Rising indebtedness has refocused the debate around European healthcare reform to focus on cost-saving. Will reforms enable Europe’s healthcare systems to tackle the challenges of demographic and epidemiologic changes, rising demand for healthcare, and an increasing focus on quality improvement? Or will the pressures to deliver more for less inevitably drive cost-cutting, more rationing, and risk declines in quality and access of care? How can we reshape the debate on European health care reform to encourage a new vision of health? These and other key questions were raised and debated at a recent forum convened by The Economist Conferences in Geneva in March 2011. The alarming conclusions later published by The Economist in a report entitled, “The Future of Health Care in Europe,” paint a very bleak picture (Figure).1 The pressure on European healthcare systems is likely to have a differentially greater effect on vulnerable groups such as children. Yet children feature very little in a forum like The Economist Conferences and in general health systems debates throughout Europe.

European health care systems need to adapt to ongoing financial pressures, while at the same time evolving better to suit changing health care needs of children as chronic conditions become increasingly dominant problems.2 For example, in response to current global economic pressures, many countries are considering changing from a pediatrician-delivered primary care system to a general practitioner model as a cost-cutting exercise, rather than in response to evidence about quality.3,4 Different possible “extreme scenarios” have been described1 in response to the likelihood that substantial changes in health care will unfold for European healthcare in the next 20 years. Three of these scenarios include: (1) European nations joining forces to create a single pan-European healthcare system; (2) preventive medicine taking precedence over acute care for sick patients; and (3) European healthcare systems focusing on vulnerable members of society. The first scenario we judge to be unlikely, given the diversity of primary care systems for children in Europe. The second scenario focuses on prevention, already an integral part of a pediatrician’s principal function. The third possibility should include the elderly patients and the very young as the most vulnerable members of society. Unfortunately, children and their unique needs are all too often forgotten in wider health systems discussion and policy planning.

Children are not just small adults. Their health, development, and health care needs are distinct and merit consideration as such. Investment in the early years, with adequate recognition of the unique qualities and requirements of children and young people, will reap the largest rewards across the life course.5

Although there are pressures on European countries to cut health care costs, and one way of doing so may be to evolve towards a general practitioner model, which is perceived as less expensive, the evidence points towards the benefits of integrated teams of trained child health professionals working collaboratively in primary care.6

The Strategic Pediatric Alliance

A Strategic Pediatric Alliance (SPA) for the future health of children in Europe was formed by the three major European Pediatric Organizations: European Paediatric Association, European Academy of Paediatrics, and European Confederation of Primary Care Paediatricians joining forces to urgently and effectively address the current lack of public attention to the future health of children in Europe. The SPA has the support of many national European pediatric societies and associations, with the intent of promoting the importance of a collective effort to strengthen the research evidence and advocacy efforts in order to more effectively influence the opinions of governmental administrators, politicians, and European Union Institutions.

The foundations of the SPA were laid down during the 1st International Conference on Pediatric Primary Care, held in May 2011 in Tel Aviv, Israel, and officially developed as a consortium in the course of the 5th Euopaediatrics Congress held in Vienna on June 2011. SPA is a consortium, not an additional pediatric organization in the European scenario. It is an action alliance network among existing major European associations, societies, and confederations established to
better coordinate efforts in the defense of children and their health. The consortium is open to the major international and national European child health societies/associations/confederations with the objective of promoting strong advocacy and political intervention in order to ensure the delivery of high quality health care to children throughout Europe.

The SPA’s activities will focus on research projects, publications, policy papers, and advocacy efforts, all aimed at ensuring that the voices of children and young people are heard in the increasingly urgent debate around European health care reforms.

First Steps

The SPA has embarked on a Europe-wide research project to map the current organization of pediatric primary care. Preliminary results were presented and discussed at an SPA meeting held in Prague in May 2012. A position paper will be generated as a result of this work, on which to base discussion on the most effective next steps for SPA in order to create strong and effective political interventions and advocacy for the children of Europe with special reference to the primary care settings, because a strong primary care system represents the best opportunity to protect the health of Europe’s children.

Conclusion

At no other time in the history of Europe has it been more important for pediatricians to be effective advocates for children. Pediatricians offer valuable insights into the complexities of the different phases of a growing child and the unique health needs of children. The main European pediatric organizations (European Paediatric Association, European Academy of Paediatrics, and European Confederation of Primary Care Paediatricians) strongly believe that unifying their efforts in the SPA will provide a strong voice to speak on behalf of Europe’s children in developing an adequate response to the current challenges that European child health care is facing.

References