

**Report of the President and the Executive Director
International Pediatric Association
2004-2007**

This report covers the years (2004-2007) following the 24th International Congress of Pediatrics in Cancun, Mexico in August 2004. The report is divided into three sections.

- I. Governance and Administration of the International Pediatric Association (IPA)
- II. Activities of the International Pediatric Association (IPA) 2004-2007
- III. Future directions of the International Pediatric Association (IPA)

There will be ample time for discussion of this report during the scheduled meetings of the Council in Athens; prior to that time we welcome comments or questions from members.

I. 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 or Heads of each IPA member society or the official designated to fill this role. The Council of Delegates meets every three years at the time of the International Congress of Pediatrics. The Council of Delegates under the amended constitution will have 165 members (144 national member societies, 10 regional and linguistic societies, and 11 international specialty societies).

The IPA Standing Committee acts on behalf of the Council of Delegates between its regular meetings, and guides IPA policy and action based on the wishes of the Council of Delegates. The IPA Standing Committee under the provisions of the revised constitution will include 25 members, two ex-officio members, and one or more guest members. The Standing Committee meets once or twice each year.

The Executive Committee meets once or twice each year, ordinarily at the time of meetings of the Standing Committee. 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 amended constitution, the Executive Committee will have eight members plus two ex-officio members.

1.1 The Council of Delegates

The amended IPA Constitution adopted in Cancun by the Council of National Delegates (CND) 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 prior term "Council of National Delegates" has been accordingly changed to "Council of Delegates" (CD). IPA now officially recognizes seven voting geographic regions (sub-Saharan Africa, Asia-Pacific, Central Asia, Europe, Latin America, Middle East & North Africa, and North America). If a single functioning IPA regional society exists, its President or designated representative will represent that region on the Council. Representatives of societies representing other regional or linguistic groups are welcome to attend Council of Delegates meetings, but will be represented in any regional nominating or voting by the regional society most closely representing their geographic region.

The Council of National Delegates met in CND Sessions 21, 22, and 23 in Cancun. On August 15th, 2004, representatives of only 32 member societies were present; accordingly no binding votes were taken. Two discussion groups were formed, one to consider IPA dues structure, and one to consider program and forward action (minutes of CD Session 21).

**Council of National Delegates Session 21 Minutes
Agenda Item 11. Reports from the groups**

New dues structure

The discussions of dues structure were considered very useful. A number of ideas were suggested, including the current method of an assessment based on the number of members, an assessment which takes into consideration the gross national product or wealth of the member country, and an assessment of some fixed percentage of the dues actually collected by each national society. The last proposal received the most discussion. No specific recommendations were made, but the discussions raised considerable interest and these ideas will be pursued for consideration during the 2007 Congress.

Proposals of actions from the National Pediatric Societies

This group had lively discussions concerning program and actions. Many points were made, with a particular focus on the following:

- As well as the major issues affecting child survival and global child health it is important to consider also issues which affect all of our countries including obesity and lack of physical fitness, violence, and accidents.
- Neuro-cognitive disability is an important issue for pediatricians and should be addressed.
- The IPA can provide an important source of information for pediatricians around the world. Several items were discussed including some sort of a virtual academy of pediatrics which could offer courses by electronic communication (suggested by Dr. Bassiony from Egypt), and that a method of expert consultations could be established to permit availability of expert knowledge to pediatricians seeking information.
- Political activism and advocacy are important areas which pediatricians should explore further. There was widespread feeling in the group that our country governments do not always attend to the needs of children, and that the pediatric community could be important in raising concerns and promoting actions for the benefit of children and child health.

At session 22 on August 18th 2004, the number (63) of voting members present closely approached a quorum requirement of 68; under provision of the IPA Constitution, this session was adjourned and reconvened as session 23 without the requirement of a full quorum to conduct official business. The CND Resolutions passed in Session 23 were:

CND 174: The agenda for Council of National Delegates meeting 21 was adopted.

CND 175: Minutes of the Council of National Delegates meetings sessions 19 and 20 in Beijing September 2001 were approved.

CND: 176: The Triennial Report of the Executive Director and the President was adopted.

CND 177: In the absence of a quorum, the 22nd Session of the Council of National Delegates was adjourned to be reconvened as the 23rd Session.

CND 178: The agenda for Executive Session 22 of Council of National Delegates was adopted as the agenda for the 23rd session of the Council of National Delegates.

CND 179: Voting times for election of the Standing Committee and the next Congress site were modified so that delegates who are giving lectures in the academic program can be present to vote.

CND 180: The newly drafted and amended constitution was adopted.

CND 181: Chok-wan Chan was elected as the President-Elect of the IPA.

CND 182: Johannesburg South Africa was declared the site of the 26th International Congress of Pediatrics of 2010.

CND 183: The 6 candidates for SC members proposed by the Executive Committee were confirmed unanimously.

CND 184: From the slate of 10 candidates presented by the Specialty Societies, 4 were elected to the Standing Committee: Ashok Gupta (India) of the International Society of Tropical Pediatrics; Ellis Avner (USA) of the International Pediatric Nephrology Association; Jose Boix Ochoa (Spain) of the World Federation of Associations of Pediatric Surgeons; and Philippe Evrard (France) of the International Child Neurology Association.

CND 185: The 7 Regional Representatives nominated by their Regional Societies and representative of the 7 IPA geographic areas were elected to seats on the standing Committee.

CND 186: The Afghan Pediatric Association, the Cambodian Pediatric Association, the Lao Teachers, and The Indian Neo-natal Forum were elected as member societies of the IPA.

CND 187: (Lebanon) The ICP host society must offer documentation from its Minister of Government stating that visa access will be facilitated for those persons wishing to attend the Congress, and that visa applications will proceed in a timely fashion.

CND 188: (South Africa) The ICP host country can present 1-3 possible venues within its country and at the next three year Congress will present the exact site within the country for the subsequent congress. This resolution passed unanimously.

CND 189: (Kenya) A vote of thanks is given by the Council of National Delegates to the 24th ICP Organizing Committee, the IPA, the Academic Lecturers, and to all others who contributed to this most successful 24th International Congress of Pediatrics.

CND 190: Session 23 of the CND was adjourned.

Council of Delegates Meetings in Athens, August 2007

The Council of Delegates will meet on August 25th from 2.30-7.30pm, and again on Thursday August 29th from 1pm-6pm. On Sunday August 26th there will be a special dinner with members of the newly formed IPA Alumni Association with the IPA Executive and Standing Committees of the IPA. This gathering will promote acquaintance and exchange of ideas with IPA Alumni and Executive and Standing Committee members.

During the first session of the Council of Delegates on August 25th, there will be two special sessions: one on Ethics, and one on the Millennium Development Goals. IPA is trying to accord our member societies a larger role and a better chance to be heard in the IPA. We look forward to input from the Council of Delegates on important issues relevant to our member societies and to future directions of our organization.

During the second session of the Council of Delegates on August 29th, new IPA Member Societies, the President Elect, the 2007-2010 IPA Standing Committee Members, the host country for the 27th ICP 2013, and the President of the 26th ICP 2010 will be elected.

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. The two preceding Presidents are Adenike Grange (Nigeria) and Chok Wan Chan (Hong Kong).

According to the IPA constitution, the President-Elect, after one three year term (2007-2010) will assume office as President for one three year term (2010-2013). In the case of temporary or permanent incapacity of an IPA President, the President-Elect will serve as Acting President for the duration of said incapacity.

The following two candidates have been duly nominated:

- Sergio Cabral (Brazil)
- Manuel Katz (Israel)

Election of the Host Country for the 27th ICP 2013

Candidates meeting IPA criteria for hosting the 27th International Congress of Pediatrics of 2013 are:

- Australia (Melbourne)
- Chile (Santiago)
- Japan (Yokohama)
- Thailand (Bangkok)

Each society will present its bid at the August 29th session of the Council of Delegates (15 minutes per candidate maximum), and can host an exhibition booth during the 25th Congress. Once the host country for the 27th ICP 2013 has been selected, the host country will designate an official representative to the IPA Executive Committee.

The CD at the 25th ICP will formally elect the official President of the 26th ICP 2010, following the recommendation of the host South African Pediatric Association (SAPA). We note that the 26th ICP will be the first International Congress of Pediatrics managed by the IPA and its professional congress organizer (Kenes) in conjunction with the host National Pediatric Society. A first site visit with SAPA, the IPA, and the IPA professional congress organizer Kenes took place in January 2007 in Johannesburg/Sandton, South Africa, and planning for the 26th ICP is already well underway.

Election of the IPA Standing Committee 2007-2010

Revisions to the IPA constitution adopted by the Council of National Delegates in Cancun August 2004 include changes in the composition of the IPA Standing Committee. These changes represent an effort to make the IPA more responsive to its regions and its member societies. According to the revised constitution, seven IPA geographic regions will be recognized: 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. These regions include sub-Saharan Africa (Union of African Pediatric Societies and Associations - UNAPSA), Asia-Pacific (Asian Pacific Pediatric Association - APPA), Central Asia (Union of Pediatric Societies of Turkic Republics - UPSTR), Europe (Union of National European Pediatric Societies and Associations - UNEPSA), Latin America (Asociación Latino Americana de Pediatría - ALAPE), and the Middle East (Union of the Arab Pediatricians - UAP). Each of these regions must also nominate one or more candidates to stand for election by the CD

to a second regional seat on the SC. These regional nominations put forth by these 6 regions have been reviewed and certified by the IPA Standing Committee. Regional candidates, with the nominating society indicated in parentheses are:

Sub-Saharan Africa

Peter Cooper, South Africa (UNAPSA) will hold the seat of the regional president

Candidates for the second regional seat are:

Amha Mekasha, Ethiopia (UNAPSA)
Fred Were, Kenya (UNAPSA)
Yveline Houenou, Cote d'Ivoire (UNAPSA)

Asia-Pacific

Sanath Lamabadiusuriya, Sri Lanka (APPA) will hold the seat of the regional president

Candidates for the second regional seat are:

Yoshikato Eto, Japan (APPA)
Usa Thisyakorn, Thailand (APPA)
Naveen Thatcher (India)*

Central Asia

Enver Hasanoglu, Turkey (UNPSTR) will hold the seat of the regional president

The candidate for the second regional seat is Ahmaddudin Maarij, Afghanistan

Europe

Armido Rubino, Italy (UNEPSA) will hold the seat of the regional president

Candidates for the second regional seat are:

Eva Ohla, Hungary (UNEPSA)
Leila Namazova, Russia (UNEPSA)

Latin America

Alberto Reveron, Venezuela (ALAPE) will hold the seat of the regional president

Candidates for the second regional seat are:

Fernando Dominguez, Cuba (ALAPE)
Hernando Villamizar, Columbia (ALAPE)
Alberto Bissot, Panama (ALAPE)

Middle East & North Africa

Bahaa El Din, Egypt (UAP) will hold the seat of the regional president

Candidates for the second regional seat are:

Hassan Fakhoury, Lebanon (UAP)
Munzer Scheikh El Haddadin, Syria (UAP)
Abdul Karim Rasae, Yemen (UAP)
Ali Al Matti, Jordan (UAP)
Abdel Karim Al Qudah, Jordan (UAP)
Najwa Khuri Bulos, Jordan (Jordan Pediatric Society)*

Robert Sacy, Lebanon (Lebanon Pediatric Society)*

*This candidate was nominated by his/her National Pediatric Association, as indicated in parentheses. In view of some confusion resulting from the new IPA nomination procedures concerning nominating procedures, these nominations were allowed by decision of the IPA SC to stand.

North America

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

Judy Hall (Canadian Paediatric Society)

John Lewy (American Academy of Pediatrics)

We were all greatly saddened at the sudden death of Professor Lewy in April 2007. The AAP has now nominated William Keenan to fill this position.

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 seven IPA member specialty societies which decided to nominate. These candidates include:

Geoff Cleghorn, Australia, Federation of International Societies for Pediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN)

Mohamad Mikati, Lebanon, International Child Neurology Association (ICNA)

Jie Ding, China, International Pediatric Nephrology Association (IPNA)

Michael Krawinkel, Germany International Society for Tropical Pediatrics (ISTP)

David Schonfeld, USA, Society for Developmental and Behavioral Pediatrics (SDBP)

O. B. Eden, UK, International Society of Paediatric Oncology (SIOP)

Jose Boix-Ochoa, Spain, World Federation of Associations of Pediatric Surgeons (WOFAPS)

Final Composition of the IPA SC 2007-2010

The Standing Committee will have 25 members, plus two ex-officio members:

- 14 members representing each of seven geographic regions (2 each)
- 5 members representing the IPA specialty member societies
- 6 additional members of the IPA Executive Committee (IPA Officers and Executives and the President of the 26th ICP)
- the IPA Honorary President, ex-officio
- the IPA Past President, ex-officio

The newly elected IPA Standing Committee 2007-2010 will hold its first meeting on the evening of August 30th and all day August 31st.

1.2 Executive Committee 2007-2010

Under provisions of the revised constitution which will be effective after elections at the 25th ICP meeting of the Council of Delegates on August 29th 2007, the membership of the Executive Committee will include:

- The IPA President (Chok Wan Chan, Hong Kong)
- The IPA President-Elect (to be elected)
- The IPA Executive Director (Jane Schaller, Canada/ USA)
- The IPA Treasurer (Zulfiqar Bhutta, Pakistan)
- The IPA Coordinator of Development (Swati Bhave, India)
- The President of the 26th ICP (to be elected, South Africa)
- Two members of the 2007-2010 Standing Committee (to be chosen on August 31 by the Standing Committee to represent it to the Executive Committee).
- The IPA Honorary President, ex-officio (Ihsan Dogramaci, Turkey)

- Immediate Past President, ex-officio (Adenike Grange, Nigeria)

1.3 Standing Committee 2004-2007

During 2004-2007 the IPA has operated under transitional procedures with the composition of the Standing Committee and Executive Committee remaining as mandated by the 2004 constitution prior to amendment. The SC included 11 ad personam members, 7 regional members, 4 specialty society members, and members of the EC.

The Standing Committee for the period 2004-2007 has comprised:

- Seven representatives of the Regional Societies of the seven IPA geographic regions:
 - Alberto Bissot (Panama)
Asociación Latino Americana de Pediatría (ALAPE)
(Representing Latin America)
 - Judy Hall (USA, Canada)
American Academy of Pediatric (AAP) and Canadian Paediatric Society (CPS)
(Representing North America)
 - Manuel Katz (Israel)
Union of National European Pediatric Societies and Associations (UNEPSA)
(Representing Europe)
 - Manuel Moya (Spain)
Union of Mid-Eastern & Mediterranean Pediatric Societies (UMEMPS)
(Representing Mediterranean-Middle East)
 - James Tumwine (Uganda)
Union of National African Pediatric Society and Association (UNAPSA)
(Representing sub-Saharan Africa)
 - Pongsakdi Visudihphan (Thailand)
Asian Pacific Pediatric Association (APPA)
(Representing Asia Pacific)
 - Kadriye Yurdakok (Turkey)
Union of Pediatric Societies of Turkic Republics (UNPSTR)
(Representing Central Asia)
- Four Members elected from International Pediatric Specialty Societies
 - E. Avner (USA) International Pediatric Nephrology Association (IPNA)
 - J. Boix-Ochoa World Federation of Associations of Pediatric Surgeons (WOFAPS)
 - P. Evrard (France) International Child Neurology Association (ICNA)
 - A. Gupta (India) International Society for Tropical Pediatrics (ISTP)
- Six Ad Personam Members nominated by the Executive Committee, endorsed by the Standing Committee and elected by the Council of Delegates in CND Session 23:
 - Zulfiqar Bhutta (Pakistan)
 - Yoshikato Eto (Japan)
 - Najwa Khuri Bulos (Jordan)

- John Lewy (USA)
 - Giorgio Tamburlini (Italy)
 - Ricardo Uauy (Chile)
- Five Ad Personam Members approved by the Standing Committee in 2004 for second terms on the Standing Committee:
 - Ashfaq Ahmad Khan (Pakistan)
 - Swati Bhave (India)
 - Alan Craft (UK)
 - M. Cherif Rahimy (Benin)
 - Ahmed Younes (Egypt)

The overall geographic representation of the combined Executive and Standing Committees 2001-2004 has consisted of:

Africa	3 seats
Asia	7 seats, plus 1 guest seat
Central Asia	3 seats
Europe	7 seats
Latin America	3 seats
Middle East/Mediterranean	3 seats
North America	4 seats

Functions of the Standing Committee:

The Standing Committee is the major committee responsible for IPA program development, strategic planning, and policy. The SC acts on behalf of the Council of National Delegates between its regularly scheduled meetings. The Standing Committee of 2004-2007 has been very active during this triennium with two meetings each year : SC Session 40 August 2004 Cancun, SC Session 41 January 2005 Geneva, SC Session 42 October 2005 Istanbul, SC Session 43 March 2006 Geneva, SC Session 44 October 2006 Abuja, SC Session 45 March 2007 Geneva, SC Session 46 August 2007 Athens.

During the 2004-2007 triennium, the Standing Committee addressed issues mandated and suggested by the Council of National Delegates at its Sessions 21 and 23 in Cancun August 2004.

- Attention to the revised IPA constitution and clarification of its implications concerning elections of officers, executives, and Standing Committee members.
- Further work with the IPA core professional congress organizer Kenes International concerning establishment of the IPA administrative office in Geneva and organization of the 26th ICP 2010 Johannesburg South Africa, in close coordination with the South African Pediatric Association.
- Coordination of the offices of the Executive Director which were relocated to Vancouver, Canada, and the President which were relocated to Lagos, Nigeria.
- Enhancement of the role of the IPA Treasurer to include oversight of IPA expenditures, monitoring of IPA bank accounts, and preparation of financial reports for the Finance and Standing Committees. Further discussions of modifying IPA dues structures started during the 2004 sessions of the Council of Delegates in Cancun included that there was no easy way to modify IPA dues structure at this time, but that future discussions were warranted.
- Attention to action areas suggested by the CD at Session 21 Cancun: Obesity and physical fitness, educational and informational activities for IPA membership, and advocacy.

The Standing Committee undertook a number of other initiatives including:

- Adoption of an IPA Millennium Call to Action with emphasis on the role of national and regional pediatric societies in achievement of the Millennium Development Goals, particularly goals four and five which relate to child, newborn and maternal health. These topics will be highlighted at the 25th ICP.
- Creation of a mission and vision statement (refer to Section 2.1):
- Continuing a focus on African Child Health with a special Forum on African Child Health held in Abuja in October 2006 in conjunction with IPA Standing Committee Session 44. At its Regional meeting in December 2005, the Union of African Pediatric Associations and Societies made two declarations, one concerning immunization and one concerning newborn survival and health. The member societies of the UNAPSA became the first official members of an IPA Global Movement of Pediatricians for Newborn Survival and Health.
- Supporting new IPA roles in two important international groups:
 - IPA was elected to represent all non-governmental organizations/civil society organizations on the board of the Global Alliance for Vaccines and Immunization (GAVI); this seat is occupied by our President Adenike Grange (Jane Schaller as backup).
 - IPA was elected to a seat on the Board of the Partnership for Maternal, Newborn and Child Health, a newly constituted partnership which includes representatives of UN Agencies, major donors, and three professional organizations (IPA, the International Federation of Gynecology and Obstetrics-FIGO, the International College of Midwives); IPA is represented in this seat by Zulfiqar Bhutta of Pakistan (Jane Schaller as alternate).
- Actively considering IPA programs and action areas. A new proposal for constituting a Technical Advisory Group to IPA program areas has been ratified, and will provide IPA with needed technical and scientific expertise to further our areas of program and action and enhance our capacity to play an active role in major global child health issues.
- The 2004-2007 Standing Committee will have its final meeting on August 24, 2007 and will actively participate in the Council of Delegates meetings during the 25th ICP.

1.4 Executive Committee 2004-2007

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

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

The composition of the 2004 - 2007 Executive Committee has been:

- | | |
|----------------------|-------------------------------------|
| ▪ I. Dogramaci: | Honorary President (Turkey) |
| ▪ A. Grange: | President (Nigeria) |
| ▪ J. Schaller: | Executive Director (USA/Canada) |
| ▪ C. W. Chan: | President-elect (Hong Kong) |
| ▪ S. Cabral: | Treasurer (Brazil) |
| ▪ S. O. Lie: | Coordinator of Development (Norway) |
| ▪ A. Constantopoulos | Congress President 2007 (Greece) |
| ▪ A. Ahmad: | Ad Personam (Pakistan) |
| ▪ E. Avner | Ad Personam (United States) |
| ▪ M. C. Rahimy: | Ad Personam (Benin) |
| ▪ A. Younes: | Ad Personam (Egypt) |

The Executive Committee has met solely on occasions of the Standing Committee meetings during the past 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.

1.5 Administrative Offices of the IPA

The IPA is an organization with worldwide membership, and the geographic locations and homes of its administrative personnel are by necessity located in different countries and regions. At the present time the IPA administrative office is housed at Kenes International in Geneva, and has been primarily staffed by our capable Administrative Coordinator Isabelle Bourzeix. In 2007 a new Associate, Antonis Anastasiades, has been engaged by Kenes International to be the primary administrative contact for the International Pediatric Association as of September 2007; Mr. Anastasiades is a native of Cyprus and is fluent in a number of languages. Isabelle Bourzeix will continue to work with IPA in a supervisory capacity in the Kenes office. The Kenes office management has a new leader: Gregoire Pavillon, who comes to Kenes with a background in hotel and conference management. Kenes is responsible for many of the administrative functions of IPA including arranging meetings of the Standing and Executive Committees, overseeing the IPA accounts in the Zurich bank and accounting of IPA funds that go through the Zurich bank, maintaining the IPA database, sending out notices to IPA membership, and hosting the IPA website.

The Executive Director is now located at the University of British Columbia in Vancouver, Canada, and works with one Secretarial Assistant. The relocation from Boston, Tufts University, to Vancouver began in November 2005. The Executive Director's office has coordinated and supervised IPA administrative functions, working closely with the Geneva office, and has been responsible for supervising program areas, supporting the President and other officers, overseeing relationships with external organizations including WHO, UNICEF, and FIGO, advising on member relations, and organizing agendas and oversight and minutes of Standing and Executive Committee and Council of Delegates meetings.

The President has established an office in Lagos, Nigeria, with staff and office location to support her activities. She has represented the IPA at global, regional and national pediatric and multi-disciplinary meetings, conferences and workshop. She has played a lead role as advocate for children of the world with the support of all members of the IPA.

The Treasurer has worked from his office in Rio De Janeiro, Brazil, with no additional staff.

The IPA website was generously hosted by Kevin Forsyth and his web colleagues at Flinders University in Australia during 2005 and 2006. This hosting resulted in redesign of the website and updating of its contents. Management of the website was transferred back to Kenes International in April 2007. IPA is most grateful to Professor Forsyth and his colleagues for their generosity in doing this important work for IPA.

1.6 Finances

The triennium 2004-2007 has seen improvement in IPA finances with thanks to our Treasurer, Sergio Cabral, who has played an active role in oversight of IPA finances and clarification of financial reporting to the IPA Finance and Standing Committees. The Finance Committee, with guidance from the Treasurer, has been active in IPA financial policy. The 24th ICP Cancun was able to make a substantial contribution to IPA accounts, for which we are most grateful. Together with the IPA dues yield of approximately \$100,000 each year, the IPA has managed to conduct its business and to devote a significant percentage of its funds to program areas. IPA has had some success in fundraising during this triennium, with a substantial grant in Children's Environmental Health from the Environmental Protection Agency, an unrestricted grant for the Merck Company for HPV education, and small grants from a number of donors to support the Forum on African Child Health, Abuja, 2006. We all realize that IPA will need substantial grants and donations to continue

with program activities; this will be a major focus during the coming triennium. IPA has maintained its reserve fund of \$150,000, and overall is in better financial shape than it has been in past years.

1.7 Auditor's Statement

Auditor's Report 2005

We have audited the balance sheet of the International Pediatric Association (IPA), Geneva as at December 31, 2005 and the statements of operations for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Swiss auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the International Pediatric Association (IPA), Geneva as at December 31, 2005 and the results of its operations for the year ended in accordance with Swiss generally accepted accounting principles.

Michel Lambelet

Geneva, September 19, 2006

Auditor's Report 2006

We have audited the balance sheet of the International Pediatric Association (IPA), Geneva as at December 31, 2006 and the statements of operations for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Swiss auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the International Pediatric Association (IPA), Geneva as at December 31, 2006 and the results of its operations for the year ended in accordance with Swiss generally accepted accounting principles.

Michel Lambelet

Geneva, June 15, 2007

II. Activities of the International Pediatric Association 2004-2007

The triennium 2004-2007 has been a busy one for IPA with further development of IPA activities and IPA collaborations with partners. Key activities have included:

2.1 Creation of a vision, mission, and values statement

During the Standing Committee of February 2005, we held a mini one day retreat with an analysis of IPA strengths, weaknesses, opportunities, and threats. This exercise resulted in a vision, mission, and values statement which appear in abbreviated form on the IPA brochure, and which is given below in its full form:

IPA Vision

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

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.

IPA Values

Excellence of knowledge and expertise in child health: Pediatricians will be leaders in defining and creating a sound body of scientific and practical knowledge concerning child health.

Evidence based action: Pediatricians will incorporate best practices validated by evidenced based studies into all their professional activities. Prevention as well as treatment: Pediatricians will emphasize prevention of disease and ill health, as well as care for illness which has not been prevented.

Service: Pediatricians will deliver the best possible preventative and curative services for children, and will strive for the necessary facilities to provide these services.

Education: Pediatricians will design and implement education and training programs for pediatricians and other child health personnel, basing these programs on the needs of their populations and the best evidence based information.

Partnership: Pediatricians will seek out and work with other partners in maternal and child health, including their government ministries of health, United Nations agencies at country and global levels, and donors.

Advocacy: Pediatricians will promote health for all children from birth through adolescence, and will advocate for the right of every newborn, child, and adolescent to health and well being.

Collegiality: Pediatricians will be global citizens, collaborating locally and internationally with their colleagues in pediatrics and child health.

Also resulting from this exercise was an analysis of IPA strengths and weaknesses with suggestions for action for the triennium 2004-2007.

2.2 IPA focus on the Millennium Development Goals (MDGs)

The IPA called attention the urgency of achievement of the Millennium Development Goals as part of our New York Call to Action from Pediatricians of the World which was adopted during the United Nations General Assembly Special Session on Children in 2002. In 2005 the IPA expressed further concern that urgent action is needed to achieve fulfillment of the Millennium Development Goals in the remaining decade 2005-2015, and issued the International Pediatric Association Millennium Call to Action 2005-2015, committing our organization to bringing to its national, regional, and international specialty societies throughout the world the urgency of working at

country, regional, and global levels for achievement of indicators pertinent to maternal and child health. The IPA recognizes with pride that pediatricians in countries all over the world are already contributing to achievement of the Millennium Development Goals in their daily work. We wish now to bring this more immediately to country level and to help our national member societies address issues of particular pertinence in their own countries that contribute to this effort.

IPA Millennium Call to Action:

Recalling and reaffirming the New York Call to Action from the Pediatricians of the World presented at the United Nations General Assembly Special Session on Children in 2002:

- Which recognized the tragedy of preventable child death and preventable child physical and psychosocial ill health
- Which noted that adequate knowledge and skills exist for prevention and treatment of the major global child health problems
- Which acknowledged that the International Pediatric Association with more than 500,000 pediatricians from countries throughout the world is strategically placed for leadership in global child health
- Which pledged the International Pediatric Association to work with United Nations agencies, governments, and other stakeholders to address urgent issues of global child health and to monitor progress towards achievement of the Millennium Development Goals

Expressing concern in 2005 that urgent action is needed to achieve fulfillment of the Millennium Development Goals in the decade 2005- 2015:

The International Pediatric Association now commits to bringing to its 144 national pediatric societies and 21 regional and international specialty pediatric societies throughout the world the urgency of working at country, regional, and global levels for achievement of indicators pertinent to child health for each of the Eight Millennium Development Goals, and of monitoring progress on a regular basis for the next 10 years 2005 - 2015.

• MDG One: Eradicate extreme poverty and hunger

The International Pediatric Association, working with country level pediatric societies and its experts on nutrition and utilizing new growth standards being developed by the World Health Organization, will:

- Promote monitoring of the proportion of underweight children under five years of age at country and regional levels.
- Promote the WHO Global Strategy on Infant and Young Child Nutrition.
- Work with partners to launch a global initiative for treatment and prevention of malnutrition in children.

• MDG Two: Achieve universal primary education

The IPA will emphasize elementary school attendance for all girls and boys as an integral component of child health and development and achievement of adolescent literacy as an integral component of adolescent health.

• MDG Three: Promote gender equality and empower women

The IPA will emphasize the importance of girls' primary, secondary, and tertiary education as basic components of child health and development, and will emphasize the importance of literacy to health in both adolescent girls and boys.

• MDG Four: Reduce child mortality

The IPA and its pediatricians at country level will:

- Work with other stakeholders to address the major causes of under five mortality and infant mortality.
- Launch a Global Movement of Pediatricians for Newborn Survival and Health.
- Work with other stakeholders to promote cost effective interventions pertinent to the major causes of child mortality: diarrheal disease, pneumonia, vaccine preventable illness, malaria, and HIV/AIDS.
- Work with GAVI, WHO and UNICEF to identify and address barriers to childhood immunization at country level, and make universal immunization a major activity for pediatricians throughout the world.

• **MDG Five: Improve maternal health**

The IPA will:

- Emphasize adolescent girls' health, including reproductive health, as an important factor in maternal health.
- Work with colleagues in obstetrics and gynecology, midwifery, and nursing to assure that those who attend births are educated in basic newborn care as well as in care of the mother.

• **MDG Six: Combat HIV/AIDS, malaria, and other diseases**

The IPA will:

- Target prevention of HIV/AIDS in adolescents, both girls and boys, as an integral component of adolescent health programs.
- Emphasize school attendance of HIV orphans as an important component of HIV/AIDS and child health programs.
- Encourage and monitor the availability and use of insecticide treated bed nets for young children and the appropriate use of antimalarials for children in malaria risk areas.
- Conduct country and regional level workshops on the new guidelines for recognition and management of childhood TB, monitor their implementation at country level, and monitor inclusion of children in national TB control programs.

• **MDG Seven: Ensure environmental sustainability**

The IPA will:

- Conduct regional and country-level educational workshops on children's environmental health for pediatricians and other stakeholders in child health in collaboration with WHO, **UNEP**, and EPA, and designate country-level focal pediatricians for children's environmental health.
- Incorporate basic sanitation and safe water education into child health programs and advocate for safe and adequate drinking water in elementary schools.
- Promote appreciation of the role of the environment in child health, including the importance of trees and forestation.

• **MDG Eight: Develop a global partnership for development**

The IPA will:

- Include strategies for productive work for youth in adolescent health programs.
- Work with WHO and UNICEF to define and advocate for adequate and appropriate essential medicines for children and work for their availability for children at country level.

The IPA has committed to work with the Countdown to 2015, an initiative spearheaded by the journal Lancet and the Bellagio Study Group to document and track progress towards achievement of Millennium Development Goals 4 and 5 concerning newborn, child, and maternal survival and health. Several IPA representatives attended the first gathering of the Countdown to 2015 in London 2005, and IPA will participate in the next gathering in the Spring of 2008. Countdown to 2015 meetings will occur every two years until 2015, highlighting progress towards the Millennium Development Goals, as well as lack of progress and needed actions.

2.3 IPA participation in global partnerships

In this triennium, the IPA has become recognized as an active participant in a number of potentially powerful global partnerships relevant to maternal and child health. These include WHO/Stop TB, the Global Alliance for Vaccines and Immunizations (GAVI), the Partnership for Maternal, Newborn and Child Health, the Countdown to 2015 and the International Alliance to Prevent Obesity and Chronic Disease. These organizations bring together powerful partners such as WHO, UNICEF, major foundations and donors, and professional and civil society organizations, to address major issues affecting the health of mothers and children throughout the world. In addition, IPA has been instrumental in forming a new alliance: The International Alliance for Better Medicines for Children.

- The Stop TB Partnership: www.stoptb.org The IPA has been involved with the Stop TB initiative and partnership of WHO since its beginnings in the year 2000. Originally the Stop TB initiative had little content concerning childhood tuberculosis. IPA, working with the Child Lung Health Committee of the International Union Against TB and Lung Disease and others, has succeeded in spurring the formation of a sub-committee on childhood tuberculosis within the structure of Stop TB. This sub-committee has now drafted guidelines for childhood tuberculosis which have been published as an official document of the World Health Organization. IPA has participated actively in this-committee, which continues to address issues of importance to tuberculosis and child health.
- The Global Alliance for Vaccines and Immunization (GAVI): www.gavialliance.org IPA has been involved with GAVI since its inception in 2000. This important Alliance addresses issues of immunization of children in countries of the developing world, emphasizing the realities of bringing vaccines to country levels in a transparent and effective way. The IPA first competed for a seat on the GAVI board in the year 2002, but was not successful. However in the year 2004, IPA again put forth a candidate for the single GAVI seat which represents non-governmental organizations, and this time we were successful in gaining the seat. Our President Adenike Grange represents IPA on the GAVI board. This has been a fruitful collaboration, resulting in a proposal for more civil society organization participation in GAVI, and for an initiative which will make some GAVI funds available to civil society organizations at country level in activities relevant to the immunization of children in 72 countries, 50% of which are in Africa. Since immunization is a bedrock of child health and pediatric practice, this initiative will be of interest to pediatricians everywhere. IPA will continue to participate actively in the GAVI Task Force on Civil Society Organizations.
- The Partnership for Maternal, Newborn and Child Health (PMNCH): www.who.int/pmnch The Bellagio Child Survival series published in the Lancet in 2003 focused on the tragedy that each year more than 10 million children continue to die of largely preventable or readily treatable conditions, and called for urgent world attention to this problem. Subsequently WHO, UNICEF, foundations and donor organizations, and others discussed, met, and formed the Child Survival Partnership. IPA was part of this process, and participated in meetings of the newly formed Child Survival Partnership interim Steering Committee. WHO had previously formed the Partnership for Safe Motherhood and Newborn Health to address issues of maternal and newborn survival; IPA became a member of this partnership. The Healthy Newborn Partnership represented a third partnership organized through Save the Children United States; IPA also joined this Partnership. In 2005, these three partnerships came together into a single partnership, the Partnership for Maternal, Newborn and Child Health (PMNCH). The IPA has gained a seat on the board of this new Partnership, along with FIGO (the International Federation of Obstetrics and Gynecology), and the International College of Midwives. The IPA is represented on the PMNCH board by Zulfiqar Bhutta of Pakistan, with IPA Executive Director Jane Schaller as alternate. Recently IPA has been successful in gaining membership on two of the four core advisory committees which will guide the important areas of work of the Partnership: Country level action: Adenike Grange; Effective interventions: Zulfiqar Bhutta (co-chair). The activities of the Partnership will be geared largely towards country level action, supporting the integration of maternal, newborn and child health programs through the coordination of health action by governments, their development partners, the private sector and civil society organizations. In this regard IPA will be working closely with our colleagues from

FIGO and the International College of Midwives, and will focus on achieving key roles for our national pediatric societies in PMNCH activities and fostering effective country level collaborations with our colleagues in OB-GYN, nursing, and midwifery. The Partnership offers an important avenue for recognition of professional societies at country and regional levels by their own Ministers of Health, and also by their country offices of WHO and UNICEF. IPA was instrumental in writing a brochure describing the mutual relationships of professional societies and the Partnership (see the PMNCH website).

Partnership activities during 2006 will begin at country level in Africa, with initial planning for similar activities in Asia. The countries to be targeted are those 60 countries of the world with the most difficult problems of maternal, newborn and child survival and health as reflected in their slow or lack of progress towards the achievement of the Millennium Development Goals. However the principles and activities of the Partnership are pertinent to all IPA member societies from both the developing and the industrialized worlds.

- The International Alliance for the Prevention of Obesity and Chronic Disease: www.preventionalliance.net This Alliance was formed in 2005 with IPA as one of the founding members, along with the International Heart Association, the International Diabetes Association, the International Obesity Task Force, and the International Union of Nutritional Sciences. This Partnership, based in London, has been active in a number of regards, and is geared to country and regional level action. The issues of obesity and diabetes in children are crucial to this endeavor, and this Alliance has already organized a number of meetings at country level which have involved pediatric representatives from Asia and Latin America. These activities are pertinent to the IPA program area of Nutrition. In addition, the IPA gave a grant of \$5,000 to the IUNS in support of their program on Management of malnourished children.
- The International Alliance for Better Medicines for Children: The IPA has sporadically addressed the issues of medicines for children since 1990 when it co-sponsored a workshop on this issue with WHO. The International Alliance for Better Medicines for Children was formed by two global organizations concerned with child health and medicines for children: the International Pediatric Association (IPA) and The International Union of Basic and Clinical Pharmacology (IUPHAR) represented by its Sub-Committee for Paediatric Clinical Pharmacology. This Alliance was formed during the International Pediatric Pharmacology Symposium in Shanghai June 29-30, 2006, a pre-Congress satellite symposium of the 15th IUPHAR World Congress of Pharmacology held subsequently in Beijing. The Shanghai Symposium included some 200 invited participants from Pediatrics, Pediatric Pharmacology, and Pediatric Pharmacy. A workshop of 60 key participants convened on July 1, 2006 and unanimously adopted the Declaration establishing the International Alliance for Better Medicines for Children.

Adopted July 1, 2006, at the International Pediatric Pharmacology Symposium, World Congress of Pharmacology, Shanghai

We, the concerned pediatricians, pediatric pharmacologists, and pediatric pharmacists of the world, representing the International Pediatric Association and the International Union of Basic and Clinical Pharmacology through its Subcommittee for Paediatric Clinical Pharmacology, call urgent attention to:

The Convention on the Rights of the Child, which states the right of every child to the highest attainable standard of health, and

The Millennium Development Goals, which include calls for a fifty percent reduction in child mortality (MDG 4), improving maternal and newborn health (MDG 5), combating HIV/AIDS, malaria, and other diseases including tuberculosis (MDG 6); and availability of essential medicines (MDG 8).

We duly note that access to safe and reliable medicines for children worldwide and the rational use of such medicines are essential to attainment of child health and achievement the Millennium Development Goals.

We are gravely concerned that major impediments to achieving access to and rational use of better medicines for children worldwide exist in 2006, particularly in the developing world. These include the present realities that:

Many children, and especially those of the developing world, do not have access to safe and effective medicines in formulations which address children's health needs.

Evidenced based treatment guidelines for major childhood diseases are not universally available.

A clear definition of medicines essential for the care of children does not exist.

Drugs are often used inappropriately in children, with insufficient attention to the unique physiologic needs and developmental stages of childhood.

Pediatricians, other child health providers, clinical pharmacologists, and pharmacists are often inadequately trained in the appropriate use of medicines in children, and there is a critical shortage of pediatric pharmacologists and pharmacists, particularly in the developing world.

Research focused on medicines for children is inadequately emphasized and supported.

Many medicines potentially useful to children are not tested in children, leading to wide off label use in children of medicines approved only for adult use.

Global principles to guide ethical, safe, and valid clinical trials of medicines in children are ignored or do not exist.

Regulatory capacities to support access to medicines through acquisition, distribution, and monitoring mechanisms and to collect and respond to reports of adverse drug reactions in children are inadequate and hamper the availability and safety of medicines for children at country level, particularly in the developing world.

Efforts to address the issues of medicines for children have been fragmented and uncoordinated, and there is no identifiable global partnership of concerned and informed stakeholders to advocate for and work together to achieve the reality of better medicines for children in countries throughout the world.

We therefore resolve that through an international alliance we will address these impediments through:

Bringing the combined strengths, knowledge, and expertise of our professions to advocating for and working for the reality of access to safe and effective medicines for all children at country levels worldwide.

Responding to the need for evidenced-based clinical treatment guidelines pertinent to the important causes of newborn and child mortality and morbidity worldwide, with due attention to regional and country needs.

Defining a global essential medicines list for children based on definition of the specific health needs of children in countries and regions throughout the world.

Building human resources through educational programs and enhanced teaching and training programs in the safe and appropriate use of drugs in children for pediatricians, general physicians, health workers at all levels, and clinical pharmacologists and pharmacists; promoting the training of more pediatric pharmacologists and pharmacists, particularly in the developing world; and developing educational materials to support the rational use of medicines in children for professionals, caregivers, governments, and consumers.

Promoting basic, clinical, and operational research important to safe and effective therapies for children, including safety evaluations, production of stable formulations for children, pharmacokinetics/pharmacodynamics, epidemiologic studies, and basic aspects of host responsiveness and toxicity.

Defining global standards for the testing of medicines in children and for the conduct of ethical and safe pediatric clinical trials, with attention to the infrastructure necessary for the conduct of such trials, and the issues of benefit to participating sites and participants.

Supporting the development of national regulatory capacity for market authorization, acquisition and distribution of medicines, counterfeit surveillance, and clinical trial authorization, with particular attention to medicines for children.

Working together as professionals, and promoting working relations with other stakeholders, including civil society and its organizations, governments, the World Health Organization, the United Nations Children's Fund, industry, and donor organizations.

The Alliance has now been joined by a third principle partner, the Clinical Pharmacology Pediatric Network of the National Institute of Child Health & Disease (NIH); has been successful in advocating for a World Health Assembly Resolution on Better Medicines for Children adopted in May 2007; and will continue to work with WHO and welcome other interested organizations.

2.4 IPA commitment to maternal and newborn health

IPA is committed to focusing not only on child survival and health, but also on newborn and maternal health. We emphasize the importance of including newborns within the spectrum of pediatrics and child health. The IPA has actively discussed the importance of newborn health to global child health since 2000. These discussions resulted in a conference of pediatricians representing all areas of the world on newborn health in the Spring of 2005, and the laying of plans to launch a Global Movement of Pediatricians for Newborn Survival and health. In December 2005, UNAPSA at its regional meeting in Cotonou, Benin, became the first members of this Global Movement and prepared a declaration on newborn survival and health.

IPA also recognizes the importance of maternal health to child and newborn survival and health, and the importance of child health and adolescent health to future healthy pregnancies and safe motherhood. IPA has now begun working actively with FIGO (International Federation of Gynecology & Obstetrics) in the Partnership for Maternal, Newborn and Child Health, and has become a member of the WHO-FIGO Alliance on Women's Health. IPA also collaborates with Saving Newborn Lives, focusing on issues of newborn survival and health in Sub-Saharan Africa. We are currently exploring a framework collaboration agreement, and have been invited to join the Saving Newborn Lives technical advisory group. Also of interest in this regard are the neonatal resuscitation programs of the American Academy of Pediatrics, and of the National Institute of Child Health and Development US.

2.5 External relationships

The IPA has been working actively with a number of major external organizations including the

World Health Organization, UNICEF, FIGO, Saving Newborn Lives, and the International Children's Centre.

- WHO: IPA maintains its status as an organization in official relationship to WHO. The IPA President and Executive Director have attended WHO Executive Board meetings; an IPA delegation attends the World Health Assembly; and IPA representatives attend regional WHO meetings whenever possible. IPA has presented statements on a number of issues to the World Health Assembly and at WHO regional meetings. We have established contacts with various WHO divisions concerned with program areas of interest to IPA, and have brought the IPA Standing Committee to WHO Geneva for two meetings with the leaders of WHO divisions of interest to IPA program areas. IPA has now agreed with WHO on a framework for a more formal relationship with WHO Child and Adolescent Health. IPA has been an active participant in a number of technical consultations at WHO, has actively participated in the Strategic Advisory Group of Expert Proceedings of the Vaccines and Immunizations Division, and is increasingly invited to participate in WHO meetings and consultations. IPA was asked to make a statement on the occasion of World Health Day 2005, and was asked to endorse the new growth standards of WHO, and advocate for a resolution on Better Medicines for Children at the World Health Assembly 2007.
- UNICEF: IPA has also pursued relations with UNICEF, and has met with the new UNICEF Executive Director in New York and during GAVI board meetings. UNICEF has given generous in-kind support to IPA for various activities such as Child Watch Africa in the past. UNICEF is currently undergoing a reevaluation process, and IPA has been unofficially asked to prepare a proposal of what IPA could do to contribute to UNICEF's work on a global basis.
- FIGO (refer to section 2.4)
- Saving Newborn Lives (refer to section 2.4)
- The International Children's Centre: The International Children's Centre is now based in Ankara, Turkey under the capable leadership of Tomris Turmen, Munevvar Bertan, and Ihsan Dogramaci. The IPA has several representatives on the board of the ICC. This organization emphasizes child health and also the social and political concerns that are instrumental to child health. Its activities have been geared to its region of Central Asia, and it has formulated a number of programs which outreach to the various Central Asian Republics.
- The International Union of Pharmacology Children's Committee and the NICHD Network of Pediatric Pharmacologists (Refer to Section 2.3)

2.6 Member relations

The IPA has participated actively in regional pediatric meetings in Africa, Asia, Central Asia, and North America (AAP and CPS). IPA has participated in the Middle East at congresses of the Union of Mediterranean Pediatric Societies in Istanbul 2005 and the International Society for Tropical Pediatrics in Egypt 2005. IPA has also attended meetings of national pediatric societies whenever possible, and our members have participated actively in the activities of a number of our international specialty societies. IPA considers member relations of paramount importance to our mission, as we represent a federation of national, regional and international specialty societies. We look forward to further enhancing member relationships during the coming triennium, and hope to hear more of your ideas about this during the Council of Delegates meetings in Athens.

2.7 IPA key program and action areas

Beginning in 2000, IPA has established programs several important areas of global child health which were not being adequately addressed and which seemed appropriate for a global pediatric community to consider.

The original areas identified were:

- immunization,
- childhood tuberculosis,
- child health in humanitarian emergency,
- child health in Sub-Saharan Africa.

In 2000 the IPA SC enthusiastically ratified these program areas as well as the new concept of IPA pursuing active program areas at its session in Rome. In 2000 IPA was represented at the first international forum of the Global Alliance for Vaccines and Immunization (GAVI), then a relatively new organization, and at the first Ministerial Conference of the newly formed Stop TB campaign of WHO.

Building on the strengths and interests of its IPA committee members, the IPA SC has subsequently endorsed additional program areas including:

- Children's Environmental Health,
- Better Medicines for Children,
- Child and Newborn Survival,
- Quality of Care and Evidence Based Medicine,
- Adolescent Health,
- Nutrition,
- HIV/ AIDS.

All of these program and action areas have been run by IPA volunteers, some from the SC and some from the larger pediatric community. All have been led by internationally recognized experts in their fields, and most have had program committees comprised of additional experts representing each of the IPA geographic areas.

It is heartening that so many people have been willing to work as volunteers with and for IPA; we have not yet been refused by anyone who has been asked to help with IPA programs. IPA seeks to invest more resources into program areas, and has managed to raise funds and in-kind support for activities in Children's Environmental Health (EPA competitive grant for \$150,000 and 3 small grants from WHO), Child Health in Africa (\$250,000 from the Children's Vaccine Fund, the UN Foundation, and J and J), Child Health in Humanitarian Emergency (small grants and donations from various sources), and Adolescent Health (\$50,000 from Merck). The Child Health Forum in Nigeria was supported by the Nigerian Government, Merck, Glaxo, Smith Kline, P&G and the Nigerian Private Sector.

Although the concept of IPA as a program-oriented organization is quite new, IPA has already had some meaningful successes:

- **Immunization:** (Nike Grange, Jane Schaller, Mark Kane, Sam Katz, Najwa Khuri - and others) IPA has gained seats on the boards of the Global Alliance for Vaccines and Immunization and the Strategic Advisory Group of Experts/WHO, creating a real voice for global pediatrics in immunization policy. We are spearheading a current GAVI proposal for funded participation of country level professional and other civil society organizations in immunization programs at country level.
- **Childhood TB:** (Jeffrey Starke, Anna Mandalakas, Phillipa Musoke, Clemax St Ana, Zai Fang Jiang, Jane Schaller) IPA, along with the children's group of the IUATLD, successfully advocated for formation of a subcommittee on childhood TB within the WHO Stop TB Program; this committee has now written official WHO guidelines for child TB. IPA can now play a major role in bringing these guidelines to pediatric societies around the world. This initiative also mandates that national TB control programs must address the needs of children as well as those of adults.
- **Child Health in Humanitarian Emergency:** (Karen Olness, Srivieng Pairjokul, Marisa Herran, Kadriye Yurdakok, Swati Bhavi, Manouri Senanyaki, Ellis Avner, and others) IPA has partnered with Karen Olness and her team in presenting workshops for pediatricians in Asia, Africa, Latin America, and the Middle East, and pediatricians played significant roles in disaster relief in the Asian tsunami of 2004 and the Pakistan earthquake of 2005.

- **Child Health in Africa** (Nike Grange, Cherif Rahimy, and many others from UNAPSA) Child Watch Africa was launched in 2002 in Nairobi; its concept of country level action joining Pediatric Associations and other professional groups and stakeholders with government and UN agencies to address and monitor child health problems at country and regional levels is now also being addressed by the new Partnership for Maternal Newborn and Child Health. Four African representatives nominated by IPA will be funded by the PMNCH to attend the first Forum of the Partnership this April, and 2 African pediatricians attended an organizing meeting of the professional groups of the PMNCH in Geneva in August 2006. IPA has provided support for UNAPSA Congresses and for the UNAPSA/ Child Watch Africa secretariat, and for workshops on advocacy and newborn survival. IPA has also assisted President Grange in her successful Forum on African Child health in Abuja in October 2007.
- **Children's Environmental Health** (Ruth Etzel, Giorgio Tamburlini, Swati Bhave, and others): This program area, thanks to the dedicated work of Ruth Etzel, has succeeded in forging firm working relations with WHO, the Environmental Protection Agency, and the UN Environmental Program, has raised competitive grant funds, and has completed workshops for pediatricians in Asia (India, in collaboration with the Indian Academy of Pediatrics), Africa (Nairobi, in collaboration with the Kenyan Pediatric Association and UNAPSA), and Latin American (Haiti, in collaboration with the Haitian Pediatric Society). The driving concept of these workshops is to educate pediatricians worldwide about the importance of the environment to child health, and to identify children's environmental health as a cross cutting issue that affects the health of children everywhere.
- **Better Medicines for Children** (Sverre Lie, Kalle Hoppu, and Jane Schaller): IPA has advocated actively on this issue with WHO since 2000, and had previously addressed it in a workshop 17 years ago in 1990. In collaboration with the International Union of Pharmacologists, IPA is now leading the formation of an International Alliance for Better Medicines for Children to advocate for and contribute to the broad range of issues affecting the availability of suitable medicines for children at county levels throughout the world. A resolution mandating that WHO and Member Countries respond to the need for better medicines was passed by the World Health Assembly in May 2007. IPA was invited to give the first NGO statement supporting this initiative at the January 2007 WHO Executive Board meeting, and also presented a statement at the World Health Assembly in May 2007. Three IPA representatives were invited to a technical consultation at WHO this past summer; one result of this consultation was that there is now a proposal to form a subcommittee on children's medicines within the WHO medicines division.
- **Newborn and Child Survival and Health** (Zulfiqar Bhutta, Joy Lawn, Vinod Paul, Jane Schaller, and others) IPA has gained a seat on the steering committee of the Partnership for Maternal Newborn and Child Health (PMNCH), and is participating in the Countdown to 2015 process. IPA has now been invited to develop a relationship with Saving Newborn Lives addressing issues of newborn survival in Africa. IPA has made a commitment to address the MDGs in its Millennium Call to Action; this topic will be highlighted at the upcoming ICP. IPA is initiating a Global Movement of Pediatricians for Newborn Survival and Health which was launched for Africa in December 2005, and soon will be launched in Asia as well. Five IPA representatives attended the first Forum of the PMNCH in April 2007.
- **Nutrition** (Ricardo Uauy, Manuel Moya) IPA was asked to endorse the new growth standards of WHO and to develop mechanisms to introduce these standards to pediatricians at country levels. IPA was represented at the Innocenti Celebration of the Innocenti Declaration 1990, endorsed the Innocenti Declaration of 2005, and has endorsed the activities of the World Breast Feeding Alliance. IPA is a founding member of the International Alliance for Prevention of Obesity and Chronic Disease (IAPOCD), and will join a new initiative to address child hunger. Pediatricians representing IPA have attended country and regional meetings of the IAPOCD in Asia, Latin America, and Europe.

- **Adolescent Health** (Swati Bhave, Kadriye Yurdakok, Nike Grange) IPA participated in a WHO workshop in India concerning informed consent from adolescents, and is conducting a survey of pediatricians concerning attitudes about HPV vaccine and immunization.
- **Quality of Care and Evidence Based Medicine** (Giorgio Tamburlini and others) IPA assisted with the review and endorsed the WHO pocket book on hospital care, and has appointed Giorgio Tamburlini as the Technical Advisor to develop program in this important area.

2.8 Organizational

As noted in section 1, IPA activities have included a number of organizational activities:

- Implementation of the IPA constitution as amended in Cancun 2004
- Attention to new election and nomination procedures of candidates for the Standing Committee 2007-2010
- Adoption of a plan to constitute an IPA Technical Advisory Group. This Technical Advisory Group will be constituted of world experts in areas of IPA program and action, and will bring a new level of technical and academic expertise to IPA. Technical Advisors will serve as leaders of key IPA program and action areas, will meet as a group once a year, and will serve as regular consultants to IPA.
- IPA has focused on simplifying our global structure of administrative functions, uniting the efforts of the offices of our PCO Kenes (Geneva), our President (Lagos), our Treasurer (Rio de Janeiro), and our Executive Director (Vancouver).
- IPA has redesigned and enhanced the content of our website, and established an editorial committee and a process for smooth and continuous updating of the web. IPA has also established an annual newsletter, which will now be issued quarterly. We welcome news from any and all of our member societies at any time.

III. Future directions of the International Pediatric Association

Major endeavors of the IPA over the next triennium 2007-2010 will focus on:

- The role of pediatricians and pediatric societies in achievement of the Millennium Development Goals.
- Sharpening our image and our potential to address those issues most needed and most pertinent and most appropriate to our organization. These include advocacy, education at country and regional levels, global awareness for pediatricians of global problems, and bringing the voice of global pediatrics into policy making in global child health.
- Focusing on country and regional level action and enhancing the capability and roles of national and regional pediatric societies in addressing the child health problems in their own countries and regions.
- Training and enabling pediatricians to act as Champions of Child Health at country, regional, and global levels.
- Enhancing communications and expanding mutual activities with our member societies.
- Building relationships with partners and external organizations
- Raising funds to support IPA activities
- Addressing issues of education and training in pediatrics and child health.

Respectively submitted,



Jane Schaller, Executive Director



Adenike Grange, President

June 25, 2007