

Thirty years of the Union of National European Paediatric Societies and Associations (UNEPSA)

Klaus Betke · Jochen H. H. Ehrich · Jan Janda ·
Manuel Katz · Armido Rubino

Received: 4 April 2006 / Revised: 29 June 2006 / Accepted: 6 July 2006 / Published online: 22 September 2006
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Abstract

Background The Union of National European Paediatric Societies and Associations was founded in 1976 in Rotterdam. Thirty years later, the authors—former presidents and secretaries general—present a retrospective on the activities and achievements of UNEPSA. In 2006, 36 of 46 (78%) European countries, including some countries of the former Soviet Union, were members of UNEPSA. UNEPSA has created a forum for the mutual discussion of matters concerning paediatrics. UNEPSA is closely linked with the International Pediatric Association (IPA). It was never UNEPSA's ambition to promote a uniform European paediatrics. In the 30 years of its existence, it became clear that the diversity of paediatric care in different countries in Europe is extreme. During the “cold war”, UNEPSA was

able to cross boundaries between socialist and capitalist countries in Europe, and it was due to the activity of individual members of the UNEPSA council that clinical co-operation and research activities were initiated crossing many political borders. Annual meetings of national paediatric presidents focus on the most urgent problems of paediatric health care. “Europaediatrics” became the tri-annual congress for all general paediatricians and paediatric sub-specialists in Europe. The main research activities of UNEPSA concentrated on identifying the demography of primary, secondary and tertiary care paediatrics in Europe. **Conclusion** UNEPSA is an active paediatric association representing more than three quarters of all European countries. After 30 years, it is still an expanding and vital instrument in improving the medical care of all children and the co-operation of their carers in Europe.

K. Betke
Professor emeritus at von Hauner University Children's Hospital,
Munich, Germany

J. H. H. Ehrich (✉)
Children's Hospital, Hannover Medical School,
Carl-Neuberg-Str. 1,
30625 Hannover, Germany
e-mail: ehrich.jochen@mh-hannover.de

J. Janda
First Department of Pediatrics, Second Medical School,
Charles University,
Prague, Czech Republic

M. Katz
Maccabi Health Services and Ben Gurion
University of the Negev,
Beer-Sheva, Israel

A. Rubino
Department of Pediatrics, University of Naples,
Naples, Italy

Keywords Paediatric societies · Primary ·
Secondary and tertiary paediatric care · Demography ·
Children · Paediatricians

The first ten years

During the international conference on the nutrition of infants and children in August 1975 in Montreux, 11 delegates of different European national paediatric societies decided to issue a declaration to found the Union of National European Paediatric Societies and Associations (UNEPSA). Later, this group was nicknamed “The Eleven of Montreux”. The declaration was signed by L. Bakalova, Bulgaria; C. S. Bartsokas, Greece; K. Betke, Federal Republic of Germany; E. Casado de Frias, Spain; G. A. de Jonge, the Netherlands; B. Lindquist, Sweden; Y. Müftü, Turkey; L. Paunier, Switzerland; P. Royer, France;

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We the undersigned, representatives of national pediatric societies and associations in Europe, present at a meeting in Montreux, Switzerland on August 17, 1975, want to declare as follows:

Subject to endorsement by the administrative bodies of the national pediatric society or association of our respective countries, we hereby apply, on behalf of our respective society or association, for founder membership in the Union of National European Pediatric Societies and Associations (UNEPSA).

E. Zweymüller
Prof. E. Zweymüller
Rep. of Austrian Pediatric Society

G. A. de Jonge
Dr. G. A. de Jonge
Rep. of Dutch Pediatric Society

Lora Bakalova
Prof. Lora Bakalova
Rep. of Bulgarian Pediatric Society

Enrique Casado de Frias
Prof. Enrique Casado de Frias
Rep. of Spanish Pediatric Society

Ole Wasz-Höckert
Prof. Ole Wasz-Höckert
Rep. of Finnish Pediatric Society

Bertil Lindquist
Prof. Bertil Lindquist
Rep. of Swedish Pediatric Society

Klaus Betke
Prof. Klaus Betke
Rep. of Federal German Pediatric Society

Luc Paunier
Prof. Luc Paunier
Rep. of Swiss Pediatric Society

Christos S. Bartsocas
Dr. Christos S. Bartsocas
Rep. of Hellenic Pediatric Society

Yunus Müftü
Dr. Yunus Müftü
Rep. of Turkish National Pediatric Society

Pierre Royer
Prof. Pierre Royer
Rep. of French Pediatric Society

Montreux
1975

◀ **Fig. 1** Document of the “Eleven of Montreux” in 1975

O. Wasz-Höckert, Finland; and E. Zweymüller, Austria (Fig. 1). Only 1 year later, on 20 June 1976, the official foundation of UNEPSA took place in the St. Sophia Children’s Hospital in Rotterdam, and the constitution was ratified by 18 representatives of national paediatric societies in Europe including, among others, Georges van den Berghe from Belgium.

The foundation of UNEPSA is closely related with the changing structures of the International Pediatric Association (IPA), which were initiated by Ihsan Dogramaci, president of the IPA since 1968. Until the 1970s, the activities of the IPA relied mostly on the initiative of outstanding paediatric personalities who—according to the standards of scientific paediatric knowledge—belonged mainly to Western countries. The new initiative intended to integrate paediatricians from all parts of the world. In 1974, on the occasion of the IPA congress in Buenos Aires, the new constitution of the IPA was amended by the delegates. According to the new constitution, the president of the IPA was supported by the president elect and the past president, as well as by a professional executive director and an “IPA standing committee” represented by officials from the five continents. It became clear that the national paediatric societies in Europe had to build an umbrella organisation in order to become a member of the IPA standing committee. Otherwise, the influence of European paediatricians would have been limited to the general assemblies of IPA, which were held only every 3 years. The matter of a European paediatric umbrella organisation was discussed with the representatives of the European paediatric national societies in 1975. Bertil Lindquist from Sweden and Klaus Betke from Germany drafted the constitution of UNEPSA, which was approved in 1976, and Lindquist and Betke became the first president and secretary general, respectively, of UNEPSA (Table 1). UNEPSA was registered as a non-profit-making organisation at the Court of Registries in Munich, Germany, where it is still located.

It was decided in the 1977 general assembly of the IPA that UNEPSA would become an affiliate member of the IPA and as such be represented on the IPA standing committee. This news was announced by Pierre Royer, the new president of the IPA, on 28 November 1977. In a very short time, almost all the various European national paediatric societies joined UNEPSA. In the first UNEPSA newsletter in 1978, it could already be reported that “of the 27 European paediatric societies/associations, 20 are members of UNEPSA”, and in 1980—apart from the Soviet Union and Albania—all European societies were united in UNEPSA. Soviet paediatricians were nevertheless very interested in working with UNEPSA, and Mitrophan

Table 1 Presidents and secretaries general of the Union of National European Paediatric Societies and Associations (UNEPSA)

Presidents	Term of Office	Country
Bertil Lindquist	1976–1982	Sweden
Angel Ballabriga	1983–1986	Spain
Jean Rey	1987–1990	France
Timothy Chambers	1991–1994	United Kingdom
Armido Rubino	1995–1997	Italy
Jochen H.H. Ehrlich	1998–2000	Germany
Jan Janda	2001–2004	Czech Republic
Armido Rubino	2005–	Italy
Secretary Generals	Term of Office	Country
Klaus Betke	1976–1985	Germany
Eberhard Schmidt	1986–1993	Germany
Jochen H.H. Ehrlich	1994–1997	Germany
Manuel Katz	1998–2001	Israel
David Branski	2002–	Israel

Studenikin, president of the Pan-Soviet Association for Paediatrics, proposed the organisation of a UNEPSA conference in 1979 in Moscow. The first UNEPSA conference was held from 25–30 September 1979 in Moscow and dealt with the topic “The Healthy Child”, including growth and development, accident and paediatric care. This symposium received great support from Russian officials because it was meant to demonstrate to foreign guests the well-organised health system for children in the Soviet Union. The former vice minister of health, Elena Novikova, was a permanent guest of honour during the sessions, and Russian television, radio and newspapers reported regularly from the scientific programme. The list of speakers was well balanced between western and eastern Europe, including paediatricians from the different regions of the Soviet Union. Irrespective of the politically induced limitations of the Moscow conference, this meeting gave an excellent start for the future work of UNEPSA concerning the building of bridges between paediatricians of different nations. The Pan-European concept of UNEPSA was widely accepted, and from then on, representatives of the socialistic countries had—though not unlimited—access to the forthcoming UNEPSA congresses. These conferences were not meant to host a great auditorium of paediatricians but aimed at becoming a forum for presidents, other representatives of national societies and experts for the chosen topics to analyse and harmonise the differences in paediatric care in European countries (Table 2).

Through its newsletters, UNEPSA successfully disseminated information to and between its member countries. Ten UNEPSA newsletters were sent in the first decade to all presidents of national paediatric societies of member countries. A series called “Paediatrics in Europe” published reports from Greece, Switzerland, Czechoslovakia, Spain,

Table 2 Selection of congresses organised by the Union of National European Paediatric Societies and Associations (UNEPSA)

Theme	Organiser	Date	Place
The Healthy Child	Mitrophan Studenikin	25–30 September 1979	Moscow
The Chronically Sick Child	June K. Lloyd	8–12 September 1981	Oxford
Preventive Paediatrics	Christos Kattamis	3–7 October 1982	Athens
Health Problems Related to Nutrition	Helmut Patzer	7–2 November 1984	Erfurt
Medical and Social Implications of Different Feeding Practices, and Indications and Hazards in the Use of Antibiotics in Paediatrics	Angel Ballabriga	9–12 October 1985	Barcelona
How to Improve Co-operation and Find New Ways of Dynamic Strategies Between Paediatric Societies in Europe	Angel Ballabriga	25–27 April 1987	Munich
Infant Mortality	Eberhard Schmidt	17–20 October 1991	Duesseldorf
Teaching Paediatrics in Europe. Vaccinations in Europe.	Eberhard Schmidt	2–4 April 1992	Berlin
Prevention of Atherosclerosis	Eberhard Schmidt	12–13 February 1993	Duesseldorf
Paediatric Training in Primary Care	Simon Lenton	13–14 May 1994	Bath
Environmental Health Hazards in Pregnancy and Early Childhood	Eberhard Schmidt	22–23 April 1996	Duesseldorf
Second European Paediatric Congress	Eberhard Schmidt	24–27 April 1996	Berlin
Primary paediatric care	Wanda Kawalec	17–18 September 1997	Wroclaw
Europaediatrics 2000	Armido Rubino	18–21 March 2000	Rome
Europaediatrics 2003	Manuel Katz and Jan Janda	19–23 October 2003	Prague

UK, Poland, German Democratic Republic, Federal Republic of Germany, Italy, Hungary, Finland, Iceland and Sweden. The philosophy behind these reports was a good basis for increasing and improving relations between paediatricians from different countries. UNEPSA was never aiming at releasing direct guidelines to its member countries because it was obvious that the political situation had an essential and sometimes limiting influence on the working conditions of paediatricians. It should be noted that the later founded Confédération Européenne des Syndicats Nationaux et Associations Professionnelles de Pédiatrie (CESP) took over the task for the countries of the European Union (EU) in providing the requirements and prerequisites for free professional access of paediatricians to work in any of the EU countries by so-called united paediatric training and education. By contrast, UNEPSA stimulated discussion among leading European paediatricians (“vive les différences”), and when going to the IPA meetings, UNEPSA represented “the European broad spectrum of paediatrics” instead of offering a unifying concept to IPA. On 16 February 1985, board members of UNEPSA and IPA held a meeting in Munich on the role of paediatric sub-specialties in primary paediatric care.

Prior to the foundation of UNEPSA, other organisations had been very active in stimulating co-operation among paediatricians in Europe. Among these, the European Society for Paediatric Research (ESPR) played a pioneering role. The Club for Paediatricians, which later became the ESPR, was founded in 1953, initiating a vivid exchange of research activities mainly among western European university paediatricians, thus creating the basis for the foundation of various paediatric sub-specialty societies in the 1960s. ESPR was not directly involved in the foundation of UNEPSA.

In 1987, Lindquist and Betke gave a critical review on the achievements of UNEPSA during the first 10 years. The two main achievements were the integration of European paediatrics into world-wide paediatrics as represented by the IPA and the stimulation of professional contact between paediatricians from eastern and western Europe. Thirdly, UNEPSA was able to analyse the various policies of paediatric care in Europe. The merit of the UNEPSA pioneers was that they created the basis for future communication and co-operation among European paediatricians. After more than 30 years of almost complete isolation of paediatricians in the former socialist countries, these people felt that they were no more left alone. The first personal contacts and participation of colleagues from the East at UNEPSA board meetings and conferences considerably improved mutual information. Unfortunately, the communication of paediatricians from different European countries was mainly confined to the presidents and boards of the societies, and the information gained did not reach the ordinary paediatrician working in hospitals or in private practice. Due to limited copies of UNEPSA newsletters, this information reached only few paediatricians. There was a proposal to publish at least parts of the newsletters in English in national paediatric journals; however, this attempt failed. Betke and Lindquist ended their 1987 report with the following sentences: “UNEPSA seems to do a good job but does not reach its full potential audience and therefore had had difficulties in implementing its work and intentions in the different countries of Europe. After these ten years there are good reasons to reconsider the efficacy of UNEPSA in European paediatrics and its role and working methods in relation to the national paediatric societies and associations in Europe”.

The second decade

Between 1986 and 1995, the political situation in eastern Europe changed dramatically, and Europe started a new chapter. Secretary general Eberhard Schmidt invited paediatricians of the different former Soviet Union countries to join UNEPSA. During the 8th UNEPSA Congress in 1992 in Berlin, the first three newly independent countries (Estonia, Latvia, Lithuania) became members of UNEPSA, and others joined in 1993 (Ukraine, Croatia, Macedonia), or later (Albania, Bosnia, Bulgaria). The long-lasting challenge of how to inform 170,000 European paediatricians about UNEPSA activities remained unsolved for many years. Efforts to establish a new informative journal on “Paediatrics in Europe” during the second decade of UNEPSA were immense, but they were strongly limited by financial resources. It was only after the Wroclaw meeting in 1997 that a UNEPSA Web site was proposed. There had been a rapid development of the Internet even in eastern European countries whereas the availability of international journals was—and is even today—rather difficult. Thus, Jan Janda and Jan Vejvalka created the UNEPSA Web site <http://www.unepssa.org> to inform paediatricians about the aims of UNEPSA, its constitution and its meetings. They were also able to include information about abstracts of paediatric congresses, thus allowing those paediatricians unable to afford their travel to participate indirectly.

The third decade

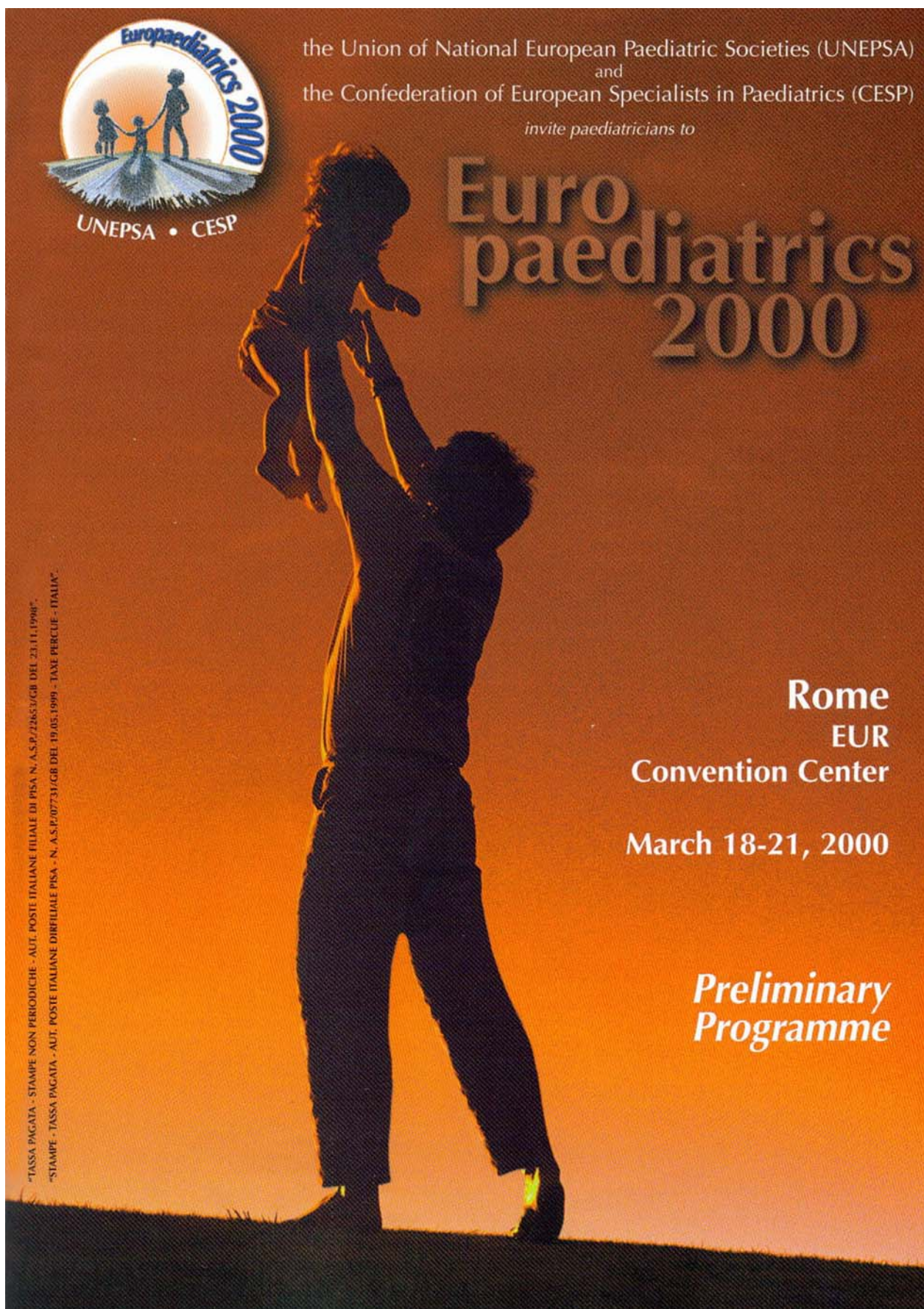
Following the fall of the Berlin wall and due to the positive political changes in Europe, borders had also opened for paediatricians. Based on the existing good international relations that had been individually created by UNEPSA and European paediatric sub-specialty societies, many young paediatricians from eastern Europe were able to start clinical training and research projects in western European countries. Furthermore, politicians in several countries of the former Soviet Union began discussing health reforms, and in western Europe, the financial crisis of their health systems forced politicians to think about reforming structures. In the 46 European countries—including the newly founded states—there were major differences in level, quality and type of primary, secondary and tertiary care given to the paediatric population. UNEPSA understood that even though the World Health Organization (WHO) famous statement “Health care for all by the year 2000” had not yet been achieved, such a goal could only be achieved once the current status of care was known.

In the 1990s, it had become clear that due to the explosion of scientific knowledge, technology and spe-

cialisation, paediatrics was running the risk of being fragmented into and replaced by an increasing number of sub-specialities dominated by internists. Such an evolution would have gone against the rights of children and adolescents to receive care as individuals, rather than as organs or tissues, with a holistic approach. Therefore, while seeing the extraordinary and positive results of sub-specialties in their role of advancing and promoting child health, UNEPSA particularly focused its attention on maintaining a strong general paediatrics and supporting inter-culturally general paediatricians in their role of providing primary and secondary care to children and adolescents. The following items became topics for special attention and discussion: primary paediatric care; integration, both multi-disciplinary and in terms of interaction between general and paediatric sub-specialists; accessibility; continuity and globalisation of care; and positive steps towards low-cost paediatric activities whenever and wherever feasible. This brought UNEPSA to the organisation of the workshop on “Primary Paediatric Care” in Wroclaw in 1997 and the Round Table on “Differences in Paediatric Practice in Europe” in collaboration with the CESP at the Twenty-second International Congress of Pediatrics in 1998 in Amsterdam. In an attempt to define the demographics of paediatric primary care (PPC) in Europe, UNEPSA initiated a study and gave a description of the situation in 1998 [2].

At the end of the last century, 167,444 paediatricians were caring for a paediatric population of 159 million children younger than 15 years of age living in 34 reporting European countries. Three different systems of PPC existed in Europe: 12 of the 34 countries had a paediatric system of primary care; six had a general practitioner/family doctor system and 16 had both systems co-existing—the combined system. Interestingly, three of the countries, all from eastern Europe, reported a shift from a paediatric system to a combined system.

In the turmoil of discussions on planned health reforms in Europe, it became clear that the decision-making processes for a better economic and/or medical rationale were often not in the hands of health care professionals. The care of children at the primary care level in Europe varied between and within countries. Economic, geographical and historical factors contributed to the intrinsic and extrinsic variations as well as the role of different types of paediatric care. Training in primary and community paediatrics varied from a well-established program to a total lack of teaching. Infant mortality rate and income per capita were valuable indicators for the status of health in Europe. However, it appeared to be necessary to look for new measures regarding socio-psycho-cultural differences and changes when comparing the health status of the paediatric population in the richer countries.



**Euro
paediatrics
2000**

the Union of National European Paediatric Societies (UNEPSA)
and
the Confederation of European Specialists in Paediatrics (CESP)
invite paediatricians to

**Rome
EUR
Convention Center**

March 18-21, 2000

***Preliminary
Programme***

**Euro
paediatrics
2000**
UNEPSA • CESP

"TASSA PAGATA - STAMPE NON PERIODICHE - AUT. POSTE ITALIANE FILIALE DI PISA - N. A.S.P./22653/GB DEL 23.11.1998".
"STAMPE - TASSA PAGATA - AUT. POSTE ITALIANE DIRIFILIALE PISA - N. A.S.P./07731/GB DEL 19.05.1999 - TAXE PERCUE - ITALIA".

◀ **Fig. 2** Programme of Europaediatrics 2000 in Rome

A second study was initiated on behalf of UNEPSA and the European Society of Paediatric Nephrology (ESPN) to obtain data on the status quo of paediatric nephrology in 1998 in Europe [1] as an example for the demography of tertiary paediatric care in Europe. A total of 842 paediatric nephrologists worked in 42 European countries; the median number was 4.9 paediatric nephrologists per million child population (PMCP), with a range from 0 to 15. The number of general paediatricians with a part-time interest in paediatric nephrology working in 33 European countries was 1,087. The median number of paediatricians with a part-time interest in paediatric nephrology was 5.8 PMCP. Countries in eastern Europe had significantly more of these paediatricians than countries belonging to the EU (16.7 versus 6.6 PMCP).

The availability of paediatric dialysis for acute renal failure (ARF) and chronic renal failure (CRF) was significantly associated with the size of the paediatric population, and the availability of paediatric transplantation was significantly associated with the gross national product (GNP) and the geographical and political situation. Only 30% of eastern and central European countries offered paediatric transplantation against 87% of EU countries. Data also showed that the European paediatric nephrology community has a good base for international co-operation expressed by the high interest in and the broad distribution of communication media—in particular, e-mail—throughout Europe as a cost-effective and easy way to collaborate and improve acquisition, utilisation and dissemination of knowledge [1]. However, further organisational planning and constraints need to be undertaken to make the best use of this potential.

In the 1990s, the late Eberhard Schmid (1928–2005) tried hard to organise European congresses on paediatrics to stimulate communication between general paediatricians and paediatric sub-specialists from different countries. The Second European Paediatric Congress in 1996 in Berlin may not yet have been able to achieve this attractive aim. However, the following conference organised by UNEPSA in collaboration with CESP in Rome attracted 1,518 participants (Fig. 2). For the first time, the name Europaediatrics (“Europaediatrics 2000”) was used following the proposal by Johannes Brodehl. After a questionnaire-based call for proposals from the presidents of the paediatric national societies, a scientific programme was designed targeting the general paediatrician. Almost 120 highly qualified speakers from paediatric sub-specialities and other basic or clinical disciplines gave extensive and advanced updates that were addressed

to general paediatricians engaged in primary care or hospital secondary care.

Three years later, Europaediatrics 2003 was held in Prague, and more than 1,400 participants including both general and sub-specialty paediatricians attended, with topics mainly covering educational needs of general paediatricians.

UNEPSA’s current initiatives and possible future

After a UNEPSA workshop in 2004 on “Paediatric Care for Adolescents” and some decisions taken by the general assembly, UNEPSA’s executive committee (six elected members representing the various regions of Europe) initiated a new series of activities to analyse the demography of paediatric care in Europe. In the framework of a study on “Adolescent Health Care”, a mini-questionnaire was sent to the presidents of national paediatric societies. Studies on “Neonatal Health Care”, “Dental Care for Children Under 5 Years of Age” and “Paediatric Care for Children with Malignancies” will begin soon in collaboration with the paediatric sub-specialty societies. All these studies are aimed at achieving a picture of the present state of needs and services in the 36 member countries (Table 3), with special attention to analogies and differences regarding the relative roles of primary-, secondary- and tertiary-care paediatricians.

But UNEPSA is also considering the question: “Are we doing all we can for children and adolescents in Europe?” In spite of so many positive changes—social, scientific and educational—significant differences still persist among the 46 European countries with a combined population of more than 800 million inhabitants. According to the United

Table 3 Member countries of the Union of National European Paediatric Societies and Associations (UNEPSA)

UNEPSA member countries by alphabetical order		
Albania	Germany	Norway
Austria	Great Britain	Poland
Belgium	Greece	Portugal
Bosnia-Herzegovina	Hungary	Russia
Bulgaria	Ireland	Serbia
Croatia	Israel	Spain
Cyprus	Italy	Sweden
Czech Republic	Latvia	Switzerland
Denmark	Lithuania	Slovakia
Estonia	Luxemburg	Slovenia
Finland	Macedonia	Turkey
France	Netherlands	Ukraine

Nations Children's Fund (UNICEF) data for the year 2004, 17/46 European countries with a total population of 312,360 million inhabitants had an infant mortality (IM) rate as low as 2–4/1,000 live births (LB). However, in those other 15 countries with a total population of 160,350 million, the IM rate was 5–8/1,000 LB; in seven countries with a total population of 83,347 million the IM rate was 9–14/1,000 LB; and in seven countries with a total population of 252,783 millions, IM rates were as high as 17–41/1,000 LB.

On the other hand, the present scenario presents formidable challenges: the reduction of birth rates and the ageing of the population; the need to integrate different cultures and ethnic backgrounds; the effects of globalisation and communication technologies world wide in producing enormous changes in lifestyles of children and adolescents; the growing gap between health needs and available resources. The effects of all these factors on the growth and development of infants, children and adolescents are largely unknown and unpredictable. This should lead to prompt and adequate actions both by governments in their politics for research, educational and health care systems and by scientific societies and associations in their task to promote and practice research, education and health care. The task of the paediatric community is formidable in producing indications and guidelines to develop educational programmes for paediatricians and all health professionals involved in the health care of infants, children and adolescents. Analysing and monitoring these needs will result in positive changes in Europe and allow optimal growth and development of somatic, intellectual and psychological functions of the new generations.

New communication technologies offer extraordinary opportunities, unimaginable until recently, for dialogue within the paediatric community provided that sound decisions and actions are taken by scientific associations. That is why UNEPSA is considering changing its constitution (Table 4) in order to introduce individual membership aside from the European paediatric societies membership. Obviously, this should be done according to the rules fully with respect to coordination among UNEPSA bodies, national societies and eventual individual membership. Hopefully, such a change in the constitution would correct a problem that has always accompanied UNEPSA (but not only UNEPSA) since its foundation: visibility and real connection with such a wide community of paediatricians as that of the whole European region.

Furthermore, UNEPSA is thinking in terms of complementary and not competitive actions. We are aware that paediatric sub-specialists have their own European societies and associations, and they probably do not need any other society to support their research and education. Also CESP during the last several years has moved towards a growing integration with the tertiary care and sub-specialty groups. On the other hand, the millions of children and adolescents throughout Europe also need general paediatricians who are well trained and soundly equipped to educate themselves continuously for providing primary and secondary care (prevention, diagnosis and care of common diseases; collaboration with tertiary care sub-specialists in handling chronic and special cases). In spite of the large number of existing scientific societies and associations, general paediatricians involved in primary and secondary care are still more or less

Table 4 Articles 1–3 of the Union of National European Paediatric Societies and Associations (UNEPSA) constitution

Details of the articles

Article 1: Name

The name of this union shall be: Union of National European Paediatric Societies and Associations (UNEPSA).

The union is registered with its office in Munich.

Article 2: Objectives

A. To encourage co-operation between national paediatric societies/associations in Europe in their task to promote child health and comprehensive paediatric care.

Paediatric care is defined as the medical care of the human being during and up to the completion of growth and development.

B. To obtain information concerning paediatrics at the national level from societies and association, and to make it available to member countries.

C. To stimulate research in appropriate fields of paediatrics by drawing attention to outstanding problems in the European context.

D. To co-operate with the International Paediatric Association (IPA) in the context of its policy with respect to regional societies as well as at the European level with the World Health Organisation (WHO) and other international agencies in the field of child health.

E. To sponsor European meetings and carry out any other policy promoting paediatrics that may be laid down by the general assembly, such as forming ad hoc expert committees to study and make recommendations on important issues of general paediatric interests in Europe.

Article 3: Membership

Any European national paediatric society/association representing a whole nation may become a member of the union. Application for membership shall be addressed to the secretary general to be voted on at the next general assembly.

The member societies/associations shall pay dues to the amount of which is determined by the general assembly.

Membership can be terminated by making a declaration on this matter.

unreached by these societies. In our opinion, there is an important place for efficacious and coherent action by UNEPSA. There is so much to do to protect the somatic and mental health of individual homo sapiens during their long, complex and fascinating transition from birth to adulthood, especially if we consider the problems for the millions living between the Atlantic and the Urals and the North Sea and the Mediterranean!

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