EPA NEWSLETTER ISSUE 06 JULY 2010

- EPA/UNEPSA Fall Workshop on Nutrition and EBM
  3-4 September 2010
- A brief overview of the evolution of EPA/UNEPSA!
- 5th Europaediatrics
  23-26 June 2011

Join us in Chania!

Newsletter
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Letter of the Editor
New commitments, steady task

It is obvious that EPA/UNEPSA is moving on and new input is always considered to both maintain and spread knowledge among our paediatric territory.

The new EPA/UNEPSA Supporting Committee is a clear exponent of this being made up of our wide base of 38 national paediatric societies. The profile of these new members is that of an early professional maturity, working in a determined paediatric subspecialty but truly concerned with general child health. The task of this fresh committee is to identify the arising clinical problems, therapeutic dilemmas or health controversies in different areas. This information will generate specific actions for EPA/UNEPSA through a dynamic interaction with the Council.

Apart from our biennial Congress. Another aspect of this moving on is the new settled scientific programme. The positive result of our joint venture with Cochrane Collaboration was mentioned in a previous editorial, not only because of the Evidence-Based Child Health Journal but also for the Excellence in Paediatrics which is an international group of conferences with a wide variety of subjects. The programme of this second issue of Excellence in Paediatrics taking place in London, next December, speaks for itself. However, being sensitive to the general demand, the Council has approved to start a series of workshop/courses coinciding and so called with the four seasons of the year. The first will deal with Nutrition and will take place in September on the island of Crete, the next two years have already been scheduled and planned. Each seasonal course will present practical examples on treatment issues following the Evidence-based medicine criteria besides the main concern of updating a clinical problem particularly focussing on the diagnosis and therapeutic aspects. To set up this series of courses the involvement and collaboration with C & C is necessary.

The next Congress in Vienna is proceeding in the expected, steady and scheduled way. The scientific programme is being constructed after a progressive selection procedure, probably matching the present child health demands throughout our vast region. This, together with the attraction of the music capital of Europe makes it more than reasonable to block these dates (23-26 June 2011).

Our activities and projects continue, if you look at the interesting article following this editorial you can see an excellent description of Diversity of Paediatric care in Europe. After this comes a very primary conclusion ie the necessity homogenise certain basic aspects of care. Well, perhaps a European Project on this matter, led by Professor J. Enrich, could settle the egalitarian bases before Community health authorities.

Finally, lets consider the next congress of the International Paediatric Association, taking place in Johannesburg (4-9 August 2010). A high officer position, President-Elect will be voted for. A firm candidate for this important position is Professor Andreas Konstantopoulos. There is no point considering the advantages that this eventual position would imply for paediatric care in developed regions which perhaps on some occasions has been diverted to developing countries with very important health deficiencies which should by no means be forgotten.

To re-focus this situation, to bring the International Congress back to our paediatric region again is a task to which any member of EPA/UNEPSA should contribute.

Lastly do not miss the history of EPA/UNEPSA in page 13.

Manuel Moya
Editor of Newsletter
Chania (Greece) to host the first EPA/UNEPSA Fall workshop on Nutrition & Evidence-Based Medicine on 3-4 September 2010!

Nutrition & Evidence-Based Medicine on the spotlight!

The first EPA/UNEPSA Fall workshop on Nutrition & Evidence-Based Medicine will feature an exciting mix of lectures by internationally renowned speakers as well as an interactive session focusing on the importance of information to clinical practice, organized by Cochrane Collaboration/Child Health Field.

Registration is officially open! Get updates on the workshop programme and secure your place! For more information, stay tuned.
European Paediatric Association (EPA/UNEPSA)

Join the most extensive paediatric network in Europe!

As the European Paediatric Association (EPA/UNEPSA) launched the individual membership at the end of last year, applications started coming in since the first days of 2010. EPA/UNEPSA welcomes all doctors who are certified as paediatricians in Europe and are members of their respective National Paediatric Society/Association participating in EPA/UNEPSA.

By joining EPA/UNEPSA, you gain access to a network of 38 national European associations and open yourself to a new world of opportunities.

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

• On line access to the Evidence Based Child Health Journal is a core benefit of individual membership to our association and we are excited by the prospect of making such a valuable resource widely available to paediatricians across Europe.

• Our members will enjoy reduced registration fees to Europaediatrics as well as to other events organised by our Association.

• The quarterly newsletter aims to be a source of current information relevant to the interests of European paediatricians.

• Finally, our members will find in our website a valuable tool and resource (access to the members-only section, on-line directory of members, complimentary or privileged prices for additional on-line services).

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

You may apply on line for an individual membership. Please visit our website www.epa-unepsa.org for more details and to fill out a registration form.

We look forward to welcoming all of you in EPA/UNEPSA!
Updates on the 5th Europaediatrics Congress

Already marked on our calendars for 2011, the contemporary city of Vienna in Austria will be welcoming the 5th Europaediatrics congress from 23 to 26 June 2011.

The Europaediatrics congress is the highlight of the activities of the European Paediatric Association (EPA/UNEPSA). Taking place every two years, it aspires to be the meeting point of paediatricians not only from Europe but from all over the world.

The aim of the congress is to present to the delegates the latest developments in paediatrics and bring them up to date in their field, covering topics that range from primary to secondary care. The Scientific Programme includes an exciting mix of lectures, symposia, debates and meet-the-experts sessions. The programme also emphasises on the use of guidelines in the paediatrics practice and the need for harmonization of practices across Europe in combination with the respect of national diversities where appropriate.

Another highlight of the Congress are the two workshops presented by the Cochrane Child Health Field on Evidence-based medicine and systematic reviews. A limited number of participants will have the opportunity to find out more about evidence-based practice and its primary aim to integrate clinical experience with the best available research evidence in order to make the best decisions, together with patients.

The 5th Europaediatrics features an impressive list of organising and scientific committees whose presence guarantee the success of the upcoming congress.

More detailed:
EUROPEAN PAEDIATRIC ASSOCIATION (EPA / UNEPSA) COUNCIL
President
Prof. Andreas Konstantopoulos
Secretary General
Prof. Massimo Pettoello-Mantovani
Vice President
Prof. Alexander Baranov
Vice President
Prof. Manuel Moya
Councilors
Prof. Fügen Çullu Çokuğraş
Prof. László Szabó
Treasurer
Prof. Jochen Ehrich
Past President
Prof. Armido Rubino
President of 5th Europaediatrics
Prof. Dr. Wilhelm Kaulfersch

Local Organising Committee
President
Prof. Dr. Klaus Schmitt
Vice President
Prof. Dr. Wilhelm Kaulfersch
Secretary
Prof. Reinhold Kerbl
Updates on the 5th Europaediatrics Congress

Scientific Committee
Chairman
Country of Origin
Armido Rubino, ITALY
Members
Errol Alden, USA
Generoso Andria, ITALY
Shimon Barak, ISRAEL
Resch Bernhard, AUSTRIA
Sergio Augusto Cabral, BRAZIL
Franco Chiarelli, ITALY
Giovanni Cioni, ITALY
Fugen Cullu, TURKEY
Sten Dreborg, NORWAY
Jochen Ehrich, GERMANY
Margaret Fisher, USA
Andreas Gamillscheg, AUSTRIA
Zachi Grossman, ISRAEL
Kalle Hoppu, FINLAND
Isidor Huttegger, AUSTRIA
Dr. Wilhelm Kaulfersch, AUSTRIA
Andreas Konstantopoulos, GREECE
Giuseppe Masera, ITALY
Julije Mestrovic, CROATIA
Joseph Milerad, SWEDEN
Manuel Moya, SPAIN
Leyla Namazova, RUSSIA
Lyudmila Ogorodova, RUSSIA
Anne Ormisson, ESTONIA
Josef Riedler, AUSTRIA
Klaus Schmitt, AUSTRIA
Mike Smith, UK
Laszlo Szabo, HUNGARY
Giorgio Tamburlini, ITALY
Arunas Valiulis, LITHUANIA
Nikolay Nikolaevich Volodin, RUSSIA
Mehmet Vural, TURKEY
Maximillian Zach, AUSTRIA

The Organising Committee targets to create an opportunity for all delegates to actively participate in the congress in a variety of ways and is inviting all involved for their active participation in special interactive sessions throughout the congress.

Therefore, the Scientific Committee will be happy to receive and evaluate abstracts for any of the following topics:
• Adolescent Medicine • Allergology, Pulmonology and Immunology
• Cardiology • Child & Media
• Child Psychology & Psychiatry
• Computers/Medical Informatics/Telemedicine • Critical Care
• Developmental and Behavioural Paediatrics • Education • Endocrinology
• Environmental Health • Epidemiology/Demography and Immigration
• Ethics/Bioethics • Gastroenterology, Hepatology and Nutrition • General Paediatrics • Genetics • Haematology and Oncology • Infectious Diseases
• Neonatology • Nephrology • Neurology
• Obesity/Metabolism • Pharmacology
• Preventive Paediatrics • Rheumatology
• Surgery • Vaccination

The city of Vienna and the Austrian Society of Paediatric and Adolescent Medicine will be the ideal hosts for the 5th Europaediatrics, as the Austrian capital is an excellent location for an international medical congress. It is a city rich in culture, with all the modern amenities, and boasts an impressive history in the medical sciences. Vienna is located in the heart of Europe, and is easy to reach by plane, train or car. The city offers an excellent conference infrastructure and the highly professional services required to organize the 5th Europaediatrics.

More information about the Congress will be posted in
http://www.europaediatrics2011.org/
“Child-friendly health care”

Diversity, heterogeneity, variety and disparity mean to understand the uniqueness of each individual and nation and to recognise our individual or national differences. These can be along the dimensions of ethnicity, culture, socioeconomic status, religious beliefs, political beliefs, or other ideologies. These differences should be explored in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance by embracing and celebrating the rich dimensions of diversity contained within each individual or nation (modified from http://Gladstone.uoregon.edu).

Paediatrics is also characterised by the diversity, variety and heterogeneity of primary, secondary and tertiary health care offered in 47 different European countries (Katz et al. 2002, Ehrich et al. 2005).

- In the field of medicine Lynn Payer (Payer 1989) identified several idiosyncrasies when studying medical standard procedures in France, Germany, UK and the US. The large differences that exist in the medicine practiced in UK, US, France and Germany are based on the national character (“national ulcers?”) and not so much on scientific findings.

- Some people of different nationalities tend to assume that any deviation from what they perceive to be medical norm is merely due to the lack of knowledge, the resources, or the organisation in other countries and/or to do as “we” do”.

- “This view assumes that everyone is working towards the same medical goals, with some countries more successfully, than others.

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<th>One extreme of the spectrum of national axioms</th>
<th>The other extreme of the spectrum</th>
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<td>Be prepared for the worst case scenario</td>
<td>Hope for the best</td>
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<tr>
<td>A problem is a problem by itself</td>
<td>Problems have a social and situative context</td>
</tr>
<tr>
<td>Solutions must be 100% perfect</td>
<td>Solutions do not have to be perfect but have to satisfy people</td>
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<tr>
<td>Central motto: The cause of the problem must be identified before it can be solved</td>
<td>Central motto: solve the problem and do not waste your time by trying to understand the cause of the problem</td>
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Diversity should be an important component leading towards a common goal and not an end in itself. My concept of diversity encompasses the will to strive for the best on the basis of fair play, acceptance and respect.

Diversity is the source of contradictions, tensions and conflicts which are inevitable, and if they are not suppressed and rationalised they will become a productive part of our normal and academic life.
I am well aware of the fact that all social and medical processes inevitably contain a competitive element of ‘for and against’. Very rarely is there a right and a wrong when discussing socio-medical processes such as primary paediatric health care – as on the occasion of EUROPAEDIATRICS 2009 in Moscow - because these processes are complex systems. We should always remember that there are no experts in the field of politics, finance or medicine who are either able to predict socioeconomic developments or who can offer easy solutions to national or international crises.

When the experts are asked to discuss a particular medical problem in the media or during round tables they all tend to take the stand that their own arguments are the best for the good of society and patients. Some experts play down their achievements (understatement) whereas others put their views on a pedestal (overstatement). This begs the question, what is the driving force behind the endless antagonistic discussions which purportedly aim at the best for the patients. Paediatricians have reached a high standard of communication and cooperation, however, there is room for consensus.

In the field of medicine there is rarely black and white (good and bad), more often we are faced with solutions that are better or worse.

Fortunately there is no immobile stability in the field of paediatrics but always a steady change which means that decisions once taken are not valid for ever. People who do not realise this fact will in effect block the necessary changes in their health care system.

Paediatricians believe in opening doors and building bridges, and not in erecting new walls. Paediatricians also believe in the future because they are continuously accompanied by and deal with today’s youth reflecting the values and virtues of growth, development, caring and learning.

Today it is not so much our role to tear the walls down, but to prevent people living in different European countries from building new ones.

The Council of Europe (CoE) has launched the 2009-2011 project on „Child-Friendly Health Care in Europe” with the general aims of adding values to democracy, improving human rights and rules of law in Europe. These special aims intend to identify the needs and problems of healthy and sick children in Europe with regard to their mental and physical health and in relation to their autonomy and rights.

This specific CoE-project “Child-Friendly Health Care in Europe” deals with the rights of children on provision, prevention, protection and participation (The four P). The projects include, among others: 1. Children have the right to a child-friendly health care system. 2. Children have the right to preventive care. 3. Children have the right to be protected from life-threatening living conditions (violence against children; child gender justice). 4. Children have the right to be treated with active and safe drugs. 5. Children have the right to participate in the decision-making processes concerning their health.

There are certain limitations to these projects such as lack of sponsoring and lack of cooperation of centres and nations.
However, the most important limiting factor for such activities is the lack of demographic data on the diversity of paediatric health care in 47 European countries. The CoE is not a sponsor, rather a supporting organisation to improve democracy and to promote the idea of social cohesion. The CoE may not even have a mandate in a given European country. EPA/UNEPSA should play a key role in analysing the demography of primary, secondary and tertiary paediatric health care in all 47 European countries.

The procedures of the project on „Child-Friendly Health Care in Europe“ include the concept “From principles to policies to programmes to projects to practices.” The principles will be set by the CoE, the policies could be made available by the WHO, the programmes should be created by national governments, the projects should be guided by EPA/UNEPSA, and last but not least the practice should be provided by all care givers in a multidisciplinary team approach.

Paediatrics in Europe is facing a great deal of challenges. In fact, the majority of 170,000 million children in Europe are neither healthy nor do they live in a healthy environment. The right to health care does not mean the right to be healthy, nor does it mean that poor governments should pay for expensive treatment. However, children have the following right: “Children need a voice and a choice.”

There is a great diversity in paediatric health care in Europe. Furthermore, there is also a shifting morbidity and there are infectious and non-infectious crises requiring new activities.

Children are at risk of developing new health problems, and paediatric health care is at risk of developing organisational weaknesses. Unfortunately European children do not have a strong lobby and European paediatricians do not speak with one voice.

EPA/UNEPSA has a long tradition in analysing the weak links in the chain of paediatric health care. EPA/UNEPSA has also been actively involved in improving the cooperation between paediatricians of different European countries beginning in the 1970s long before the end of the cold war in the 1990s (Betke et al. 2007). Therefore, every European paediatrician should support EPA/UNEPSA in its’ new agenda to improve paediatric health care in Europe by building new alliances. I strongly recommend that EPA/UNEPSA should support the Council of Europe in making the project on „Child-Friendly Health Care in Europe“ a great success.

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References:
Haemoglobin (Hb) disorders constitute the commonest of the clinically serious single-gene disorders globally and include mainly sickle cell disease and thalassaemias. In the very early times, these were considered to be geographically confined to countries around the Mediterranean basin, or to occur in those individuals originating from these regions - hence the name Mediterranean Anaemia or thalassaemia (from the Greek thalassa = sea, aemia = anaemia). However, we have known for some time now that Hb disorders occur widely across the world, mainly in regions previously or currently endemic in malaria, including the Middle East, Southern and Eastern Asia, the Pacific, and South China.

In more recent years, as a result of global population movements, Hb disorders have become increasingly common in regions where they did not occur amongst indigenous population: Europe, including Northern and Western Europe.

Despite the need for more accurate and updated epidemiological information from still many regions of the world, currently available data suggest that about 7% of the world’s population is a carrier of a severe Hb gene. In the absence of reliable epidemiological data, this may be a gross underestimate.

Studies suggest that as a result of ineffective, or absent national prevention programmes, more than 500,000 affected infants are born annually, and an equally significant number die as a result of mis- or no diagnosis, suboptimal or no treatment at all, mainly in the lower resource-countries of the world.

The need to focus attention on the development and/or promotion of national control programmes globally, including Europe, is well recognised by WHO in the context of its Non Communicable Diseases Plan, and the EU in the context of its Rare Diseases Programme.

The challenges faced by policy-makers in the field of health are very different between developing and industrialised countries, and even and within countries of the same region.

The progressive change over the past 50 years in Northern and Western Europe with regard to Hb diseases, confronts health professionals and policy makers throughout the region with the great challenge of providing equitable quality services for the effective prevention and appropriate treatment of Hb disorders across language and cultural barriers.

As with other regions of the world, in Europe accurate epidemiological data—a prerequisite for developing health-related policies and appropriate services throughout this region—is urgently needed.

There is a growing need for health policy-makers to support professionals to develop optimal patient care, carrier diagnosis, genetic counselling, prenatal diagnosis services, and to facilitate and ensure access to available services while promoting the establishment of expert/reference centres and networking at the national and European/International level.

There is an extremely strong case for a Pan-European collaboration on Hb disorders to develop new policies and standards, share or improve existing ones, and very importantly to highlight and establish the role and contribution of the chronic patient towards developing more patient-centred healthcare systems.

This conference aimed exactly to highlight the value of a partnership between patients and health professionals towards achieving the best possible healthcare for patients with Hb disorders, recognising the existing strengths and weakness of the region.
Bone marrow transplantation is already available for a long time and offers a glimpse of hope, but is only suitable for a minority of patients. Gene therapy is the long-awaited solution which, if successful, will overcome the restrictions of BMT. Although definite time-lines are not yet in place, different approaches to gene therapy have had significant progress, with some of them entering into clinical trials with humans.

The patients’ perspective was very well presented in this conference, both in the plenary sessions and workshops, focusing on major concerns including social integration, patient-doctor relationship, self- and pain management, partnerships in decisions, and patients’ education.

DG SANCO was represented, providing information on the relevant policies in place, in progress or being developed in the EU, and on ways to contribute and participate in projects.

Finally, relevant patient-oriented organisations and other NGOs were represented, including the European Patients Forum (EPF), European Public Health Alliance (EPHA), International Federation of Blood Donors (IFBDs), and Eurordis – NGOs with focus on policies of common interest, including clinical trials, patient safety, health literacy, counterfeit medicines, patient registries, etc.

A comprehensive report of the outcomes of the conference will be prepared and disseminated to European institutions, the WHO and national health authorities of each participating country, with a series of recommendations and proposed actions, including the need for concerted efforts to address Hb disorders in the context of European rare disease policies, as well as through national strategies in all European countries.

Dr Androulla Eleftheriou, Executive Director of the Thalassaemia International Federation

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A brief overview of the evolution of EPA/UNEPSA

The idea for the foundation of EPA/UNEPSA goes back to 1975 in Montreaux. Eleven delegates from different European national paediatric societies (known as “The Eleven of Montreaux”) issued the declaration for the Union of National European Paediatric Societies and Associations. One year later, on 20 June 1976, UNEPSA was officially founded at the St Sophia Children’s Hospital in Rotterdam.

The fundamental principles and goals of the new organization were the following:

• Every child has the right to the highest standards of health and should have the opportunity to grow, develop and fulfill its potential as a human being.
• Cooperation, efficient communication and sharing of scientific and practical knowledge among European paediatricians are among the necessary conditions for the provision of the highest standards of physical, mental and social health for children and adolescents across Europe.
• UNEPSA aspires to unite under these principles and represent, approximately 170,000 paediatrics from all over Europe.

The first years

Realizing the necessity to increase the influence of European paediatricians across the international paediatric community, in 1977 UNEPSA became an affiliate of IPA and as such was represented in the IPA standing committee.

In 1978, 20 out of the 27 national European paediatric societies were united under the umbrella of UNEPSA and in 1980 all European societies –apart from the Soviet Union and Albania– were members of UNEPSA.

The first UNEPSA conference was held in 1979 in Moscow, actively involving the Soviet paediatricians. The main theme of the conference was “Healthy Child” and it gave an excellent start for the future work of UNEPSA in building bridges between the paediatricians of different nations.

From then on, the UNEPSA conferences aimed at becoming fora for the analysis and harmonization of the differences in paediatric care in the European countries, on a specific topic at a time. Although the socialist countries were not members of UNEPSA, their representatives had access to the conferences.

At the same time the first UNEPSA newsletter was circulated under the title “Paediatrics in Europe”. The philosophy behind it was to enhance relations between paediatricians across Europe, stimulating discussions among leading European paediatricians. UNEPSA rather than promoting a unified European paediatrics concept always aimed at representing the “European broad spectrum of paediatrics”, especially at the IPA meetings.

In 1987 the UNEPSA council evaluated its achievements over the first 10 years. These were:

1. The integration of European Paediatrics into world-wide paediatrics as represented by IPA
2. The stimulation of communication and cooperation between paediatricians from eastern and western Europe
3. The analysis of various policies of paediatric care in Europe.

The council realized that – due to the limited copies of the newsletters– the work of UNEPSA reached mainly the presidents and boards of the societies rather than the individual paediatricians working in hospitals and/or private practice. The new major challenge for the Association was to reach all paediatricians in Europe and to implement its initiatives across the different European countries.
A brief overview of the evolution of EPA/UNEPSA

The second decade
As the political situation in Eastern Europe changed, former Soviet Union countries started joining UNEPSA and by 1993, nine new member countries had joined in.

An important milestone towards its goal to reach more paediatricians was the creation of the UNEPSA website back in 1997. The newly launched website aimed at informing paediatricians about the objectives of UNEPSA, its constitution and its meetings. It also included information about abstracts of paediatric congresses allowing the indirect participation of paediatricians who were unable to attend.

As the 1990s brought the explosion of scientific knowledge, UNEPSA realized that the paediatrics discipline was running the risk of becoming fragmented and replaced by an increasing number of subspecialties. At this point, UNEPSA made the strategic decision to focus its attention on maintaining a strong general paediatrics approach and to continue to provide inter-cultural support to general paediatricians.

The years of rapid change
In the changing Europe, three different paediatric primary care systems existed, resulting in a varied level of care among countries. In 1998, UNEPSA initiated a series of activities aiming to analyze the demographics of paediatric primary care in Europe and define the needs and services in the 36 member countries.

In 2000 the biennial congresses of UNEPSA was named Europaediatrics.

In 2007, UNEPSA was renamed European Paediatric Association [EPA/UNEPSA].

In 2009 the Evidence-Based Child Health: A Cochrane Review Journal became the official journal of EPA/UNEPSA. In the same year, the constitution was revised and approved by the General Assembly.

EPA/UNEPSA entered a new era while continuing the work of UNEPSA and maintaining its character and activities.

As of January 2010, EPA/UNEPSA has opened its door to individual members and is constantly developing dynamic initiatives to meet the needs of the European paediatric community. Besides the flagship Europaediatrics, the first of a series of educational interactive workshops for young investigators has already been announced while a new website of the association is being developed with the aim of spreading recent information on European paediatrics through the Internet. EPA/UNEPSA plans to reach all paediatricians, people and organizations involved in the paediatric community.

With 34 years of history, EPA/UNEPSA remains true to its vision and looks at the future with confidence. It aspires to be the premier association of European paediatricians representing more than 170,000 doctors who care about children in Europe (38 countries) and an active partner of the international organisations and foundations operating in the field of child health.
News from around the world

ALBANIA

A National Conference was organised in Albania on 9th of April 2010 from the Albanian Pediatric Society, in collaboration with the J Project and with the support of USAID. The conference focused on the primary immunodeficiency diseases (PIDs). PIDs are inborn errors of immunity manifested at an early age and, if diagnosed late, may cause severe or fatal infections in children.

The number of reported cases of PIDs in Albania is low and this conference was aimed to raise awareness of pediatricians and other professionals with regard to improve diagnoses and treatment, and to establish a national PID database. The lack of appropriate laboratory facilities is one of the obstacles in establishing the precise diagnosis especially genetic causes of these diseases. Until now there has been a national registry of PIDs in Albania.

Although the conference had a very much focused topic, it was attended by about 340 pediatricians and family doctors from primary, secondary and tertiary level of health institutions from all over the country of Albania as well as from the new Republic of Kosovo.

The Tirana J Meeting was highlighted by the attendance of Dr. Petrit Vasili, Minister of Health in Albania. Minister Vasili was the highest ranked health government representative attending a J Project Meeting over the past 6 years. He addressed the conference at the opening ceremony and promised support to the important and rapidly growing field of PIDs and a special attention of the Albanian Health Government to this field of medicine.

GERMANY

In May 2010, member organizations of the Global Pediatric Education Consortium (GPEC) convened the 2nd Global Pediatric Summit in Falkenstein, Germany. Members of GPEC spent considerable time at the Summit working on the draft global curriculum for general pediatrics.

The shared vision of the GPEC initiative is to, “…create a training and assessment curriculum for general pediatrics that can be incorporated into any training environment, regardless of geographical and/or political boundaries.

…share and combine the educational resources and expertise of its member organizations in an effort to standardize education and assessment in pediatric medicine and to provide educational tools to the international training community.

…work with leaders in pediatrics to explore the feasibility of creating uniform standards
that will drive improvement in the quality of medical care provided to infants, children, adolescents, and young adults worldwide.” GPEC is committed to helping the global pediatric community to improve the quality of training and assessment in order to promote a robust pediatric workforce and a better care for the world’s children.

FYROM

On April 14th 2010 took place the general Assembly Meeting of the Presidents of National Pediatric Societies of the Balkan’s Region and wider in Skopje – the Capital of the Former Yugoslav Republic of Macedonia (FYROM).

Host Pediatric society was the Former Yugoslav Republic of Macedonia’s Pediatric Association.

The event was joined in from participants from the Balkan and wider area:
Albania- Prof. Georgina Kuli-Lito
Bosnia & Hercegovina – Dr.Zeljko Roncevic
Bulgaria- Prof. Evgeniy Ghenev
Croatia - Prof. Julije Mestrovic
Greece – Prof. Andreas Konstantopoulos
Hungary- Dr. Laszlo Szabo
Kosova- Prof. Ramus Bejiqi
FYROM- Ljupcho Nikolovski
Montenegro- Dr. Danojla Dakic
Romania- Dr. Tudor Pop
Slovenia- Dr. Ivan Vidmar
Turkey- Prof. Haluk Cokugras

The Agenda of the aforementioned meeting focused on the following topics:
1. Call to order
2. Approval of the Agenda
3. Short film about FYROM: “FYROM loves You”.
4. Objectives and History of EPA/UNEPSA by Professor Dr. Andreas Konstantopoulos, President of the European Pediatric Association and President Elect of IPA
5. Power Point presentation of each president of the National Pediatric Society concerning the profile of his Pediatric Community
6. Relationship of the Pediatric Association of the Balkan Region and wider with other Societies/Associations in the future (EPA/UNEPSA, IPA etc.) by Prof. Manuel Katz MD, PhD, Past secretary General of EPA/UNEPSA & European representative to IPA
7. Constitution of the Pediatric Association of Balkan Region (PAB), Rationale by Prof. Dr.Andreas Konstantopoulos
8. Other issues (Constitution of the First Balkan Children health review with editorial board, Membership fee etc.)

After the conclusion of the meeting followed the Meeting Declaration which has been signed by all the participants and given to the new elected President of the Pediatric Association of the Balkans countries Prof. Dr. Haluk Cucugras (Turkey) for further processing and ratifying from the Court of Justice in Istanbul-host city of the President of BAP.

In the meeting unanimously has been elected according to the article 9 of the Constitution Proposal of BAP the following bodies of the New constituted Regional pediatric Association (BAP):
1. The President of BAP Prof. Haluk Cokugras (Turkey)
2. The President elect of BAP: Prof. Ljupcho Nikoloski (Macedonia)
3. The Secretary General of BAP: Dr. Tudor Pop (Romania)
4. The Treasurer of BAP: **Dr. Ivan Vidmar** (Slovenia)
5. Members of the Council of BAOP:
   - **Dr. Radojla Dakic** (Montenegro)
   - **Prof. Dr. Georina Kuli –Lito** (Albania)
   - **Dr. Zeljko Roncevic** (Bosnia and Herzegovina)

The Auditor and controller of the Association will be nominated by the President of the BAP a posteriori. Least but not last the meeting decided to appoint the First Congress of the BAP in Sofia (Bulgaria).

**GREECE**

The 48th Panhellenic Pediatric Congress, which took place in the Greek island of Mykonos was really a high success particularly for the important conclusions about present infectious diseases among other hot topics.

The Congress attracted more than 1,200 delegates mainly from Greece and Cyprus.

Apart from the Greek speakers the Congress was highlighted by the presence of an esteemed foreign faculty including:

- **Prof. Larry K. Pickering**, MD, FAAP, Senior Advisor to the Director of the National Center for Immunization and Respiratory Diseases and Executive Secretary of the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention of Atlanta - Georgia, USA
- **Dr. Harvey Marcovitch**, FRCPCH FRCP, Honorary Fellow - Royal College of Paediatrics & Child Health and Editorial board member - Acta Paediatrica, UK
- **Prof. Giorgio Tamburlini**, Technical Advisor for Evidence Based Paediatrics & Quality of Care - International Pediatric Association and Research Director - Institute of Child Health "Burlo Garofolo", Italy

**DUBAI**

EPA/UNEPSA was present in Dubai at the “World forum of pediatrics” on 24-27 April 2010. Professor Manuel Moya Vice-President of EPA/UNEPSA was addressing an audience of more than 1,400 colleagues and expressed how EPA/UNEPSA has an encompassing spirit going beyond geographical limits when concerning child health. Besides this presentation to the audience he also chaired and participated in the Obesity Workshop with the topics of co-morbidities and prevention.
Calendar of Events

5th Europaediatrics 2011
AUSTRIA, Vienna, 23-26 June 2011

26th International Pediatric Association Congress of Pediatrics (IPA 2010)
SOUTH AFRICA, Johannesburg, 5-9 August 2010

15th Congress of the International Paediatric Nephrology Association
USA, New York, 29 August -2 September 2010

17th Pediatric Rheumatology European Society Congress
SPAIN, Valencia, 9-12 September 2010

4th Pediatric Congress of Bosnia & Herzegovina
BOSNIA & HERZEGOVINA, Neum, 16-18 September 2010

5th Slovenian Paediatric Congress
SLOVENIA, Radenci, 16-18 September 2010

106. Jahrestagung der Deutschen Gesellschaft für Kinder- und Jugendmedizin e.V. (DGKJ)
DEUTSCHLAND, Potsdam-Babelsberg, 16-19 September 2010

49th Annual Meeting 2010 - ESPE
CZECH REPUBLIC, Prague, 22-25 September 2010

Magyar Gyermekorvosok Tarsasaga
HUNGARY, Esztergom, 23-25 September 2010

EPA/UNEPSA Fall Workshop on Nutrition & EBM
GREECE, Chania-Crete, 3-4 September 2010

International Paediatric Neurology Masterclass
UK, University of Bristol, 30 September - 1 October 2010

48. Jahrestagung der Österreichischen Gesellschaft für Kinder- und Jugendheilkunde
AUSTRIA, Linz, 30 September – 2 October 2010

Actual problems of pediatrics and nutrition
RUSSIAN FEDERATION, Stavropol, October 2010

American Academy of Pediatrics 2010 National Conference & Exhibition
USA, San Francisco, 2-5 October 2010

XI Congresso Nacional de Pediatria
PORTUGAL, Funchal, 6-8 October 2010

IX Congress of Croatian Pediatric Society & VII Congress of Croatian Society of Pediatric Nurses
CROATIA, Pozega, 6-9 October 2010

Annual Meeting of ESSOP
TURKEY, Izmir, 13-17 October 2010

Orphan Europe Academy-4th Inborn Errors in Neonatology Course
CROATIA, Dubrovnik, 21-23 October 2010

3rd Congress of the European Academy of Paediatric Societies (EAPS 2010)
DENMARK, Copenhagen, 23-26 October 2010

2nd International Congress of UENPS
TURKEY, Istanbul, 15-17 November 2010

Excellence in Paediatrics 2010
UK, London, 2-4 December 2010

2010 Hot Topics in Neonatology
USA, Washington D.C., 5-7 December 2010

1st Global Congress for Consensus in Pediatrics and Child Health
FRANCE, Paris, 17-19 February 2011
## List of Member Countries

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*Roll over your mouse to visit the websites of the National Associations.*

Visit [www.epa-unepsa.org](http://www.epa-unepsa.org) for contact information for each member organisation.