



IPA VISION

Every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill his or her human potential

IPA MISSION

Pediatricians—working with other partners—will be leaders in promoting physical, mental, and social health for all children, and in realizing the highest standards of health for newborns, children, and adolescents in all countries of the world

ADMINISTRATIVE OFFICE

141 Northwest Point Blvd
Elk Grove Village, IL 60007
U.S.A.
Tel: 1.847.434.4293
adminoffice@ipa-world.org

International Pediatric Association

TRIENNIAL REPORT OF THE IPA PRESIDENT AND EXECUTIVE DIRECTOR FOR 2013-2016

This report covers the three-year period between the 27th International Congress of Pediatrics in Melbourne, Australia in 2013 and the 28th International Congress of Pediatrics in Vancouver, Canada in 2016.

The triennial report is divided into three sections:

1. Governance and Administration of the International Pediatric Association (IPA)
2. IPA Activities and Accomplishments 2013-2016
3. 2013-2015 Financial Reports

There will be time allotted for discussion of this report during the scheduled meetings of the Council of Delegates in Vancouver. We welcome comments or questions from members prior to that time.

OVERVIEW

The International Pediatric Association (IPA) was formed in Paris in 1910 by a group of European pediatricians who later assembled for the First International Congress of Pediatrics in 1912. Over the years, the IPA has evolved into a non-governmental organization with a membership of 144 National Pediatric Societies from 145 countries, 10 Regional Pediatric Societies representing all areas of the world, and 13 International Pediatric Specialty Societies, including the International Pediatric Chairs Association and the World Federation of Associations of Pediatric Surgeons. The IPA, currently a volunteer-staffed organization, is incorporated in Switzerland and the United States and is governed by a Council of Delegates comprised of one representative from each Member Society, an elected Standing Committee, an Executive Committee of the Standing Committee, and its Officers.

The IPA co-hosts a triennial meeting with a National Member Society in which pediatricians from all Member Societies and all parts of the globe share knowledge, renew commitments, and energize child health policy.

The original purpose of the IPA was to foster relationships among the pediatricians of the world, thus promoting education and sharing of information about child health. With the exception of World War I and II, the IPA has held International Congresses of Pediatrics every three years: the 23rd Congress in Beijing, China (2001); the 24th Congress in Cancun, Mexico in (2004); the 25th Congress in Athens, Greece (2007); the 26th Congress in Johannesburg, South Africa (2010); and the 27th Congress in Melbourne Australia (2013).

Over the years, the IPA has conducted workshops and seminars addressing key child health issues, often in collaboration with WHO and UNICEF. The IPA is now working to mobilize its extensive network of pediatricians for advocacy and programs in child health, working whenever possible with UN agencies and other global organizations. Technical Advisory Groups (TAGs) include Adolescent Medicine, Better Medicine, Child Survival (Neonatal Health-Every Newborn), Children's Environmental Health, Early Child Development, Environmental Health, Humanitarian Emergencies, Immunizations, Non-communicable Diseases, Nutrition, and Quality of Care.

The IPA partners with other groups and organizations for the benefit of all children everywhere. Current prominent partnerships include those with the World Health Organization (WHO), the Global Alliance for Vaccines and Immunization (GAVI), the Partnership for Maternal Newborn and Child Health (PMNCH), the International Federation of Gynecology and Obstetrics (FIGO), and many more. The IPA participates in the World Health Organization's World Health Assembly every year.

1. GOVERNANCE AND ADMINISTRATION OF THE INTERNATIONAL PEDIATRIC ASSOCIATION (IPA)

The Council of Delegates represents the total membership of the IPA and is the ultimate governing body of the IPA. Members of the Council of Delegates are the Presidents of each IPA Member Society or the official society representative designated to fill this role. The Council of Delegates meets every three years during the IPA International Congress of Pediatrics. The 2016 Council of Delegates will have Members from 144 National Member Societies, 10 Regional and Linguistic Societies, and 13 International Specialty Societies.

The IPA Standing Committee acts on behalf of the Council of Delegates between Council of Delegates meetings, and guides IPA policy and action based on the wishes of the Council of Delegates. According to Council of Delegates' resolution in 2010, the Standing Committee added two additional representatives from the Asia Pacific Pediatric Association, noting the vast geographic area and very large number of children in this region. The total membership of the 2013-2016 Standing Committee was thus 27 members. The Standing Committee meets once or twice each year.

The IPA Executive Committee is comprised of the IPA officers and Executives (President, President-Elect, Congress President, Executive Director, Treasurer, Coordinator, and Past President ex-officio) and two Standing Committee members elected to represent the Standing Committee to the Executive Committee. The Executive Committee meets once or twice each year, ordinarily at the time of the Standing Committee meetings. The role of the Executive Committee is to carry out the mandates of the Standing Committee and to act on behalf of the Standing Committee between its regular meetings. Under provisions of the IPA Constitution, the Executive Committee will have eight members plus one ex-officio member.

1.1 THE COUNCIL OF DELEGATES

The amended IPA Constitution adopted in 2004 by the Council of Delegates (CoD) at the 24th ICP extends voting rights in the Council of Delegates to all IPA Member Societies: National Member Societies, Regional Member Societies, and Specialty Member Societies. The IPA officially recognizes seven voting geographic regions (sub-Saharan Africa, Asia-Pacific, Central Asia, Europe, Latin America, Middle East & North Africa, and North America). The President of the Regional Society or the officially designated representative from each of the seven IPA geographic regions represents that region on the Council of Delegates. Individuals from IPA Member Societies who represent additional Regional or Linguistic groups are welcome to attend Council of Delegates meetings, but will be represented in voting by the Regional Societies most closely representing their geographic region.

COUNCIL OF DELEGATES MEETINGS IN VANCOUVER, AUGUST 2016: During the 2016 2016 Congress, the IPA's major governing body, the Council of Delegates, will convene on Friday, August 19 from 10:00-15:30 in rooms 301-305 in order to discuss important issues and review all items to be voted upon. Please note that the CoD will be dismissed for a one-hour lunch break from 12:00-13:00.

Session 1: August 19, 2016

During the first session of the Council of Delegates on August 19, all IPA Member Societies in good standing with a certified voting delegate present will meet from 10:00-15:30 in rooms 301-305 and cast their ballots to shape the future of the IPA. The CoD will review and vote upon new Member Societies, Constitutional Amendments, new 2016-2019 IPA Standing Committee Members, and the host country for the 30th ICP.

We hope to have adequate time for discussion of these topics and of other matters brought up by Council of Delegates members. The IPA is trying to afford our Member Societies a larger role and a greater chance to be heard in the IPA. We look forward to receiving input from the Council of Delegates on important issues relevant to our Member Societies and to the future direction of our organization.

Session 2: August 20, 2016

During the second session of the Council of Delegates on August 20 from 10:00-12:30, we will hold elections for the next President-elect of the IPA.

ELECTION OF THE IPA PRESIDENT-ELECT:

The Executive Director has received two nominations for the position of President-elect as stipulated by the Constitutional bylaws, requiring approval of the candidate's National Pediatric Society, nomination by three Member Societies, and representation of a region from which no President-elect has been elected during the two preceding three-year terms.

According to the IPA Constitution, the President-elect, after one three-year term (2016-2019), will assume office as President for one three-year term (2019-2021). In the case of temporary or permanent incapacity of an IPA President, the President-elect will serve as Acting President for the duration of any incapacity.

The following two candidates for IPA President-elect 2016-2019 have been duly nominated:

- Errol R. Alden (USA)
- Joseph Haddad (Lebanon)

NATIONAL SOCIETIES TO BE OFFICIALLY CONFIRMED AS IPA MEMBERS SOCIETIES:

- Romania
- Mongolia
- Botswana

PROPOSED CONSTITUTIONAL AMENDMENTS:

The following is a list of the IPA Constitutional Amendments that have been proposed in accordance with the IPA's constitutional guidelines:

Proposed Amendments:

1. Vision: add "The IPA will serve as an unceasing voice for children's health, development, and potential through advocacy, education, and action."
2. Mission: add "The IPA will work with professional associations and all others willing to add their strengths to advocacy, education, and programming on behalf of children."
3. Change the Congress frequency from triennial to biennial after the 2019 Congress. This is considered necessary for the following reasons:
 - a. Turnover of sponsor contacts
 - b. New sponsor contacts do not remember prior Congress(es)
 - c. Difficult to keep corporate partners (Pharma) engaged
 - d. Ultimate goal should be the increase of revenues
4. Change the Executive officers term in office from 3 years to 2 years (after 2019).
5. Change the Standing Committee members' terms from 3 years to 2 years (after 2019).
6. Allow Executive officers to serve up to 2 terms, except for Executive Director and Treasurer who may serve up to 3 terms.
7. Change the schedule of submission of proposals for host countries for the biennial Congress.
8. Reduce the number of sub-Specialty societies that are represented in the Standing Committee from 5 to 2.
9. Representation of Regional & sub-Specialty Societies to the Council of Delegates: Regional and sub-Specialty societies should have their own process outside the Council of Delegates in which to select and appoint candidates for the Standing Committee. For a candidate to apply for a position in IPA's Standing Committee, this candidate should have the approval of the General Assembly of the Regional or sub-Specialty Society of which he/she represents. Allow the IPA to appoint an election officer and SC to ratify new members for a 2-year period up to a maximum of 2 periods, effective 2019.
10. Voting for Standing Committee members from a particular region will be done by Council of Delegates representatives from within the same region.

ELECTION OF THE HOST COUNTRY FOR THE 30TH ICP 2021 OR 2022

The International Pediatric Association holds a triennial Congress. However, the Executive Committee of IPA will be presenting an Amendment to the Constitution to hold biennial meetings instead of triennial meetings after the 2019 Congress; thus, bids for the Congress will be considered if the country is able to have the flexibility to host the Congress either in 2021 (if Constitution referendum is approved during the 2016 IPA Council of Delegates meeting) or 2022 (if it is not approved). The five candidate sites that meet IPA criteria for hosting the 30th International Congress of Pediatrics in 2021 (or 2022) are:

- India
- Italy
- Netherlands
- Taiwan
- United Kingdom

Each candidate site will present its bid at the August 19 session of the Council of Delegates (10 minutes allotted for each candidate site presentation). Each site can host an exhibition booth during the 28th Congress. Once the host country for the 30th ICP has been selected, the host country will designate its official representative to the IPA Executive Committee.

Planning for the 29th ICP will be presented and discussed by Dr. Mariana Lopez of the Panamanian Society of Pediatrics.

All members are reminded that the 28th ICP is managed by the IPA and its professional congress organizer (Marketing Challenges International, or MCI) in conjunction with the 2016 host National Pediatric Society, the Canadian Paediatric Society. We welcome comments and input from all of our Member Societies concerning your experiences with the organization of this 2016 Congress and your suggestions for any modifications or improvements for the future.

ELECTION OF THE IPA STANDING COMMITTEE 2016-2019

The IPA Constitution recognizes seven geographic regions: sub-Saharan Africa, Asia, Central Asia, Europe, Latin America, Middle East & North Africa, and North America. For each of these regions, if there is a functioning Regional Society inclusive of the entire region, the President of that Regional Society will automatically be accorded a seat on the IPA Standing Committee ex-officio.

These regions include the following Regional Societies: sub-Saharan Africa (Union of National African Paediatric Societies and Associations - UNAPSA), Asia (Asia Pacific Pediatric Association - APPA), Central Asia (Union of National Pediatric Societies of Turkish Republics - UNPSTR), Europe (Union of National European Paediatric Societies and Associations - UNEPSA), Latin America (Asociación Latinoamericana de Pediatría - ALAPE), the Middle East & North Africa (Union of National Arab Pediatric Societies - UNAPS / Union of Middle Eastern & Mediterranean Pediatric Societies - UMEMPS), and North America (American Academy of Pediatrics - AAP / Canadian Paediatric Society). Each of these regions must also nominate two or more candidates to stand for election by the CD to the second Regional Seat on the SC, and in the case of APPA for the second, third, and fourth Regional Seats on the CD).

Regional nominations put forth by the IPA geographic regions have been reviewed by the IPA Standing Committee. Regional candidates with the nominating society indicated in parentheses above, are:

Africa (sub-Saharan)

- Dr. Dorothy Esangbedo (Union of National African Paediatric Societies and Associations - UNAPSA) will hold the seat of the Regional President ex-officio.

Candidates for the second Regional Seat are:

- Prof. Amha Mekasha (Ethiopia)
- Prof. Ousmane Ndiaye (Senegal)

Asia-Pacific

- Dr. Naveen Thacker, India (Asia Pacific Pediatric Association - APPA) will hold the seat of the Regional President ex-officio.

Candidates for the second, third, and fourth Regional Seats are:

- Assoc. Prof. Daniel YT Goh (Singapore)
- Prof. Shinichi Hirose (Japan)
- Dr. Pramod Jog (India)
- Assoc. Prof. Ping-Ing Lee (Taiwan)
- Assoc. Prof. Susan Moloney (Australia)
- Dr. Aman Bhakti Pulungan (Indonesia)
- Prof. Mohammad Shahidullah (Bangladesh)
- Prof. Kunling Shen (China)
- Dr. Zulkifli Ismail (Malaysia)

Central Asia

- Dr. Enver Hasanoglu, Turkey (Union of National Pediatric Societies of Turkish Republics - UNPSTR) will hold the seat of the Regional President ex-officio.

Candidate for the second Regional Seat is:

- Assoc. Prof. Kathy Khatami (Iran)

Europe

- Dr. Leyla Namazova-Baranova, Russia (Union of National European Paediatric Societies and Associations - UNEPSA) will hold the seat of the Regional President ex-officio.

Candidates for the second Regional Seat are:

- Prof. Fügen Çullu Çokuğraş (Turkey)

- Prof. Massimo Pettoello-Mantovani (Italy)

Latin America

- Dr. José Brea del Castillo, Dominican Republic (Asociación Latinoamericana de Pediatría - ALAPE) will hold the seat of the Regional President ex-officio.

Candidate for the second Regional Seat is:

- Dr. Oswaldo Revelo Castro, El Salvador (Vice President, ALAPE)

Middle East & North Africa

- Dr. Basim Al-Zoubi, Jordan (Union of Arab Pediatric Societies - UAPS) will hold the seat of the Regional President ex-officio.

Candidates for the second Regional Seat are:

- Dr. Najla Ayoub (Iraq)
- Dr. Mohamed Douagi (Tunisia)
- Dr. Satti Abdelrahim Satti (Sudan)

North America

There being no single representative North American Regional Society, two candidates from North America have accordingly been nominated by the two Member Societies of North America:

- Dr. Douglas McMillan (Canadian Paediatric Society)
- Dr. Linda Arnold (American Academy of Pediatrics)

International Specialty Societies

Five candidates from the IPA Specialty Member Societies will be elected to the IPA SC from a slate of candidates proposed by the five IPA Member Societies that nominated candidates for 2016-2019. These candidates include:

- International Society for Social Pediatrics and Child Health (ISSOP)
-Dr. Shanti Raman, Australia
- International Pediatric Academic Leaders Association (IPALA)
-Dr. Robert W. Armstrong, Kenya
- International Pediatric Nephrology Association (IPNA)
-Dr. Jie Ding, China
- International Society of Tropical Pediatrics (ISTP)
-Dr. Usa Thisyakorn, Thailand

- World Federation of Associations of Pediatric Surgeons (WOFAPS)
-Dr. Jean-Michel Guys, France
- International Society of Paediatric Oncology (SIOP)
-Dr. Paul Rogers, France

Final Composition of the IPA SC 2016-2019

The 2016-2019 Standing Committee will have 27 members. **The newly elected IPA Standing Committee 2016-2019 will hold its first meeting from 10:00-12:00 on Sunday, August 21, 2016.**

1.2 EXECUTIVE COMMITTEE 2016-2019

The membership of the IPA Executive Committee 2016-2019 will include:

- President (Zulfiqar Bhutta)
- President-elect (to be elected by the Council of Delegates)
- Executive Director (William J. Keenan)
- Treasurer (Jay E. Berkelhamer)
- Coordinator (Naveen Thacker)
- President of the 29th ICP (Mariana Lopez, selected by the Panamian Society of Pediatrics)
- Two members of the 2016-2019 Standing Committee will be elected to the Executive Committee by the 2016-2019 Standing Committee
- Immediate Past President (Andreas Konstantopoulos)

1.3 STANDING COMMITTEE 2013-2016

The Standing Committee for the period 2013-2016 has included the following representatives of Regional Societies of the seven IPA geographic regions:

Africa

The seat of the Regional President:

- Prof. Fred Were (Kenya)

Elected by the Council of Delegates for the second Regional Seat:

- Dr. Paul Koki Ndombo (Cameroon, representing sub-Saharan Africa, UNAPSA)

Asia-Pacific

The seat of the Regional President:

- Dr. Zulkifli Ismail (Malaysia)

Elected by the Council of Delegates for the second, third, and fourth Regional Seats representing the Asia Pacific Region:

- Dr. Rohit Agrawal (India)
- Prof. Iqbal Ahmad Memon (Pakistan)
- Prof. Kunling Shen (China)

Central Asia

The seat of the Regional President:

- Dr. Enver Hasanoglu (Turkey)

Elected by the Council of Delegates for the second Regional Seat:

- Assoc. Prof. Kathy Khatami (Iran, representing Central Asia, UNIPSTR)

Europe

The seat of the Regional President:

- Dr. Leyla Namazova-Baranova (Russia)

Elected by the Council of Delegates for the second Regional Seat:

- Prof. Fügen Çullu-Çokuğraş (Turkey, representing Europe, UNEPSA / EPA)

Latin America

The seat of the Regional President:

- Dr. Gonzalo Giamb Bruno (Uruguay)

Elected by the Council of Delegates for the second Regional Seat:

- Dr. Margarita Ramonet (Argentina, representing Latin America, Asociación Latinoamericana de Pediatría)

Middle East & North Africa

The seat of the Regional President:

- Dr. Joseph Haddad (Lebanon)

Elected by the Council of Delegates for the second Regional Seat:

- Dr. Hassan Afilal (Morocco, representing the Middle East, UAPS)

North America

- Dr. Gary Pেকেles (Canada, representing the Canadian Paediatric Society, CPS)
- Dr. Jay E. Berkelhamer (USA, representing the American Academy of Pediatrics, AAP)

International Pediatric Specialty Societies (5 SC Seats):

- International Society for Social Pediatrics and Child Health (ISSOP) - Dr. Shanti Raman
- International Pediatric Nephrology Association (IPNA) - Dr. Jie Ding
- International Society of Tropical Pediatrics (ISTP) - Dr. Usa Thisyakorn
- World Federation of Associations of Pediatric Surgeons (WOFAPS) - Dr. Michael Höllwarth
- International Pediatric Academic Leaders Association (IPALA) - Dr. Robert W. Armstrong

1.4 ADMINISTRATIVE OFFICES OF THE IPA

The IPA is an organization with worldwide membership that requires a full-time administrative support presence. During the last 2 triennia, the IPA Secretariat operated from one main location based within the American Academy of Pediatrics near Chicago, Illinois. The Secretariat is responsible for maintaining IPA membership lists, notifying and collecting dues, sending out notices and information to Member Societies and to IPA SC and EC members, monitoring the IPA Geneva bank accounts, and arranging IPA Standing Committee and Executive Committee meetings. Under the guidance of the Executive Director, the Secretariat maintains internal and external relations, while supporting the President and other officers. It regularly supports the Technical Advisors, overseeing relationships with external organizations, advising on member relations, and organizing agendas, oversight, and preparing minutes of the Standing and Executive Committee meetings and the Council of Delegates meetings.

IPA President Andreas Konstantopoulos works from his office in Athens, Greece with no IPA paid staff, and through the Executive Director's office for support of his activities. The President has represented the IPA at many global and national meetings, conferences, and workshops.

Treasurer Peter A. Cooper works from his office in Johannesburg, South Africa with no IPA paid staff. He has provided oversight of budget and expenditures, and bank accounts, and has worked with the Executive Director in the preparation of IPA financial reports.

The IPA quarterly newsletter is supported by the IPA and produced in both Greece and Spain under the editorship of Manuel Moya.

The IPA website, IPA-world.org, and its various digital services are produced and maintained with oversight from Naveen Thacker in India.

1.5 IPA OFFICERS 2013-2016

The IPA Executive Committee 2013-2016 has included the IPA officers and executives (President, President-elect, Executive Director, Treasurer, Coordinator, and Congress President) plus two Standing Committee members elected to the Executive Committee by the Standing Committee.

All members of the Executive Committee also serve as members of Standing Committee. The composition of the 2013-2016 Executive Committee has been:

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

IPA EXECUTIVE COMMITTEE (ALSO MEMBERS OF STANDING COMMITTEE)

- Andreas Konstantopoulos, Greece
- William J. Keenan, USA
- Zulfiqar Bhutta, Pakistan
- Sergio Cabral, Brazil
- Peter Cooper, South Africa (IPALA)
- Naveen Thacker, India
- Douglas McMillan, Canada
- Joseph Haddad, Lebanon
- Jay E. Berkelhamer, USA

The Executive Committee has met annually, including on occasions with the Standing Committee during this triennium, with a session prior to each Standing Committee meeting to prepare the Standing Committee meeting and a session after each Standing Committee meeting to discuss implementation and action on the mandates requested by the Standing Committee.

2. ACTIVITIES AND ACCOMPLISHMENTS 2013-2016

Most of the IPA program areas included important components of the Millennium Development Goal project. These areas have been grouped under the MDG and Child Survival programs and include: Child Survival, Adolescent Health, Better Medicines, Immunization, Nutrition, and Quality of Care, Environmental Health, and Humanitarian Emergencies. The TAGs will now orient to the United Nations' Sustainable Development Goals 2016. The TAGs will be presenting workshops or sessions at the 2016 Congress in Vancouver.

The IPA has further developed the structure and function of the Technical Advisory Groups (TAGs). Co-Chairs from the Standing Committee have been appointed to each of the IPA program areas. The Technical Advisors have met with the IPA Standing Committee to discuss their relationship to the IPA, IPA programs, and the coordination of the IPA program committees.

TECHNICAL ADVISORY GROUPS

The "Action Committees," which formulate advisory, technical, and programmatic activities for key pediatric programs and interest areas of the IPA, are represented within the ten Technical Advisory Groups (TAGs):

Adolescent Health (TAG-AH)

Tag Chair: Helena Fonseca

This TAG is devoted to support pediatricians in delivering effective adolescent health care and advocating for the well-being of adolescents around the world. In line with the IPA mission to promote physical, mental, and social health for children and adolescents, the Adolescent Medicine Technical Advisory Group (AM TAG) has reviewed and provided specific Adolescent Health input:

- In cooperation with the Portuguese Adolescent Medicine Society, a member of the Portuguese Society of Paediatrics, a translation into Portuguese of the English version of the WHO publication “Adolescent Job Aid” is being carried out, aimed at training health professionals in Mozambique.
- To the draft strategy “Every Woman, Every Child,” the central mechanism of the UN to advance MCH, which has been included in the response on behalf of the IPA.
- To the 2015 IPA Position Statement for the World Health Assembly, where it was clearly stated that the IPA urges the WHA to adopt a resolution for global significant efforts in advocacy for and investment in strengthening the adolescent development and health content both at the undergraduate and post-graduate level for health professionals. At the post-graduate level, the IPA supports training health professionals who understand adolescents, are trusted by them, and can provide answers to their needs in a successful way. In line with this, most of the members of the AM TAG were directly involved in the organization of the International Association for Adolescent Health (IAAH) 2015 European Meeting (topic: Training in Adolescent Health—moving forward) which took place in Lisbon, Portugal in June 2015.

Other Recent activities include:

- Developing and promoting the IPA-WHO Adolescent Resource Kit, in collaboration with WHO.
- Communicating and promoting the WHO Guidelines on preventing early pregnancy and reproductive outcomes.
- Promoting pediatric education and public policy advocacy on tobacco exposure in children. Collaborates with the TAG-Environmental Health and AAP Julius B. Richmond Center of Excellence.
- Advocates for the prevention and care of Non-communicable Diseases affecting children and adolescents. Collaborates with the TAG-Non-communicable Disease.
- Individual pediatricians with a special interest in adolescent health are invited to work as a TAG member as vacancies occur or as a special consultant with the TAG-AH.

Better Medicines for Children (TAG-BMC)

TAG Chair: Kalle Hoppu

Better Medicines has a central focus on advocacy for the WHO Better Medicines for Children initiative. The TAG has established a functional program committee consisting of expert pediatric pharmacologists and pharmacists from all IPA regions and is working actively with WHO. Professor Hoppu and his committee will be holding a workshop at the Vancouver Congress titled “Medicines in Children - What You Need to Know.” The workshop’s course content has been developed by a group of leading experts in pediatric clinical pharmacology, and is delivered by two of them. So far, a GRIP Roadshow course has visited Argentina, Australia, Austria, Belgium, China, Denmark, Finland, France, India, Japan, La Réunion, Norway, Poland, Serbia, Sri Lanka, and Sweden. It has attracted a total of over 1,000 participants: pediatricians, pharmacologists, pharmacists, and people from the pharmaceutical industry and the regulatory environment.

Learning objectives for the workshop: By the end of the course, participants will be

- Able to describe the characteristics of how children handle medicines differently compared with adults
- Able to recognize the need for appropriate formulation, and data on dose, efficacy, and safety of a medicine for high-quality drug therapy
- Aware of importance of clinical trials in providing children with better medicines and reducing pediatric off-label use

Environmental Health (TAG-EH) ***TAG Co-Chairs: Ruth Etzel and Jie Ding***

This program area has been very active under the guidance of Ruth Etzel, Technical Advisor, and Jie Ding, her Co-Chair from the Standing Committee. This program has had strong collaborations with the WHO and a track record of successful grant fundraising and regional workshops. The Environmental Health focus is on improving the understanding of how the environment affects child health within the pediatric community and on supporting pediatric resources that will contribute to an improved health policy.

Major efforts of the TAG are directed to strengthening the materials and tools that can be used in training.

Specific Activities include:

- An IPA short course on children’s health and the environment presented in Chongqing and Beijing, 2014.
- Drs. Etzel and Ding will be presenting a workshop during the 28th Congress titled “Protect the Children! What You Can Do to Prevent Environmental Hazards from Harming Children”

This workshop will help pediatricians:

- Identify risks to children from secondhand smoke, chemicals (*e.g.*, lead, mercury, pesticides), air, water and food contaminants, emerging issues (*e.g.*, global climate change), and other environmental hazards;
- Describe how to recognize, diagnose, prevent, and manage adverse effects linked to these environmental risk factors;
- Describe why children may be at increased risk of adverse health outcomes and developmental consequences from environmental exposures to chemical, physical, and biological agents;
- Describe when and how the fetus, the child, and the adolescent may be exposed to environmental hazards in different rural and urban settings.

Humanitarian Emergencies (TAG-HE) ***TAG Chair: Saleh Al Salehi***

This TAG is focused on promoting education of child health providers about the special needs of children in disasters. An interactive pediatric curriculum featuring role play, problem solving, and hands-on skills has been constructed.

Recent program activities include a workshop on Psychological Needs of Children in Haiti, Philippines, and Nepal (x2). The TAG has an extensive library of teaching modules that can be shared and implemented globally.

International Pediatric Association Technical Advisory Group on Humanitarian Emergencies (TAG-HE)

In line with the IPA mission in promoting physical, mental, and social health for all children, TAG-HE worked with different alliances and pediatricians to organize activities for training pediatricians and health allied personal in the best standards of care for children in disaster areas.

- Two workshops done in Nepal in collaboration with Nepal Paediatric Society: the first one (June 29-July 1, 2015) was in Biratnagar with 63 participants, most of whom were pediatricians; the second one (July 2-4, 2015) was in Kathmandu with 48 participants, mostly pediatricians. 8 speakers facilitated the discussions and presented topics related to helping children in disaster time, with more focus on psychosocial issues. The satisfaction rate was high. All involved appreciated the support.
- During and after these workshops, networks were established both locally in Nepal and internationally with different pediatricians who are experts in helping children in disaster time.
- The 4th edition of the manual for helping children and their families in disasters was issued, and a free soft copy was posted on the IPA website.
- Finalized the preparation for helping children in disaster workshop during the 2016 IPA Congress in Vancouver.

Child Survival (TAG-CS)

TAG Co-Chairs: Zulfiqar Bhutta and Douglas McMillan

This TAG is devoted to helping develop and support major initiatives in child survival. Current activities include:

- Board membership on The Partnership for Maternal, Newborn & Child Health (PMNCH). PMNCH helps guide global MNCH health policy and helps prioritize major donor funding. WHO consultations are frequent. The TAG-CS has presented perspectives on child survival at the May meetings of the World Health Assembly.
- Major role in the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD). Advocacy, policy change, and monitoring of outcomes are the goals of this Action Plan.
- Major role in Born Too Soon, a WHO, MOD, Gates, and USAID supportive initiative designed to reduce the incidence of preterm birth worldwide. A joint statement between the IPA and the International Federation of Gynecology and Obstetrics was published in 2012.
- Major role in the “Every Newborn Action Plan”. A skilled and equipped birth attendant at every delivery is a key goal of this action plan vigorously supported by work of the TAG-CS.
- Helping Babies Breathe (HBB)—IPA is a major sponsor of this hands-on, pictorial, and field-tested neonatal resuscitation training designed for resource-limited circumstances. More than 50 countries now participate. Translations are available in 24 languages.
- Helping Babies Survive (HBS)— a hands-on, pictorial curriculum of Early Newborn Care. Designed to coordinate with HBB.
- Regularly represented at the World Health Assembly every May, the UN General Assembly each September, and on the Partnership for Maternal, Newborn & Child Health Board. Partnerships have been developed with FIGO and the International Confederation of Midwives. Participated in Child Survival Countdown, Helping Babies Survive Global Development Alliance, and Every Woman, Every Child Global Initiative. TAG members are part of the editorial group and serve as faculty for the curricula of Helping Babies Breathe, Essential Care for Every Baby, and Essential Care for Small Babies.

Early Childhood Development (ECD)

TAG Chair: Joseph Haddad

This TAG is devoted to empowering pediatricians to enhance child development in their daily practice and help them engage in fostering a wide variety of community components to enhance early childhood development in their communities.

TAG-ECD involves itself in many educational opportunities for pediatricians. TAG-ECD collaborates closely with UNICEF and others in regional and global consultations and advocacy efforts. A current major initiative of TAG-ECD is the development of the Lebanon Center of Excellence for ECD. This pilot program uses a Training of Trainers model to develop a distributed framework of consultation and ECD advocacy throughout Lebanon.

Immunization (TAG-I)

TAG Chair: Louis Cooper

This TAG has a vision of a world free from vaccine-preventable diseases. Activities are fully consistent with its Mission Statement: “The promotion of effective immunization policies, programs, and practices through advocacy, community mobilization, service, delivery, training, research, partnerships, and collaboration.” Overarching pursuits include: a) eradication of polio; b) eradication of rubella; and c) strengthening of immunization support structure through advocacy and partnerships. Major partners include the Sabin Vaccine Institute, the GAVI Alliance, and the Measles & Rubella Initiative (M&RI).

TAG-I has continued its efforts to support the Global Vaccine Action Plan (GVAP) by building on the IPA partnership with the M&RI. When the IPA elected to join the M&RI in 2012, it did so believing that among the program streams within the GVAP, the structure, function, and state of development of the public/private partnership of the M&RI was of a scale that would allow for the IPA to add measurable value to global eradication of these diseases. Doing so would gradually integrate the IPA through its National Pediatric Societies (NPS) into the public and private immunization infrastructure of their respective countries. Demonstrating that NPS adds unique value and can be a critical factor toward sustainability of immunization at the national level. This is important as international donors (such as GAVI) expect commitment of appropriate national resources from each country.

TAG-I activity has been selective and based on broader opportunities within GVAP and M&RI. These include:

- Work with the WHO Region of Europe to address immunization levels, allowing outbreaks of measles, rubella, and congenital rubella syndrome (CRS) in both Western and Eastern Europe. A presentation and series of meetings of the TAG-I Chair with WHO at the Lions Clubs International Meeting in Birmingham, England on October 30, 2014 included a separate meeting with LCI leadership from Italy, France, Germany, and Nigeria.
- The Nepal Pediatric Society (NEPAS) joined with Lions in Nepal to support a campaign for the elimination of measles and rubella.
- The IPA TAG-I Chair helped facilitate a WHO mission to Italy on March 10-13, 2015 to meet with its Ministry of Health leadership and included representation from the Italian Pediatric Society (IPS) and its related academic societies. The Italian Lions were active participants in the meeting based on IPA recommendations. The outcome has been an aggressive new National Immunization Plan for Italy. Implementation of that plan represents a challenge, warranting continued participation by the IPA and the IPS.
- In a WHO session at the ESPID Annual Meeting on May 13, 2015 in Leipzig, the TAG-I Chair, with support from TAG-I member Ronald de Groot, described the important role to be played by pediatricians through their NPS toward correcting the immunization shortfalls within Europe. At the session, the German Ministry of Health described a recent outbreak of measles in Berlin and resulting action by Parliament to tighten immunization legislation. The purpose of the IPA presentation was to encourage ESPID members to work with their respective NPS to strengthen their national immunization programs.

- The TAG-I Chair participated in the WHO Workshop on Measles and Rubella Elimination Verification Process, held on June 26, 2015 in Sitges, Spain.
- The TAG-I has been assigned time/space for a four-hour pre-conference workshop from 12:30-16:00 on August 17, 2016 in advance of the Vancouver International Pediatric Congress. The invitation-only attendees will include the NPS leaders from the countries participating, the TAG-I members, and partners such as WHO, CDC, UNICEF, Red Cross, and Lions. The workshop program is being prepared by the TAG-I chair in consultation with its members.

Non-communicable Disease (TAG-NCD)

TAG Chair: Jonathan Klein

This TAG has a central mission of promoting the status of children’s health within the global agenda for non-communicable disease (NCD).

The IPA Technical Advisory Group on Non-communicable Diseases (TAG-NCD) has substantially contributed to the development of the NCD Child Coalition by placing statements with the World Health Assembly that identify the pediatric origins of NCD, the cost of effectiveness of prevention, and the critical importance of a lifespan approach to NCDs.

TAG-NCD has been active in several projects through collaboration with the American Academy of Pediatrics and with NCD Child, a global advocacy coalition seeking inclusion of children and adolescents in country NCD goals and participation of youth and family voices in NCD planning. Activities included co-hosting side-events in conjunction with the World Health Assemblies in Geneva and the United Nations General Assembly in New York, bringing together experts, youth, NGOs, private corporations, WHO, UN agencies, and other key stakeholders. Recent high-level events included the May 2015 World Health Assembly (WHA) entitled “Non-Communicable Diseases, Child Survival, & the Sustainable Development Goals,” which presented speakers from the WHO Partnership for Maternal, Newborn & Child Health (PMNCH), the WHO NCD Prevention division, UNICEF, the NCD Alliance, and a youth speaker from the International Federation of Medical Students Associations (IFMSA). Another event this year was a side meeting held during the 2015 UN General Assembly, again with UNICEF, NCD Child and AAP as cosponsors, and the participation of youth speakers from Africa, the US, and India, in addition to the IPA.

In the past year, TAG-NCD has also initiated a series of regional champions/advocacy workshops. With support from the AstraZeneca Young Health program, NCD Child AAP, and the IPA, TAG-NCD planned and hosted a regional champions training/advocacy workshop on “Protecting Children from NCDs: Leadership Advocacy Workshop,” in Lima, Peru, just before the ALAPE (Association of Latin American Pediatric Associations) meeting in November 2015, and will hold similar meetings in Hyderabad, India in January 2016 alongside the APPA/APPC meeting, in Nairobi, Kenya in April 2016 alongside the East African Pediatric Associations annual meeting, and at the IPA Congress in Vancouver. For each workshop, countries throughout the region have been invited to nominate participants representing their National Pediatric Societies and ministries of health. The sessions will help country teams develop action plans to address a life-course approach to NCDs and engage national stakeholders to address prevention and treatment of NCDs in children and youth in their countries. We will also provide ongoing technical assistance and support to some country teams for in-country activities designed to promote inclusion of children and youth in their countries’ NCD and post-2015/SDG agenda, including implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

Finally, TAG-NCD has provided testimony and comments for a number of global consultations, including the Global Strategy for Women’s, Children’s and Adolescents’ Health, the sustainable development goals, and the indicators and measures proposed for tracking, the Commission on Ending Childhood Obesity, and others. TAG-

NCD has also represented the IPA and other child and adolescent health experts and youth NCD stakeholders at key global meetings, including the UN Global Coordinating Mechanism on NCDs, the NCD Alliance Global Meeting, and others.

Nutrition (TAG-N)

TAG Chair: Manuel Moya

This TAG's major focus has been consultation/education and management of childhood nutrition.

Recent significant activities include:

World Health Organization (WHO)

- May 2015: Participation in the "Strategies Towards Ending Preventable Maternal Mortality." The ad hoc report was written by Prof. Zulfiqar Bhutta.
- August 17, 2015, WHO Geneva Headquarters: "Clarification and Guidance on the Inappropriate Promotion of Foods for Infants and young children." The IPA TAG-N Chair made a presentation dealing with the seven recommendations.
- September 7, 2015: Participation in the e-forum on "Research Priorities for Preventing Obesity in Children and Adolescents." Dr. Moya presented the 3 priorities that are most relevant for clinical and individual actions dealing with primary prevention, secondary prevention, and education of care providers and families.
- **IPA ADVOCACY FOR BREASTFEEDING:**
 - On January 29, 2016, the Global Launch of the Lancet Breastfeeding Series took place in Washington, DC at the Kaiser Family Foundation's Barbara Jordan Conference Center with the participation of authors and speakers. This important initiative aimed at eliminating barriers to breastfeeding in high- and low-income countries. The Executive Director prompted the IPA sectors more related to breastfeeding to participate in this action through "Every Woman Every Child," which is a global movement endorsed by UN. But also in our own direction in order to use our resources in support of this idea: 28th IPA Congress (Vancouver), website, newsletter, and even at personal level was also required (Dr. C Victora, The Lancet vol 387, issue 10017 and Dr. Z Bhutta, The Lancet vol 382 issue 9890). TAG-N at the Geneva meeting on "Clarification and Guidelines on Inappropriate Promotion of Foods for Infants and Young Children" led by the Department of Nutrition of WHO, made a presentation which can be distilled into two message points: 1) Industry is using new methods based on bogus science (temporary lactase deficiency, anti-constipation formulas, low protein content, etc.) to erode breastfeeding practice; and 2) Long-term benefits newly known (improved learning capacity, obesity prevention, etc.) associated to a minimum time of breastfeeding.
- **WHO COMMISSION ON ENDING CHILDHOOD OBESITY**
 - In IPA issues vol 10, #3 and vol 11, #1, ample information on this action has been given. In the upcoming issue, TAG-N will refer to the ending activity of IPA because the Presentation of the Report of the Commission on Ending Childhood Obesity (ECHO) under the presidency of Dr. Margaret Chan and Sir Peter Gluckman signaled the end of the Commission works and the final document will be presented to the Executive Board for further dissemination through WHO. Now it is satisfactory to report that this spirit has been recovered by the European Union Action Plan. The fact of Sir Peter Gluckman being Co-Chair of Tackling Childhood Obesity in Europe international symposium in Brussels on May 18, 2016, made possible a convenient convergence of actions.

FAO: Regular participant in Food Security and Nutrition forums:

- Food Insecurity - May 27, 2015
- Committee on World Food Security - July 29, 2015
- Nutrition-Sensitive Social Program (short presentation of TAG-N Under/Over-nutrition program - October 21, 2015
- Committee on World Food Security - October 9, 2015
- Right to Adequate Food - November 13, 2015
- Webinar on “The Role of Rural Organizations in Social Protection” where contacts with Max Blank and Igor Vinci were established - November 25, 2015
- Second International Conference on Nutrition (ICN2) Overcoming Malnutrition Agenda 2030. We were asked previously to cooperate in preliminary drafts - December 3, 2015

Quality of Care (TAG-QC) ***TAG Chair: Shanti Raman***

This TAG’s major focus has been work with WHO to author a 2nd edition of the Pocketbook of Hospital Care for Children, which was first available at the 2013 IPA Congress in Melbourne. The Pocketbook is a key reference around the world for the care of hospitalized children.

Progress with activities undertaken for TAG-QC include:

- Mapping activities performed by National and Regional Pediatric Societies in the quality and safety and child rights arena. Technical Advisor developed an e-tool/checklist for dissemination to IPA Member Societies. Survey Monkey questionnaire disseminated to all Pediatric Societies via IPA administration. Due to the extremely low response rate, there was no ability to map activities of Pediatric Societies in this arena. Other strategies to engage regional and national societies have to be canvassed by the IPA.
- Promoting pediatric Quality of Care activities globally, with a particular focus on children’s rights in health services, quality and safety initiatives in National and Regional Pediatric Societies, district level pediatric hospital care, and Every Mother Every Newborn quality activities. Regular informal chats via email and Skype have continued with members of TAG-QC. Website updated with more relevant information and references.
- TAG-QC sessions at the 2016 International Pediatric Congress Vancouver. The pre-congress workshop (WS09) on Quality of Care “In the Best Interests of the Child: Improving Pediatric Quality of Care in Low Resource Settings,” followed by the launch of the WHO Maternal and Newborn Healthcare Standards has at least 25 participants attending. The in-Congress concurrent session 13, “Enhancing the Quality of Newborn and Child Healthcare,” features leading figures in Quality of Care and will end with a panel discussion.

Other related activities undertaken

- Form partnerships with other relevant global agencies such as UNICEF, WHO, ISPCAN, and the International Society for Social Pediatrics (ISSOP) to push for advocacy, training and research into the highest quality of care for children and young people, while promoting and upholding their rights. Discussions have taken place between Shanti Raman and ISPCAN, WHO-Dept. of Maternal, Newborn, Child & Adolescent Health, UNICEF, and ISSOP. The following positive actions have been enacted:
 1. A working party to end “Violence against Children” has been set up between ISSOP, ISPCAN, and IPA members. The first task is to work on a comprehensive and practical policy statement on Violence against Children.

2. The working party has joined the Global Partnership to End Violence in Childhood.
 3. A separate meeting engaging all relevant stakeholders will be held during the IPA Congress to discuss the next steps to progress the agenda to end Violence against Children.
 4. Two brief policy/advocacy statements on Violence against Children and Reducing Child Health Inequities were incorporated into the IPA presentations to the World Health Assembly in May 2016.
 5. ISSOP, along with several other global and regional societies including WHO, IBFAN, and UNICEF, have continued their advocacy for promoting ethical relationships between health professionals and industry bodies, with particular reference to the baby food industry and their undue influence over pediatricians and other child health professionals and the resulting conflict of interest. This will continue to be a focus of concerted advocacy throughout the IPA Congress in Vancouver and subsequent scientific meetings.
-

3. FINANCIAL REPORTS 2013-2016

The primary role of the IPA Treasurer is the monitoring of IPA expenditures and the preparation of financial reports for the Executive and Standing Committees. The Following Audit Reports for 2013, 2014, and 2015 outline the IPA's financial details.

**INTERNATIONAL PEDIATRIC
ASSOCIATION
GENEVA**

**AUDITOR'S REPORT AND
FINANCIAL STATEMENTS**

as at

December 31, 2013

International Pediatric Association (IPA)

Geneva

Auditors' report on the limited examination of the financial statements

(in accordance with Swiss law)

Year ended December 31, 2013

In accordance with the mandate entrusted to us, we have examined the financial statements (balance sheet, statement of income and expenses, notes) of the **International Pediatric Association (IPA)** for the year ended December 31, 2013.

These financial statements are the responsibility of the IPA Administrative Office. Our responsibility is to perform a limited examination on these financial statements.

We conducted our examination in accordance with the Swiss Auditing Standard 910 Review (limited examination). This standard requires that we plan and perform the limited examination to obtain moderate assurance that the financial statements are free of material misstatement. A limited examination consists primarily of inquiries of company personnel and analytical procedures applied to the financial data of the annual accounts and thus provide less assurance than an audit. We conducted a review and not an audit and, accordingly, we do not express an audit opinion.

Based on our limited examination, nothing has come to our attention that causes us to believe that the financial statements, showing net assets of USD 1'018'479, do not comply with Swiss law and the association's articles of incorporation.

Pully, April 14, 2014

HP Révision & Conseil SA



Henri Probst

Swiss licensed audit expert

Encl : financial statements

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA
BALANCE SHEET AS AT DECEMBER 31, 2013
In United States Dollars

	NOTE	2013 USD	2012 USD
<u>ASSETS</u>			
Cash		845	825
Bank	3	861 498	613 026
Investments	4	208 981	214 817
Withholding tax		248	248
		<u>1 071 572</u>	<u>828 916</u>
<u>LIABILITIES AND DEFERRED GAIN</u>			
Accounts payable to Kenes		--	10 893
Accruals		12 102	42 752
Deferred gain on securities	2 and 4	40 991	46 827
		<u>53 093</u>	<u>100 472</u>
<u>GENERAL RESERVES</u>			
General reserves brought forward		728 444	751 724
Result for the year		290 035	(23 280)
		<u>1 018 479</u>	<u>728 444</u>
		<u>1 071 572</u>	<u>828 919</u>

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA
 NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2013

8 - General administration expenses

	2013	2012
	USD	USD
Office Administration costs	54 562	60 000
Legal fees	3 368	26 335
Administration fees		190
Mailing costs		79
Website	6 742	6 742
Kenes Geneva - administration		6 096
Accounting fee	7 702	7 681
Audit fee	1 182	1 182
Others	<u>28 110</u>	<u>--</u>
	<u>101 666</u>	<u>108 305</u>

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2013

3 – BANK BALANCES

Represents unrestricted cash balances in United States dollar, Euro and Swiss Francs held at Credit Suisse, Geneva.

4 - INVESTMENTS

	2013 USD	2012 USD
20 Shares of Aberdeen Global II (SICAV) Bond Fund Capitalization, Luxembourg, at cost	167 990	167 990
Unrealized increase in value	40 991	46 827
	<u> </u>	<u> </u>
Market value at December 31	<u>208 981</u>	<u>214 817</u>

5 – MEMBERSHIP DUES

Membership dues are accounted for on a cash basis.

6 – INCOME ON CONGRESS

The Congress is held once every three years. It is organized under a Professional Congress Organizer Contract by Kenes International Ltd. The last Congress took place in Melbourne in August 2013.

7 - MEETINGS

	2013 USD	2012 USD
EC/SC	231	37 297
Relations with Association's members	8 498	3 360
Relations with other meetings	7 705	26 818
Relation with IPA Members & Other	1 636	-- --
Iz Workshop	89 869	-- --
President's office expenses	<u>13 865</u>	-- --
	<u>121 804</u>	<u>67 475</u>

**INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2013**

1- GENERAL

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA "IPA", is registered in Geneva as a not-for-profit association. It benefits from a tax exoneration at the Cantonal and Federal levels.

IPA's objectives are:

- To encourage research in pediatrics,
- Promote development of knowledge in pediatrics,
- Hold an international congress every third year in conjunction with other national, regional and international pediatric associations,
- Encourage meetings between associations working in different pediatric specialization areas,
- Support such meetings as approved by the board,
- Undertake special programs in children's' health.

The registered office is at 1-3 rue de Chantepoulet, CH-1201 Geneva.

Its executive committee board members are as follows:

As per GM the following persons were elected:

- Andrea Konstantopoulos, President
- Peter A. Cooper, Treasurer
- William KEENAN, General Director

As per RC December 31, 2013:

- Chan Chok Wan, President
- Bhutta Zulfiqar, Treasurer
- Schaller Jane Green, General Director

2 - BASIS OF PRESENTATION AND ACCOUNTING POLICIES

The accompanying accounts have been prepared under principles of accounting generally accepted for associations registered in Switzerland. The most significant accounting policies are:

a) Reporting currency

These financial statements have been prepared in United States Dollars as this is considered as the association's functional currency. (Normally under the Swiss Code of Obligations Article 960 paragraph 1 IPA should present its financial statements in Swiss Francs).

b) Investments

Investments are valued at their market value with any gains being taken to a revaluation reserve, whereas losses are recognized in the income statements.

c) Foreign currencies

All assets and liabilities in currencies other than United States Dollars are translated into United States Dollars at the balance sheet exchange rate whereby realized exchange results are taken to the profit and loss account. All transactions in currencies other than United States Dollars are translated into United States Dollars at the rate of exchange prevailing at the transaction date. Resulting exchange results are taken to the profit and loss account.

d) Other assets and liabilities

All other assets and liabilities for which no valuation is mentioned on the face of the balance sheet or the notes thereto are stated at face value.

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA
INCOME AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2013
In United States Dollars

		2013 USD	2012 USD
<u>INCOME</u>			
Membership dues	5	528 351	138 738
Income on Congress	6	--	--
Reversal of a provision			4 734
Bank interest		104	299
Exchange gains		--	11 209
		<u>528 455</u>	<u>154 980</u>
<u>EXPENSES</u>			
Meetings	7	121 804	67 475
Programs		--	--
Executive travel expenses		--	--
General administration expenses	8	101 666	108 305
Bank charges		3 744	2 480
Exchange losses		11 206	--
		<u>238 420</u>	<u>178 260</u>
Gain (loss) for the year		<u>290 035</u>	<u>(23 280)</u>

International Pediatric Association (IPA)

Geneva

Auditors' report on the limited examination of the financial statements

Year ended December 31, 2014

In accordance with the mandate entrusted to us, we have examined the financial statements (balance sheet, statement of income and expenses, notes) of the **International Pediatric Association (IPA)** for the year ended December 31, 2014.

These financial statements are the responsibility of the IPA Administrative Office. Our responsibility is to perform a limited examination on these financial statements.

We conducted our examination in accordance with the Swiss Auditing Standard 910 Review (limited examination). This standard requires that we plan and perform the limited examination to obtain moderate assurance that the financial statements are free of material misstatement. A limited examination consists primarily of inquiries of company personnel and analytical procedures applied to the financial data of the annual accounts and thus provide less assurance than an audit. We conducted a review and not an audit and, accordingly, we do not express an audit opinion.

Based on our limited examination, nothing has come to our attention that causes us to believe that the financial statements do not comply with Swiss law and the association's articles of incorporation.

Pully, March 19, 2015

HP Révision & Conseil SA



Henri Probst

Swiss licensed audit expert

Encl : financial statements

**INTERNATIONAL PEDIATRIC
ASSOCIATION (IPA)
GENEVA**

FINANCIAL STATEMENTS

as at

December 31, 2014

**INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA
BALANCE SHEET AS AT DECEMBER 31, 2014
In United States Dollars**

	NOTE	2014 USD	2013 USD
<u>ASSETS</u>			
Cash		845	845
Bank	3	823 071	861 498
Investments	4	218 136	208 981
Withholding tax		248	248
		<u>1 042 300</u>	<u>1 071 572</u>
<u>LIABILITIES AND DEFERRED GAIN</u>			
Accruals		12 138	12 102
Deferred gain on securities	2 and 4	50 146	40 991
		<u>62 284</u>	<u>53 093</u>
<u>GENERAL RESERVES</u>			
General reserves brought forward		1 018 479	728 444
Result for the year		(38 463)	290 035
		<u>980 016</u>	<u>1 018 479</u>
Unrestricted general reserves		<u>980 016</u>	<u>1 018 479</u>
		<u>1 042 300</u>	<u>1 071 572</u>

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA
INCOME AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2014
In United States Dollars

		2014	2013
		USD	USD
<u>INCOME</u>			
Membership dues	5	78 716	528 351
Income on Congress	6	136 518	--
Grant		93 800	--
Bank interest		--	104
		<hr/>	<hr/>
		309 034	528 455
		<hr/>	<hr/>
<u>EXPENSES</u>			
Meetings	7	97 749	121 804
General administration expenses	8	245 922	101 666
Bank charges		3 826	3 744
Exchange losses		--	11 206
		<hr/>	<hr/>
		347 497	238 420
		<hr/>	<hr/>
Result for the year		<u>(38 463)</u>	<u>290 035</u>

**INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2014**

1- GENERAL

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA “IPA”, is registered in Geneva as a not-for-profit association. It benefits from a tax exoneration at the Cantonal and Federal levels.

IPA’s objectives are:

- To encourage research in pediatrics,
- Promote development of knowledge in pediatrics,
- Hold an international congress every third year in conjunction with other national, regional and international pediatric associations,
- Encourage meetings between associations working in different pediatric specialization areas,
- Support such meetings as approved by the board,
- Undertake special programs in children’s’ health.

The registered office is at 7 rue Versonnex, CH-1207 Geneva.

Its executive committee board members are as follows:

As per the GM the following persons were elected:

- Andrea Konstantopoulos, President
- Peter A. Cooper, Treasurer
- William KEENAN, General Director

As per the CR 31.12.2014:

- Chan Chok Wan, President
- Bhutta Zulfiqar, Treasurer
- Schaller Jane Green, General Director

2 - BASIS OF PRESENTATION AND ACCOUNTING POLICIES

The accompanying accounts have been prepared under principles of accounting generally accepted for associations registered in Switzerland. The most significant accounting policies are:

a) Reporting currency

These financial statements have been prepared in United States Dollars as this is considered as the association’s functional currency.

b) Investments

Investments are valued at their market value with any gains being taken to a revaluation reserve, whereas losses are recognized in the income statements.

c) Foreign currencies

All assets and liabilities in currencies other than United States Dollars are translated into United States Dollars at the balance sheet exchange rate whereby realized exchange results are taken to the profit and loss account. All transactions in currencies other than United States Dollars are translated into United States Dollars at the rate of exchange prevailing at the transaction date. Resulting exchange results are taken to the profit and loss account.

d) Other assets and liabilities

All other assets and liabilities for which no valuation is mentioned on the face of the balance sheet or the notes thereto are stated at face value.

**INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2014**

3 – BANK BALANCES

Represents unrestricted cash balances in United States dollar, Euro and Swiss Francs held at Credit Suisse, Geneva.

4 - INVESTMENTS

	2014 USD	2013 USD
20 Shares of Aberdeen Global II (SICAV) Bond Fund Capitalization, Luxembourg, at cost	167 990	167 990
Unrealized increase in value	50 146	40 991
	<hr/>	<hr/>
Market value at December 31	<u>218 136</u>	<u>208 981</u>

5 – MEMBERSHIP DUES

Membership dues are accounted for on a cash basis.

6 – INCOME ON CONGRESS

The Congress is held once every three years.

7 - MEETINGS

	2014 USD	2013 USD
EC/SC	49 807	231
Relations with Association's members	19 827	8 498
Relations with other meetings	--	7 705
Relation with IPA Members & Other	--	1 636
Iz Workshop	6 341	89 869
President's office expenses	<u>21 774</u>	<u>13 865</u>
	<u>97 749</u>	<u>121 804</u>

**INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2014**

8 - General administration expenses

	2014 USD	2013 USD
Office Administration costs	143 076	51 323
Legal fees	16 000	3 368
Website	8 989	6 742
Accounting fee	7 000	7 702
Audit fee	1 182	1 182
Kenes Financial Services	3 000	3 239
Catch-up Operations Expenses	52 000	--
Others	<u>6 238</u>	<u>28 110</u>
	<u>237 485</u>	<u>101 666</u>

**INTERNATIONAL PEDIATRIC
ASSOCIATION (IPA)**

GENEVA

**Auditors' report on the limited examination
of the financial statements
and**

FINANCIAL STATEMENTS

(in accordance with Swiss law)

Year ended December 31, 2015

International Pediatric Association (IPA)

Geneva

Auditors' report on the limited examination of the financial statements

Year ended December 31, 2015

In accordance with the mandate entrusted to us, we have examined the financial statements (balance sheet, statement of income and expenses, notes) of the **International Pediatric Association (IPA)** for the year ended December 31, 2015.

These financial statements are the responsibility of the IPA Administrative Office. Our responsibility is to perform a limited examination on these financial statements.

We conducted our examination in accordance with the Swiss Auditing Standard 910 Review (limited examination). This standard requires that we plan and perform the limited examination to obtain moderate assurance that the financial statements are free of material misstatement. A limited examination consists primarily of inquiries of company personnel and analytical procedures applied to the financial data of the annual accounts and thus provide less assurance than an audit. We conducted a review and not an audit and, accordingly, we do not express an audit opinion.

Based on our limited examination, nothing has come to our attention that causes us to believe that the financial statements, showing net assets of USD 742'878, do not comply with Swiss law and the association's articles of incorporation.

Pully, June 10, 2016

HP Révision & Conseil SA
(swiss licenced auditor, ASR n° 503934)



Henri Probst
Swiss licensed audit expert

Encl : financial statements (balance sheet, statement of income and expenses, notes)

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA

BALANCE SHEET AS AT DECEMBER 31, 2015
In United States Dollars

	NOTE	USD	2015 CHF	2014 USD
<u>ASSETS</u>				
Current assets				
Cash		845	846	845
Bank	3	587 115	587 709	823 071
Investments	4	215 950	216 169	218 136
./ less Deferred gain on securities	2, 4	(47 960)	(48 009)	(50 146)
Other current assets (withholding tax)		248	248	248
		<u>804 158</u>	<u>756 963</u>	<u>1 042 300</u>
<u>LIABILITIES</u>				
Accruals		<u>13 320</u>	<u>13 333</u>	<u>12 138</u>
<u>GENERAL RESERVES</u>				
General reserves brought forward		980 016	981 008	1 018 479
Cumulated translation differences	2a	(237 138)	(9 118)	(38 463)
Result for the year		(237 138)	(228 260)	(38 463)
		<u>742 878</u>	<u>743 630</u>	<u>980 016</u>
Unrestricted general reserves		<u>804 158</u>	<u>756 963</u>	<u>1 042 300</u>

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA

STATEMENT OF INCOME AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2015
In United States Dollars

	NOTE	USD	2015 CHF	2014 USD
<u>INCOME</u>				
Membership dues	5	45 641	43 932	78 716
Income on Congress	6	--	--	136 518
Grant		--	--	93 800
		<u>45 641</u>	<u>43 932</u>	<u>309 034</u>
<u>EXPENSES</u>				
Meetings	7	57 055	54 919	97 749
General administration expenses	8	224 279	215 882	245 922
Bank charges		1 445	1 391	3 826
		<u>282 779</u>	<u>272 192</u>	<u>347 497</u>
Result for the year		<u>(237 138)</u>	<u>(228 260)</u>	<u>(38 463)</u>

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA

NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2015

1- GENERAL

INTERNATIONAL PEDIATRIC ASSOCIATION, GENEVA “IPA”, is registered in Geneva as a not-for-profit association. It benefits from a tax exoneration at the Cantonal and Federal levels.

IPA’s objectives are:

- To encourage research in pediatrics,
- Promote development of knowledge in pediatrics,
- Hold an international congress every third year in conjunction with other national, regional and international pediatric associations,
- Encourage meetings between associations working in different pediatric specialization areas,
- Support such meetings as approved by the board,
- Undertake special programs in children’s’ health.

The registered office is at 7 rue Versonnex, CH-1207 Geneva.

Its executive committee board members are as follows:

- Andrea Konstantopoulos, President
- Peter A. Cooper, Treasurer
- William Keenan, General Director

2 - BASIS OF PRESENTATION AND ACCOUNTING POLICIES

These financial statements have been prepared in accordance with the provisions of commercial accounting as set out in the Swiss Code of Obligations (Art. 957 to 963b CO).

The most significant accounting policies are:

a) Reporting currency

These financial statements have been prepared in United States Dollars as this is considered as the association’s functional currency.

As per Art. 958d par. 3 CO, the equivalent in national currency (CHF) of the amounts expressed in Euro has to be disclosed. The following rates were used:

- | | | |
|---|-------|----------------|
| • Balance sheet items, converted at financial year end rates: | 1 USD | CHF 1.001012 |
| • Income and expenses, converted at the financial year’s average rate if available. | 1 USD | CHF 0.96256015 |

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA**NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2015 (CONTINUED)**

The cumulated exchange difference arising from this currency conversion is disclosed under the General Reserves.

b) Investments

Quoted investments are valued at their market value with any gains being taken to a revaluation reserve, whereas losses are recognized in the income statement.

c) Foreign currencies

All assets and liabilities in currencies other than United States Dollars are translated into United States Dollars at the balance sheet exchange rate whereby realized exchange results are taken to the profit and loss account. All transactions in currencies other than United States Dollars are translated into United States Dollars at the rate of exchange prevailing at the transaction date. Resulting exchange results are taken to the profit and loss account.

d) Other assets and liabilities

All other assets and liabilities for which no valuation is mentioned on the face of the balance sheet or the notes thereto are stated at face value.

3 – BANK BALANCES

Represents unrestricted cash balances in United States dollar, Euro and Swiss Francs held at Credit Suisse, Geneva and at JP Morgan.

4 - INVESTMENTS

	2015	2014
	US\$	US\$
20 Shares of Aberdeen Global II (SICAV) Bond Fund Capitalization, Luxembourg, at cost	167 990	167 990
Unrealized increase in value	47 960	50 146
	<hr/>	<hr/>
Market value at December 31	215 950	218 136
	<hr/>	<hr/>

INTERNATIONAL PEDIATRIC ASSOCIATION (IPA), GENEVA

NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2015 (CONTINUED)

5 – MEMBERSHIP DUES

Membership dues are accounted for on a cash basis.

6 – INCOME ON CONGRESS

The Congress is held once every three years.

7 - MEETINGS

	2015	2014
	US\$	US\$
EC/SC	32 327	49 807
Relations with Association's members	--	19 827
Iz Workshop	6 125	6 341
President's office expenses	18 603	21 774
	<hr/>	<hr/>
	57 055	97 749
	<hr/>	<hr/>

8 - General administration expenses

	2015	2014
	US\$	US\$
Office Administration costs	54 170	143 076
Legal fees	39 573	16 000
Website	12 654	8 989
Accounting fee	2 511	7 000
Audit fee	1 182	1 182
Kenes Financial Services	--	3 000
Catch-up Operations Expenses	--	52 000
Others	94 030	6 238
Travel	20 160	8 437
	<hr/>	<hr/>
	224 280	245 922
	<hr/>	<hr/>

Tel: 1.847.434.4297

This report has been respectfully submitted by;

A. Konstantopoulos

Andreas Konstantopoulos, President IPA

William J. Keenan

William J Keenan, Executive Director IPA



International Pediatric Association

International Pediatric Association