



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.

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International Pediatric Association

TRIENNIAL REPORT OF THE IPA PRESIDENT AND EXECUTIVE DIRECTOR FOR 2016-2019

This report covers the three-year period between the 28th International Congress of Pediatrics in Vancouver, Canada in 2016 and the 29th International Congress of Pediatrics in Panama City, Panama in 2019.

The triennial report is divided into three sections:

1. Governance and Administration of the International Pediatric Association (IPA)
2. IPA Activities and Accomplishments 2016-2019
3. IPA Financial Reports 2016-2018

There will be time allotted for discussion of this report during the scheduled meetings of the Council of Delegates in Panama. 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 146 National Pediatric Societies from 143 countries, 6 Regional Pediatric Societies representing all areas of the world, and 12 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 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); the 27th Congress in Melbourne Australia (2013) and the 28th Congress in Vancouver, Canada (2016). Moving forward from the 29th Congress in Panama City, Panama where this report is being presented, the IPA will move to hold this International Congress every two years, with the 30th Congress scheduled for 2021 in Glasgow, Scotland.

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.

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), the Coalition of Centres for Global Child Health, and many more. The IPA participates in the annual World Health Organization's World Health Assembly.

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 (ICP). Effective as of the 2019 International Congress, the Council of Delegates will meet every 2 years as we move to host our International Congress on a biennial basis. The 2019 Council of Delegates will have Members from 146 National Member Societies, 6 Regional and Linguistic Societies, and 12 International Specialty Societies from 143 Countries.



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 2016-2019 Standing Committee was thus 28 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 PANAMA, MARCH 2019: During the 2019 Congress, the IPA's major governing body, the Council of Delegates, will convene on Monday, March 18 from 10:15-13:00 and Tuesday March 19 from 10:00-13:30 in the Boquete Room in order to discuss important issues and review all items to be voted upon.

Session 1: March 18, 2019

During the first session of the Council of Delegates on March 18, all IPA Member Societies in good standing with a certified voting delegate present will meet from 10:15-13:00 in the Boquete Room to review and ratify the Triennial report, policies and strategic plans for the IPA, presentation of new IPA Membership Applications, review of Election Procedures, hand vote upon new Member Societies and Standing Committee Elections.

We hope to have adequate time for discussion of these topics and of other matters brought up by Council of Delegates members. Member Societies of the IPA have the central and ever critical role in guiding and informing the IPA activities. 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: March 19, 2019

During the second session of the Council of Delegates on March 19 from 10:00-13:30, we will hold the elections for the President-Elect, 2021 Congress President and review and vote on the host country bid presentations for the 31ST ICP.

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 amendment, the President-elect, after one two -year term (2019-2021), will assume office as President for one two-year term (2021-2023).

The following two candidates for IPA President-elect 2019-2021 have been duly nominated:

- Enver Hasanoğlu (Turkey)
- Leyla Namazova Russia)

NATIONAL SOCIETIES TO BE OFFICIALLY CONFIRMED AS IPA MEMBER SOCIETIES:

- Pediatric Society, Palestine
- Pediatric Society of the Republic of Kosovo
- Association of preventive pediatrics of Montenegro

SPECIALTY SOCIETIES TO BE OFFICIALLY CONFIRMED AS IPA MEMBER SOCIETIES:

- International Association for Adolescent Health
- World Federation of Pediatric Intensive & Critical Care Societies

ELECTION OF THE HOST COUNTRY FOR THE 31ST ICP 2023

As the amendment was ratified to hold biennial meetings of the International Congress of Pediatrics, the next Congress will be held in 2023. The two candidate sites for hosting the 31st International Congress of Pediatrics in 2023 are:

- India
- United Arab Emirates

Each candidate site will present its bid at the March 19 session of the Council of Delegates (10 minutes allotted for each candidate site presentation). Each site can host an exhibition table during the 29th Congress. There will be a due diligence process by EC if needed.



Planning for the 30th ICP will be presented and discussed by Dr. Richard Viner of the Royal College of Physicians in Child Health.

All members are reminded that the 29th ICP is managed by the IPA and its professional congress organizer (Marketing Challenges International, or MCI) in conjunction with the 2019 host National Pediatric Society, the Panamanian Society of Pediatrics. We welcome comments and input from all of our Member Societies concerning your experiences with the organization of this 2019 Congress and your suggestions for any modifications or improvements for the future.

ELECTION OF THE IPA STANDING COMMITTEE 2019-2021

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 be accorded a seat on the IPA Standing Committee ex-officio after endorsement by council of delegates.

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. Amah Madeleine Amorissani-Folquet (Union of National African Paediatric Societies and Associations - UNAPSA) will hold the seat of the Regional President (Ivory Coast).

Candidates for the second Regional Seat are:

- Dr. Ousmane Ndiaye (Société Sénégalaise de Pédiatrie)

Asia-Pacific

- Dr. Aman Pulungan President of the Asia Pacific Pediatric Association will hold the seat of Regional President after endorsement by the Council of Delegates, (Indonesia)

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



- Professor Zhengyan Zhao (Chinese Pediatric Society)
- Professor MAK Azad Chowdhury (Bangladesh Pediatric Association)
- Dr. Digant Shastri (Indian Academy of Pediatrics)
- Dr. Yasuhide Nakamura (Japan Pediatric Society)
- Dr. Zulkifli Ismail (Malaysian Paediatric Association)
- Dr. Mark Davies (The Royal Australasian College of Paediatric and Child Division)
- Professor Gohar Rehman (Pakistan Pediatric Association)
- Dr. Melinda M. Atienza (Philippine Pediatric Society)
- Dr. Goh Yam Thiam Daniel (Singapore Paediatric Society)

Central Asia

- Dr. Enver Hasanoğlu, Turkey (Union of National Pediatric Societies of Turkish Republics - UNPSTR) will hold the seat of the Regional President after endorsement by the Council of Delegates, (Turkey)

Candidate for the second Regional Seat is:

- Dr. Naila Rahimova (Azerbaijan Pediatric Society)

Europe

- Matters on the nomination from Europe will be discussed in the IPA Standing Committee Meeting

Latin America

- Dr. Oswaldo Revelo Castro, President of Asociación Latinoamericana de Pediatría (ALAPE) will hold the seat of Regional President after endorsement by the Council of Delegates, (El-Salvador)

Candidate for the second Regional Seat is:

- Dr. Carlos G Alonso (Confederación Nacional de Pediatría de México)

Middle East & North Africa

- Dr. Joseph Haddad President of Union of Arab Pediatric Societies (UAPS) will hold the seat of the Regional President, after endorsement by the Council of Delegates, (Lebanon)



Candidates for the second Regional Seat are:

- Dr. Amed El Said Younes (Egyptian Pediatric Association)
- Dr. Mohd Osman Swar (Sudan Paediatric Association)
- Dr. Douagi Mohamed (Tunisia Pediatric Society)

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 2019-2021.

These candidates include:

- International Society for Social Pediatrics and Child Health (ISSOP)
 - Dr. Raul Mercer (Australia)
- International Pediatric Academic Leaders Association (IPALA)
 - Dr. Kevin Forsyth (USA)
- International Society of Tropical Pediatrics (ISTP)
 - Dr. Mortada Hassan Fakhri El-Shabrawi (Egypt)
- World Federation of Associations of Pediatric Surgeons (WOFAPS)
 - Dr. David Sigalet (Qatar)
- Federation of International Societies for Pediatric Gastroenterology, Hepatology and Nutrition (FIPSGHAN)
 - Professor Berthold Koletzko (Germany)

Final Composition of the IPA Standing Committee

The newly elected IPA Standing Committee 2019-2021 will hold its first meeting from 13:00-15:00 on Thursday March 21, 2019.



1.2. EXECUTIVE COMMITTEE 2019-2021

The membership of the IPA Executive Committee 2019-2021 will include:

- President (Errol Alden)
- President-elect (to be elected by the Council of Delegates)
- Executive Director (Naveen Thacker)
- Treasurer (Jay E. Berkelhamer)
- Coordinator of Development (Jon Klein)
- President of the 29th ICP (Richard Viner, selected by the Royal College of Pediatricians in Child Health)
- Two members of the 2019-2021 Standing Committee will be elected to the Executive Committee by the 2019-2021 Standing Committee
- Immediate Past President (Zulfiqar Bhutta)

1.3. STANDING COMMITTEE 2016-2019

The Standing Committee for the period 2016-2019 included the following representatives of Regional Societies of the seven IPA geographic regions:

Africa

The seat of the Regional President:

- Dr. Dorothy Esangbedo (Nigeria)

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

- Dr. Amha Mekasha (Ethiopia, UNAPSA)

Asia-Pacific

The seat of the Regional President:

- Dr. Naveen Thacker was regional president but as he took over as IPA Coordinator of Development, APPA conducted election for this seat and Dr. Zulkifli Ismail was elected.

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

- Dr. Pramod Jog (India)
- Professor Shinichi Hirose (Japan)
- Professor Aman Pulungan (Indonesia)



Central Asia

The seat of the Regional President:

- Dr. Enver Hasanoğlu (Turkey)

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

- Associate Professor 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:

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

Latin America

The seat of the Regional President:

- Dr. Jose Brea-Castillo (Dominican Republic, Asociación Latinoamericana de Pediatría - ALAPE)

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

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

Middle East & North Africa

The seat of the Regional President:

- Dr. Basim Al-Zoubi (Jordan)

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

- Dr. Mohammad Douagi (Tunisia)

North America

- Dr. Douglas McMillan (Canada, representing the Canadian Paediatric Society, CPS)
- Dr. Linda Arnold (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. Jean-Michel Guys
- 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. Following the 28th ICP in Vancouver the administrative structure of the IPA business operations underwent a decentralizing transformation. Under the leadership and stewardship of the Executive Officers of the IPA, the administrative functions were distributed to the offices of the President in Canada, the Executive Director and Treasurer in the United States and the Coordinator of Development in India. This bold transformation emerged as a result of the shift in partnership with the American Academy of Pediatrics who remains an avid supporter of the IPA but who could no longer provide direct business support for the administrative functions of the organization. President Bhutta, Executive Director Keenan, Treasurer Berkelhamer and Coordinator Thacker worked fervently with their teams behind the scenes to ensure smooth and transparent operations continued.

As a result of this decentralization, operational costs for the IPA in this triennium significantly decreased allowing for more programs and activities to take place in country which will be outlined in later sections. Additionally, the teams were able to successfully implement additional social media campaigns including the IPA Spotlight messages for key UN World Days, International Women's Day Campaigns in 2018 and 2019, the IPA NewsLetter under the able Editorship of Dr Manuel Moya, and increased visibility and communications through WhatsApp with our member societies. These engagement initiatives along with the stewardship and open communications of this decentralized system have also furthered an increase in dues collection compared to previous triennia allowing the IPA to support additional activities and ensure the financial health and stability of the organization during this term.

IPA President Zulfiqar Bhutta worked from his office in Toronto, Canada. The President has represented the IPA at many global and national meetings, conferences, and workshops and boards, and has fostered collaborations with international agencies including UNICEF, WHO, Partnerships for Maternal Newborn Child Health Board, the Coalition of Centres in Global Child Health, the Bridging Research and Action in Conflict and Humanitarian Settings Consortium (BRANCH). The President made it a priority to represent IPA at major national and regional conferences including Japan, Glasgow, Bali, Gothenburg, Islamabad, Asuncion, Abuja and Budapest. Both the ED and the President ensured that IPA was fully represented in high profile sessions at the World Health Assemblies in Geneva in 2017 and 2018.



Treasurer Jay E. Berkelhamer works from his office in Atlanta, USA 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.

Coordinator of Development Naveen Thacker works from his office in Gandhidham City, India, and has furthered dues collection, member relations, managed the IPA website and social media accounts including Facebook and Twitter, and worked to ensure clear communications and engagement with member societies. His role in streamlining and facilitating the global communication links of IPA and its Member Societies is specially applauded.

The IPA quarterly NewsLetter is supported by the IPA under the editorship of Drs. Manuel Moya and Deepak Kamat.

1.5. IPA OFFICERS 2016- 2019

IPA EXECUTIVE COMMITTEE

Also members of the Standing Committee

- Andreas Konstantopoulos, Greece
- William J. Keenan, USA
- Zulfiqar Bhutta, Pakistan
- Dorothy Esangbedo, Nigeria
- Mariana Lopez, Panama
- Naveen Thacker, India
- Shinichi Hirose, Japan
- Errol Alden, USA
- 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 2016 - 2019

Following the Vancouver Congress, the IPA as noted underwent a series of deliberations to evolve in its structure and administration of activities. Fostering international collaborations has been at the forefront of this Executive's mandate and in this triennium the IPA has successfully fostered relationships with UNICEF, WHO, the PMNCH Board, the BRANCH Consortium, the Coalition of Centres in Global Child Health, local ministry partnerships, and worked with member societies to discuss the importance and role the IPA can play in the era of the Sustainable Development Goals (SDGs). In 2018 the IPA worked with the many leading voices in the renewal of the Every Newborn



Action Plan. Aligning with the global trajectory for health is key for IPA to maintain a presence among the major influential agencies and the SDGs are the roadmap for where we are headed.

The impact of these key partnerships and alignment with the SDGs can be seen in the activities undertaken during this triennium.

- **Helping Babies Survive:** Improving newborn survival is a common and universal goal among international agencies. The IPA through its collaborations with the Coalition of Centres in Global Child Health and its collaborations with Member Societies and Standing Committee Members launched a series of workshops and symposia on Helping Babies Survive and the Sustainable Development Goals. Working with Master Trainers both within the IPA and in our partner countries, we successfully launched three HBS workshops, in 2017 and will hold an Helping Babies Breathe workshop at the ICP in Panama. The three workshops in 2017 were held as follows:

- April 2017 in Kampala, Uganda, working with Aga Khan University Karachi, the Aga Khan University School of Nursing and Midwifery, and Makerere University, the Ugandan Ministry of Health;
- July 2017 in Bishkek, Kyrgyzstan, working with Aga Khan University Karachi, UNICEF, WHO, Aga Khan Development Network, and the Krygyz Ministry of Health;
- November 2017 in Karachi, Pakistan working with the Aga Khan University, the Pakistan Ministry for Health.

Standing Committee Member Dr. Doug McMillan along with Master Trainers William Keenan and Naveen Thacker helped facilitate training to participants in these sessions and were instrumental in the success of these important initiatives. IPA shared resources and maximized efforts in co-hosting these workshops and international symposia in these regions. This shared approach was not only cost effective but highly collaborative and offered the foundation to build further relationships and a model for future capacity building training.

- **PMNCH Board:** The President and alternate Board member, Professor Zulkifli Ismail represented IPA on the health care professional seats in the PMNCH Board. This was a critical period of transition for the PMNCH following the launch of the SDGs and the IPA through the President was able to secure a seat on the Executive Committee enabling our voices to be heard. Meetings with the PMNCH and its partner lead members were held in Malawi, Stockholm, Geneva and Delhi. IPA has also been able to secure support from PMNCH towards the humanitarian work, through the BRANCH Consortium on children in conflict settings and humanitarian situations.
- **Humanitarian Partnerships:**
 - *Refugee Crises:* The rise of refugees and displacement populations has become of international importance and is continuing to garner more focus from the humanitarian agencies. Our Member Societies in Turkey and Jordan have worked



with the IPA Foundation to hold advocacy and education symposium on the issues and challenges faced by refugees. These conferences have brought together local experts and regional representatives whose countries are impacted by neighboring conflicts and their resources are impacted by the increasing volumes of displaced populations. Drs. Errol Alden, Enver Hasanoglu, Zulfiqar Bhutta, William Keenan and Basim Al-Zoubi are some of the IPA Standing and Executive Committee Members who have been involved in furthering this advocacy work.

- *BRANCH Consortium*: Following the launch of a highly visible IPA initiative on “Save Children of War” following the Congress in Vancouver, IPA developed several key collaborations with partner groups such as ISPCAN and ISSOP. IPA has actively collaborated with an academic consortium BRANCH (Bridging Research to Action in Conflict settings for Women and Child Health” leading to a high profile series in the Lancet in late 2019. The Consortium is working to secure funding for more systematic work and advocacy in this space for the period 2020-2025.
- **Advocacy for Sustainable Development Goals and Global Action**: This area is being positioned as a new body of work for paediatricians worldwide and the officers, especially the President and President-elect have devoted considerable energy towards building the groundswell of support towards the critical role of paediatricians in this area through regional meetings and advocacy. This is also exemplified by no less than five high profile viewpoints published in leading journals of the world (Lancet, JAMA, Lancet Child & Adolescent Health, BMJ and the Archives of Diseases in Childhood) alongside our Congress. This will also be the subject of a major side session during ICP 2019 with regional leaders participating.
- **Consensus on ethical practices and relationship with Industry**: This has been the subject of much discussion in regions and the basis for a collaboration with WHO. IPA and WHO have collaborated on a major global survey of its partner organizations (with over 91 participating societies) and will be the subject of a special session at the ICP in Panama. IPA has always adhered to our agreed core principles of ethical relationship with the Private sector and especially the Food Industry, including manufacturers of infant formula. Our support for exclusive breastfeeding remains resolute and we have strictly adhered to the core code of marketing and IPA guidelines. We will be seeking clear guidance from our member societies on a pragmatic way forward in Panama City and would encourage members to attend.
- **Child Rights and Protection**: The rights of children are a key priority for the IPA and under the IPA Sub-Committee for Child Rights and Protection led by Dr. Shanti Raman, this group have formed a collaboration with ISSOP and IPSCAN to further advocacy efforts on change for child rights. This collaboration has produced a statement and declaration that was then published on Violence against Children. This work was presented at the ISSOP Annual Conference in Budapest in October 2017, which resulted in the Budapest Declaration “On the Rights, Health and Well-Being of Children and Youth on the Move”. Subsequently, the Violence against Children statement was later presented at the First South Asia Regional Conference on Child Rights & 12th National Child Rights Conference of the Pakistan Pediatric



Association in Lahore, Pakistan, November 2017 and was then published in the Pakistan Pediatrics Journal and a comment in the Lancet in April 2018. This work continues to evolve and a workshop on child rights will be hosted in the 29th ICP in Panama to take these statements to develop action plans and create a cohort of champions to continue the discussion and raise awareness on the issues of child rights globally.

- **World Health Assembly:** IPA has maintained a strong presence during the World Health Assembly annually presenting statements on relevant issues including obesity, access to medicines and technology, and blindness. Consecutively in 2016-2017 and 2018 IPA has co-sponsored side events on “NCDs and the Child” continuing to be a champion and voice to address NCDs on the global agenda. In 2018 President Bhutta also presented at the assembly on “Child Health in the Islamic World” raising awareness on the prevalent issues that continue to impact this region and the needs for action among global agencies and paediatricians.

Our NewsLetter has documented many of the activities and achievements Member Societies have accomplished. Members from ALAPE met with the UN Committee for the Rights of the Child, at the Office of the High Commissioner of Human Rights in January 2018 to advocate and raise awareness of the issues of Latin-American and Caribbean children to motivate countries to guarantee resources towards the prevention, detection, and management of immuno-preventable diseases. This was a first for the ALAPE Society to be invited to meet with UN delegates at this level and was an important step forward to helping children and adolescents of the region.

Several natural disasters befell the Asia-Pacific region this triennium and the IPA stood behind its Member Societies through resource support. Indonesia faced a tsunami and an earthquake in a matter of weeks and many were affected through the region in the aftermath. Dr. Aman Pulungan President of APPA, kept IPA Members abridged of the impact and was on the ground working with relief groups to help those impacted.

As the landscape shifted from higher level programmatic to growing in-country needs, the IPA Executive Officers re-evaluated the previous role of the Technical Advisory Groups (TAGs) and redefined the priority areas under Strategic Advisory Groups working alongside the Executive and Standing Committees and working closely with the President.

STRATEGIC ADVISORY GROUPS

Following the change in Executive following the 28th ICP, President Bhutta reviewed the activities of the Technical Advisory Groups (TAG). As the terms held had concluded, all TAGs were dissolved, TAG leaders were recognized for their contributions and an evaluation of priority areas of focus was undertaken to determine next steps. What emerged from these deliberations and considerations was the formation of Strategic Advisory Groups (SAG). These differed from the TAGs in that the SAG Leaders were tasked with identifying outside partnerships, and opportunities for collaborations the IPA could leverage, seek external funding in addition to core support offered from the IPA, and were encouraged to represent the IPA globally. Terms for these SAG Leaders were established as two-year intervals and SAGs were officially launched in 2017. The first term of these SAGs will conclude at the



29th ICP in Panama, March 2019. It is the hope that the work and collaborations established by these SAGs will continue and to grow and foster new relationships for long-term partnerships. A summary follows of the key areas of focus identified, the SAG Leaders named to provide expertise in this area and the activities and recommendations that emerged.

Adolescent Health

SAG Leader: Susan Sawyer (Australia)

This SAG is devoted to furthering the adolescent health agenda through global partnerships and identifying opportunities for collaboration. Dr. Sawyer in her term as SAG Leader led a survey to identify gaps in adolescent health programming in order to address the need for additional resources, training tools, and support for paediatricians globally. Additionally, as President of the International Association for Adolescent Health (IAAH), Dr. Sawyer as SAG Leader has brought additional linkages to the IPA network of experts. Dr. Sawyer was also featured as one of our inspiring female leaders for International Women's Day highlighting and showcasing her work and initiatives in adolescent health to our member societies on our social media platforms.

Child Survival

SAG Leader: Miguel O'Ryan (Chile)

This SAG is devoted to furthering the initiatives and advocacy efforts for child survival globally through partnerships and opportunities for collaboration. Dr. O'Ryan in his term as SAG leader has developed a proposal for a project to leverage the experience of different infectious disease groups to promote education in the best management of children with cancer, fever and neutropenia. SAGs are also encouraged to collaborate with one another and one such collaboration that has emerged is between the Child Survival SAG and the Immunizations SAG to address the growing issue of vaccine hesitancy. This will be later outlined in the Immunization SAG summary, but the collaboration between Dr. O'Ryan and Dr. Thacker was successful and the IPA has greatly benefited from their insight and advocacy efforts.

Early Child Development

SAG Leader: Mohamad Mikati (USA)

This SAG is devoted to furthering the initiatives and discussion on early child development (ECD) programming and research globally through partnerships and opportunities for collaboration. Dr. Mikati has worked with other SAG Leaders and IPA Sub-Committee Chairs to advance discussions on ECD initiatives. Given his background Dr. Mikati is one of our many speakers in the 29th ICP in our session on early child development shedding light on neurodevelopment indicators in the first 1,000 days.

Humanitarian Emergencies



SAG Leader: Karen Olness (USA)

This SAG is focused on developing capacity and making more resources and tools available for practitioners and policy makers and paediatricians who are in the field faced with the challenges of humanitarian crises, and refugee and displaced populations through partnerships and global in-country collaborations. Dr. Olness has been working tirelessly to bring the needs of those suffering in crises settings to the forefront. To name a few of her accomplishments during her term as SAG Leader, Dr. Olness has:

- been featured speaking on the issues of displacement speaking out on recent conditions at US borders of family separation;
- spoken at conferences and meetings including the Society for Development and Behavioural Pediatrics;
- developed toolkits and resources featured on the IPA website for comfort kits to aid front-line workers in crises settings;
- developed a manual on “How to help the children in disasters” also available on the IPA website;
- developed and conducted training workshops on Disasters Management focused on training professionals on the challenges faced in humanitarian settings and care delivery strategies to meet these challenges. Such workshops were delivered at the UNAPSA Congress in promoting education of child, planned for the ICP in Panama March 2019, and proposed for another workshop in the United Arab Emirates pending approval and support from local partners.

Dr. Olness continues to bring issues of children affected by humanitarian crises to the forefront. As a female leader Dr. Olness has been featured in our International Women’s Day campaigns in 2018 and 2019 to showcase the outreach and graduates of her training workshops.

Non-Communicable Diseases

SAG Leader: Jon Klein (USA)

This SAG is devoted to furthering the international agenda on non-communicable diseases and ensuring it remains a priority globally through partnerships and opportunities for collaboration. Dr. Klein as Past-Chair of NCD-Child, brought many connections and links to platforms to raise awareness and highlight areas of focus for all paediatricians to address the issues and burdens of NCDs globally. As IPA SAG Leader on NCDs Dr. Klein has worked with the Executive to develop statements shared at the World Health Assembly in 2018. NCDs remain a key priority globally and within the SDGs, IPA’s involvement and advocacy platform with WHO at the World Health Assembly is of strategic importance.

Nutrition



SAG Leader: Berthold Koletzko (Germany)

This SAG is focused on a developing capacity and identifying gaps in resources focused on nutrition through partnerships and opportunities for collaboration. Dr. Koletzko developed a survey on nutrition competency and available resources in nutrition which was circulated to member societies in 2017. Working in collaboration with the Centre for Global Child Health, a Coalition of Centres in Global Child Health partner organization, Dr. Koletzko will be delivering with his collaborators a workshop on Advanced Knowledge and Skills in Child and Adolescent Nutrition at the ICP in Panama, March 2019.

Vaccines and Immunization

SAG Leader: Naveen Thacker (India)

This SAG has a central mission of promoting the validity and importance of vaccination in children globally through partnership and opportunities for collaboration. Dr. Thacker has worked to identify ways to challenge the current status of vaccine hesitancy globally. Dr. Thacker has developed a project to address challenges practitioners face with a vaccine hesitancy and a thorough strategy to develop long-term capacity and support for graduates of the program. Through a series of Train-the-Trainer workshops, this program aims to develop capacity in trainers who can then offer additional training to their colleagues on practical approaches to address vaccine hesitancy in real-time settings. Communicating the efficacy of vaccines to families with a growing narrative of vaccine discomfort is a challenge that must be addressed. Dr. Thacker's practical approach in this project works to provide resources, techniques and tools for practitioners to address and offer opportunities to overcome the hesitancy these families present. Having successfully launched the first training session in Delhi in December 2018, the second two-day workshop will be held in Panama at the ICP in March 2019 hosted in collaboration with IPA SAG Leader Miguel O'Ryan.

3. FINANCIAL REPORTS 2016-2018

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 2016, 2017, and 2018 outline the IPA's financial details.

**INTERNATIONAL PEDIATRIC ASSOCIATION
2019 YTD Financial Performance**

2019 YTD 2019 Budget % of Budget 2018 Actual

REVENUES	February	YTD	% of Budget	2018 Actual
Annual dues	58,719	250,000	23	156,317
IPAF Support	0	50,000	0	15,120
Donations and Misc	290	0		700
International Congress - MCI	0	65,000	0	
Vaccine Hesitancy Program	97,000	97,000	100	87,775
TOTAL IPA REVENUE	156,009	462,000	34	259,912

EXPENSES

Executive Director's and Office Expenses

President's Office Expenses	5,000	20,000	25	22,500
Coordinator's Office Expenses	944	2,000	47	5,185
President Elect Office Expenses	90	0		0
Executive Director's Office Expenses	3,995	25,000	16	4,200
D&O Insurance	0	1,500	0	1,364
total ED and office expenses	10,029	48,500	21	33,249

EC/SC Meetings and Travel for Officers

External Relations (WHO, PMNCH, travel,	0	35,000	0	33,648
EC/SC Meeting	3,153	50,000	6	102,040
IPA Congress 2019 – shared with MCI	379	0		38,832
total meetings and travel	3,532	85,000	4	174,520

Program Areas (TAGs)

Vaccine Hesitancy Program	28,932	97,000	30	69,975
IPA Programs	0	150,000	0	0
total program areas	28,932	247,000	12	69,975

Communication

Website maintenance	90	6,354	1	8,850
IPA Journal	0	5,000	0	
Newsletters, Reports	0	1,000	0	0
total communications	90	12,354	1	8,850

Various services (finance, printing, etc)

Accounting & Auditing	0	21,000	0	20,943
Bank charges	49	1,500	3	1,503
Irregular expenses (legal services)	68	0		0
total various services	117	22,500	1	22,446

TOTAL IPA EXPENSES	42,700	415,354	10	309,040
NET RESULT 2018				-49,128
NET RESULT 2019	113,309	46,646		

Net IPA Assets

12/31/15	\$ 742,878
12/31/16	\$ 1,047,185
12/31/17	\$ 1,186,103
12/31/18	\$ 1,146,461 (estimate)

**INTERNATIONAL PEDIATRIC ASSOCIATION
2018 IPA Financial Performance (unaudited)**

2018 Actual 2018 Budget % of Budget

REVENUES

Annual dues	156,317	170,000	92
IPAF Support	15,120	100,000	15
Donations	700	0	
Vaccine Hesitancy Program	87,775	0	
TOTAL IPA REVENUE	259,912	270,000	96

EXPENSES

Executive Director's and Office Expenses

President's Office Expenses	22,500	20,000	113
Coordinator's Office Expenses	5,185	8,000	65
President Elect Office Expenses		3,000	0
Executive Director's Office Expenses	4,200	9,000	47
D&O Insurance	1,364	1,400	97
total ED and office expenses	33,249	41,400	80

EC/SC Meetings and Travel for Officers

External Relations (WHO, PMNCH, travel,	33,648	50,000	67
EC/SC Meeting	102,040	60,000	170
IPA Congress 2019 – shared with MCI	38,832	100,000	39
total meetings and travel	174,520	210,000	83

Program Areas (TAGs)

Vaccine Hesitancy Program	69,975	25,000	280
SAG Initiatives	0	75,000	0
total program areas	69,975	100,000	70

Communication

Website maintenance	8,850	10,000	89
Newsletters, Reports	0	4,000	0
total communications	8,850	14,000	63

Various services (finance, printing, etc)

Accounting & Auditing	20,943	20,000	105
Bank charges	1,503	3,000	50
Irregular expenses (legal services)	0	10,000	0
total various services	22,446	33,000	68

TOTAL IPA EXPENSES	309,040	398,400	78
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NET RESULT FOR 2018	-49,128	-128,000	
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization **INTERNATIONAL PEDIATRIC ASSOCIATION**
Doing business as _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
418 WEBSTER FOREST DR
City or town, state or province, country, and ZIP or foreign postal code
WEBSTER GROVES, MO 63119

D Employer identification number
45-5499854

E Telephone number
(847) 434-4297

G Gross receipts \$ **339,973.**

F Name and address of principal officer: **DR WILLIAM KEENAN**
418 WEBSTER FOREST DR WEBSTER GROVES, MO 63119

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.IPA-WORLD.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2003**

M State of legal domicile: **MO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTION OF FRIENDSHIP BETWEEN PEDIATRICIANS OF ALL COUNTRIES FOR THE BENEFIT OF CHILDREN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	33
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 476,586.	Current Year 285,421.
	9 Program service revenue (Part VIII, line 2g)		54,552.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	476,586.	339,973.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,000.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,628.	201,055.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,628.	201,055.	
19 Revenue less expenses. Subtract line 18 from line 12	450,958.	138,918.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,101,034.	End of Year 1,198,163.
	21 Total liabilities (Part X, line 26)	53,850.	12,060.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,047,184.	1,186,103.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
▶ **WILLIAM KEENAN, EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer Use Only

Print/type preparer's name CHARLES D RENFRO	Preparer's signature CHARLES D RENFRO	Date 11/21/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01691181
Firm's name ▶ GENERAL TAX SERVICES LLC	Firm's EIN ▶ 47-4349437		Phone no. (253) 244-9091	
Firm's address ▶ 804 S L TACOMA, WA 98405				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL PEDIATRIC ASSOCIATION		D Employer identification number 45-5499854	
	Doing business as		E Telephone number (847) 434-4297	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 418 WEBSTER FOREST DRIVE	G Gross receipts \$ 476,586		
City or town, state or province, country, and ZIP or foreign postal code WEBSTER GROVE, MO 63119		F Name and address of principal officer DR WILLIAM KEENAN 418 WEBSTER FOREST DRIVE WEBSTER GROVE, MO 63119		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW IPA-WORLD ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 2003	M State of legal domicile SZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
		3	28	
		4	28	
		5	0	
		6	33	
		7a	0	
	7b	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	45,641	476,586
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,641	476,586
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	14,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	282,779	158,279
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	282,779	172,279
	19	Revenue less expenses Subtract line 18 from line 12	-237,138	304,307
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	804,158	1,101,034
	21	Total liabilities (Part X, line 26)	61,280	53,849
	22	Net assets or fund balances Subtract line 21 from line 20	742,878	1,047,185

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: 2017-11-14
 DR WILLIAM KEENAN EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name David Lowenthal	Preparer's signature David Lowenthal	Date 2017-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00378651
	Firm's name ▶ PLANTE & MORAN PLLC			Firm's EIN ▶ 38-1357951	
	Firm's address ▶ 10 S Riverside Plaza 9th Floor Chicago, IL 60606			Phone no (312) 207-1040	

in USD

**IPA 2016 Congress
Vancouver, Canada**

FINAL

BUDGET ITEMS	2016 Canada (USD)	% TOTAL EXPENSES	% INCOME	2013 Australia (USD)	% TOTAL EXPENSES	% INCOME
01 - Congress Centre Rental and Infrastructure	\$ 244,665.61	13.38	11.47	\$ 436,762.72	26.76	23.02
02 - Print Pieces and Promotional Material	\$ 68,249.30	3.73	3.20	\$ 61,846.15	3.79	3.26
03 - Marketing and Promotion	\$ 148,531.67	8.13	6.96	\$ 56,845.75	3.48	3.00
04 - Technical Equipment - Congress/Exhibition Costs	\$ 251,591.53	13.76	11.80	\$ 208,341.74	12.76	10.98
05 - Material for Participants	\$ 31,612.74	1.73	1.48	\$ -	0.00	0.00
06 - Invited Speakers & Committees	\$ 414,466.31	22.67	19.43	\$ 14,876.65	0.91	0.78
07 - Transportation/Shuttles	\$ -	0.00	0.00	\$ 407,393.93	24.96	21.48
08 - Onsite Congress Staff Costs	\$ 68,290.64	3.74	3.20	\$ -	0.00	0.00
09 - Pre-Congress Secretariat, Abstracts & Presentations	\$ 163,412.91	8.94	7.66	\$ 77,383.51	4.74	4.08
10 - Pre-Congress Meeting & Committee Expenses	\$ 14,969.60	0.82	0.70	\$ 75,544.91	4.63	3.98
11 - Food & Beverage / Social Activities	\$ 234,617.95	12.83	11.00	\$ 11,711.24	0.72	0.62
12 - Administration	\$ 187,665.42	10.27	8.80	\$ 229,837.16	14.08	12.12
13 - Reserve/Provision	\$ -	0.00	0.00	\$ 51,661.21	3.17	2.72
TOTAL:	\$ 1,828,073.69	100.00	85.71	\$ 1,632,204.98	100.00	86.04

BUDGET RECAP						
ITEMS	FORECAST					
TOTAL EXPENSES	\$ 1,828,073.69	100.00	85.71	\$ 1,632,204.98	100.00	86.04
NET REVENUE	\$ 2,132,775.35	116.67	100.00	\$ 1,897,043.16	116.23	100.00
FORECASTED RESULT / FINAL RESULT	\$ 304,701.66	16.67	14.29	\$ 264,838.18	16.23	13.96

Income to IPA	\$243,761	80%	\$ 198,628.64	75%
Income to PCO	\$60,940	20%	\$ 66,209.55	25%