (WHO). We are actively collaborating with the WHO in programs including Child Health in Sub-Saharan Africa, Childhood Tuberculosis, Universal Immunizations and Injection Safety, Essential Medicines, Child Health in Humanitarian Emergency, and Children's Environmental Health. In all of these areas, we have been working with the leaders of the corresponding WHO sections in Geneva.

In February 2003, at the time of the Standing Committee meeting in Annecy, our 31 Standing Committee members organized a group meeting at WHO Headquarters in Geneva with WHO program directors from a number of WHO departments who share common child health interests with IPA. Included were leaders from Child and Adolescent Health, Stop TB, Immunization and Injection Safety, HIV-Aids, Nutrition, Maternal Health, Essential Medicines, Environmental Health, and the Violence Initiative. This was a unique and valuable meeting, as it gathered not only Child and Adolescent Health personnel but also WHO leaders representing other program areas of concern to child health.

The IPA has been represented at WHO Executive Committee Meetings, Meetings of Interested Parties, and the World Health Assemblies of 2002, 2003, and 2004. Six representatives of the IPA attended the World Health Assembly in May 2003, and four in May 2004. These individuals contributed in kind support to the IPA by assuming their own expenses.

Since 2003, the IPA has sent representatives to regional WHO Meetings in Africa, Southeast Asia, the Western Pacific, the Middle East/Mediterranean, and the Americas, and we have now been invited to designate formal IPA representatives to regional WHO offices. IPA representatives participated in the WHO Expert Committee Meetings of the Essential Medicines Program and the Safe Injection Program.

- UNICEF: IPA has a formal non governmental organization (NGO) relationship with UNICEF. We have collaborated with UNICEF in both the United Nations General Assembly Special Session on Children and its follow up, and in the Child Watch Africa project. IPA has attended some UNICEF Board meetings in its NGO status, and has now been asked to consider addressing the UNICEF Board in the fall of 2004.
- International Labor Organization (ILO): In October 2002, IPA participated in an International Labor Organization (ILO) conference on Guidelines for Hazardous Child Labor. As a background history, in December 1993 IPA had conducted a workshop on child labor jointly with of ILO. This workshop, held in Senegal, resulted in a Declaration of Dakar concerning child labor. The ILO is sending one of its senior officers to speak on child labor at the Cancun Congress.
- Stop TB: IPA is a partner in the WHO Stop TB partnership and has been active in the organization of a formal working group on Childhood Tuberculosis.
- GAVI: IPA is a collaborating NGO with the Global Alliance for Vaccines and Immunizations (GAVI) program
- Save the Children: IPA has joined the *Healthy Newborn Initiative* of Save the Children
- Mental Health: IPA has been asked to join the Organizing Committee of a child mental health program spearheaded by the World Psychiatric Association

- International Federation of Gynecology and Obstetrics (FIGO): IPA has participated in the Executive Committee Meetings of FIGO
- In June 2003, IPA participated in the Third World Congress and Exhibition: Child and Youth Health 2003 in Vancouver, Canada
- In January 2004, IPA participated in a regional conference Children and the Mediterranean sponsored by the World Bank concerning the status of children of the Mediterranean region.
- In March 2004, IPA participated in a conference Child Survival: from Knowledge to Action in Venice, which addressed potential formation of a Global Partnership to address issues of child survival which were brought to attention in a series of papers published in the Lancet in summer 2003. The Gates Foundation, the World Bank, UNICEF and WHO sponsored this conference.
- In May 2004, IPA was represented at a workshop on International Pediatric research held in conjunction with the Pediatric Academic Societies of the US.

## **2.6 Member Relations**

IPA representatives have attended the major regional society meetings held during this triennium, including UNAPSA, ALAPE, APPSEAR/ APPA, UMEMPS, and UNEPSA, and have been represented at a number of National Pediatric Society meetings as well. IPA has also been represented at special events involving our member societies at country level, including the dedication of the new Japanese National Children's Center in Tokyo, and Board Meetings of the International Children's Center in Ankara.

## **2.7 IPA Program Activities**

We have begun work in six major program areas which were chosen by the Stranding Committee as areas where there were global needs which the global pediatric community could appropriately address.

### I. Childhood Tuberculosis

The IPA is a member of the Stop TB Partnership of the World Health Organization (WHO) and is working with WHO and other organizations to address scientific, care, and policy issues of childhood tuberculosis. We are part of a new coalition of the International Pediatric Association (IPA) - the Centers for Disease Control (CDC) - the National Institutes of Health (NIH) - the International Union Against Tuberculosis and Lung Disease (IUATLD) - and the World Health Organization (WHO) - which has formed an official working group on childhood tuberculosis within the Stop TB Program of WHO. This is a major step forward in recognition of childhood TB as a global issue. The core group of this working group will meet in Cancun at the time of the IPA international Congress in August 2004. A major current project concerns drafting guidelines for definition and management of childhood TB which can be incorporated into national TB Control Programs. IPA held a regional TB Meeting in Addis Ababa at the time of the UNAPSA Meeting in December 2002 which defined African criteria for a diagnosis of childhood TB and care at various levels of the health system; these represent a first step of a region looking at its own situation of childhood TB. We will be developing a curriculum for pediatricians in the recognition and management of childhood TB.

### II. Child Watch Africa

The IPA and the Union of African Pediatric Societies and Associations (UNAPSA) are working in conjunction with UNICEF, WHO, and other partners to address the many issues affecting child health in this region in a comprehensive and intergraded fashion, fostering collaborative relationships between the professional community of pediatricians and other stakeholders in African child health on both country and regional levels. A Child Watch Africa conference was held in Nairobi in February 2002 to begin this

process. The Child Watch program is now being launched in 5 pilot countries, Benin, Ivory Coast, Kenya, Nigeria, and Uganda.

### III. Child Health in Humanitarian Emergency

The IPA, in collaboration with Professor Karen Olness and Case Western Reserve University, has established an international curriculum to train pediatricians in disaster relief, and seeks to work with other relief organizations in this regard. We are conducting training courses in conjunction with our National and Regional Pediatric Societies and with other partners including Health Frontiers, governments, UNICER and WHO, and the American Academy of Pediatrics, and developing a registry of trained pediatricians who can be called upon for assistance in child health in areas of need throughout the world. Recent IPA courses have been held in Pakistan (2002), Addis Ababa (2002), Nicaragua(2002), Panama (2003), Damascus (2004), and India (2004). The IPA is also actively exploring ways of assisting pediatricians and child health initiatives in areas of conflict.

### IV. Children's Environmental Health

The IPA is a partner in the WHO initiative Healthy Environments for Children and is working actively with WHO Children's Environmental Health endeavors. We conducted a seminar on air pollution in conjunction with WHO and UNICEF in Beijing in September 2001. An informational leaflet on air pollution and child health has been distributed to the child health community throughout the world; similar educational leaflets are now being produced to highlight other key environmental issues. Our educational and advocacy activities will be expanded to include courses on Children's Environmental Health which can be offered on country or regional basis. We are planning a curriculum to train child health workers in environmental issues, and in conjunction with WHO will hold a course in Cancun August 2004 for one official representative of each of our member countries. We held the first meeting of our IPA program committee on environment in conjunction with the Argentine Pediatric Society Meeting in Mar del Plata in late 2003..

### V. Essential Medicines for Children

The IPA is working with the Essential Medicines Program of WHO to address the issues of essential medicines for children on a global basis. Activities include reviewing the current WHO essential drug list and formulary and WHO treatment guidelines with the needs of children in mind, developing a comprehensive and practical list of essential medicines for children in various regions of the world, assuring appropriate formulation of drugs for pediatric usage, developing literature about pediatric medicines for caregivers at various levels, developing a curriculum for rational drug use in children which can be presented on regional and country levels, and working towards availability of basic drugs for children on country levels throughout the world.

### VI. Global Immunization and Injection Safety

The IPA has become an NGO partner in the Global Alliance for Vaccine and Immunization (GAVI) and will be working with WHO and UNICEF to involve the international pediatric community in the achievement of universal immunization for children and to address issues of injection safety and usage in children. A seminar on this topic was organized by PAHO/ WHO and IPA on the occasion of the last ALAPE meeting in Montevideo at the end of November 2000. An IPA representative has attended recent WHO Meetings of its Expert Committee on Injection Safety. WHO, UNICEF and PAHO will be making major presentations on immunization during our Cancun Congress.



### III. FUTURE DIRECTIONS OF THE INTERNATIONAL PEDIATRIC ASSOCIATION

The major endeavor of the IPA over the next 3 years will be to continue to enhance our role in the global child health community. To do so we must consider:

- A broad view of child health, which encompasses physical, mental, and psychosocial health of children and families.
- Links with maternal and family health
- Adolescent Health, as adolescents have too often been left out of global child health planning.
- Health equity for children, being mindful that 50% of human beings in the developing world are children.
- Poverty alleviation and attention to social issues.
- Basic standards for teaching and training of pediatricians, and for research endeavors in pediatrics and child health.
- Acceptable standards of child health care
- Definition of and adherence to acceptable codes of ethics for pediatricians
- Needs of other colleagues in child health including Pediatric Nursing and Pediatric Surgery

With these principles in mind, the IPA hopes to address the following areas in the next triennium:

- Energise and motivate the International Pediatric Community to speak with one voice on important global child health issues, and to act on the urgent issues of global child health on country, regional, and global levels
- Hear and be responsive to the ideas and needs of our individual member societies.
- Foster closer working relationships with and between our member societies: National Pediatric Societies, Regional Pediatric Societies, and International Specialty Societies.
- Encourage our Members to participate in National and Regional Society meetings outside of their own regions, and to become better acquainted with each other as citizens of the world of child health.
- Continue to develop our current six program areas (Child Health in Humanitarian Emergency, Child Health in Africa, Childhood Tuberculosis, Environmental Health for Children, Essential Medicines for Children, and Global Immunization)
  - Work through IPA program committees which represent all areas of the world
  - Offer Educational courses for our members on country and regional levels in our major program areas.
  - Assist regional and country efforts to address IPA program areas on global, regional, and country levels
  - Encourage programs in education, advocacy, research, and patient care in key IPA program areas
- Explore how IPA can contribute to other important program areas, such as HIV-Aids (possibly linking this to adolescent health), Newborn Survival, Quality of Child Health Care, defining realistic IPA capacity for expanding program activities.
- Continue solidifying working relationships with key global agencies and organizations including WHO, UNICEF, the World Bank, the International Labor Organization, and major NGOs.
- Participate in important global child health initiatives such as the proposed Global Alliance for Child Survival.
- Concentrate on three vital matters in building the infrastructure of IPA:
  - Image (Public Relations),
  - Fundraising
  - Communications (website, newsletter and journal).
- Explore strengthening relationships with Ministries of Health at country and regional levels.
- Explore our role in assisting our colleagues in related child health fields, including Pediatric Nursing and Pediatric Surgery.

The future of the IPA rests on its capacity to develop a voice for the global pediatric community in policy, planning, implementation, and sustainability of important global child health initiatives. In doing so we pediatricians must be careful to assume a broad view of child health, a view which encompasses physical, mental and psychosocial health of children and their families. The link with maternal and family health is important, as is an emphasis on adolescent medicine as adolescents have too often been left out of global child health planning. Emphasizing health equity for children is another important aspect of what we should do, being mindful that 50% of the developing world's population are children. Poverty alleviation and attention to social issues are of obvious importance to child health. Defining basic standards for teaching and training of pediatricians, for pediatric research, and for acceptable levels of child health care are also of obvious importance. And finally, definition of, and adherence to, acceptable codes of ethics for pediatricians is a paramount concern.

We pediatricians have much to offer in global child health. We are the one profession most highly trained in child health and most exclusively devoted to child health in our daily professional endeavors. Working all together as a global pediatric community we can make a difference for children everywhere - and for our profession. We should aim for no less.