



JA PreventNCD

Joint Action Prevent Non-Communicable Diseases

WP6

In-person Task 6.5 meeting - Rome

10-11th October, 2024



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The possible contribute of ECPCP to the BFC in the JA Prevent NCD

Laura Reali

Primary Care Pediatrician

ECPCP President

Task 6.5 Meeting in Rome, 10-11th October 2024



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- Established in 1989, SEPA/ESAP (European Society of Ambulatory Pediatrics) evolved into the European Confederation of Primary Care Pediatricians (ECPCP) in 2009
- ECPCP is a confederation of 25 scientific societies and professional organizations that focus on primary pediatric care, representing over 25,000 primary care pediatricians (PCPs) from 20 countries in the WHO European Region.



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EUROPEAN CONFEDERATION OF
PRIMARY CARE PAEDIATRICIANS



WHO WE ARE AND WHAT WE DO



- According to the principles of EBM, our goal is to provide healthcare in the community for children and adolescents, serving as the primary point of contact for health issues, providing primary assistance for urgent care, and managing complex, long-term, palliative conditions
- to provide outpatient services for 12 hours a day from birth to adolescence in the majority of European countries, with a focus on service quality
- to ensure prevention and promote health through anticipatory guides, public health screenings, vaccinations, and the promotion, protection, and support of breastfeeding from birth
- working in competent teams to collaborate with local authorities for the prevention, diagnosis, and follow-up of child abuse and maltreatment.



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- high quality training is our first commitment

Villaizán Pérez C, et al. **Entrustable Professional Activities for the Training of Postgraduate Primary Care Pediatricians.** Acad Med. 2023 Apr 1;98(4):468-472. doi: 10.1097/ACM.00000000000005132.

ECPCP • Entrustable Professional Activities

LEARNING OUTCOMES	UNCERTAIN Supervised	HESITANT Presents every patient if needed	CONFIDENT Unsupervised (but with oversight)
Skills concerning Newborn			
PRIMARY CARE FOR CHILDREN			
<ul style="list-style-type: none">• Gather essential/accurate information:<ul style="list-style-type: none">◦ Medical family history, data on past pregnancies, maternal and previous siblings health◦ Course of present pregnancy, results of screenings and tests, pathologies and complications◦ Course of labor and delivery, APGAR score◦ Interventions and procedures performed on the newborn including preventive procedures: metabolic diseases test, newborn hearing screening, administration of vitamin K to prevent hemorrhagic disease of the newborn, administration of ocular antimicrobial agent◦ Screening for specific inherited diseases. HIV screening if required by State or indicated◦ Toxicology screening if indicated• Explore familiar and psychosocial environment, recognizes possible problems mother-child interaction and problems with handling• Perform a thorough physical examination• Detect signs of birth trauma and congenital abnormalities• Perform an evaluation for jaundice, differentiate between physiological and pathological hyperbilirubinemia and assess the risk of hyperbilirubinemia• Provides anticipatory guidance on nutrition, stimulation of speech, social, motor and cognitive development, prevention of unintentional injuries, prophylaxis vitamin K and D, accident prevention, parent support, UV protection, vaccination and hygiene• Counsel about nutrition with special attention to early breastfeeding• Appreciate the special needs of the family with a newborn• Explain and plan appropriate follow up child visits			



Entrustable Professional Activities in Primary Care Paediatrics



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WHO PHASPHI WHO Action group collaboration

Objectives 2022:

- to share our experiences with ending the sponsorship of health professional associations (HPA)
- to discuss the drivers and obstacles to ending HPA sponsorship
- to equip delegates to defend ending sponsorships with evidence based data
- to identify organizations' support needs to, and possible sources of support, for ending BMS company sponsorship of scientific meetings, conferences, and other educational activities
- to form an action group, plan to reach out to uncommitted associations and promote change over the next two years, and develop materials to be used by the action group



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WHO PHASPHI Action group results

- Macnab I, et al. Call to end sponsorship from commercial milk formula companies. **Lancet**. 2024 Mar 9;403(10430):906-907. doi: 10.1016/S0140-6736(24)00242-3.
- Sponsorship of health professional associations by manufacturers and distributors of commercial milk formula: **case studies**
<https://iris.who.int/handle/10665/378977>
- Sponsorship of health professional associations by manufacturers and distributors of commercial milk formula: **model policy**
<https://iris.who.int/handle/10665/378985>
- Sponsorship of health professional associations by manufacturers and distributors of commercial milk formula: **alternative funding resources for events**
<https://iris.who.int/handle/10665/378267>



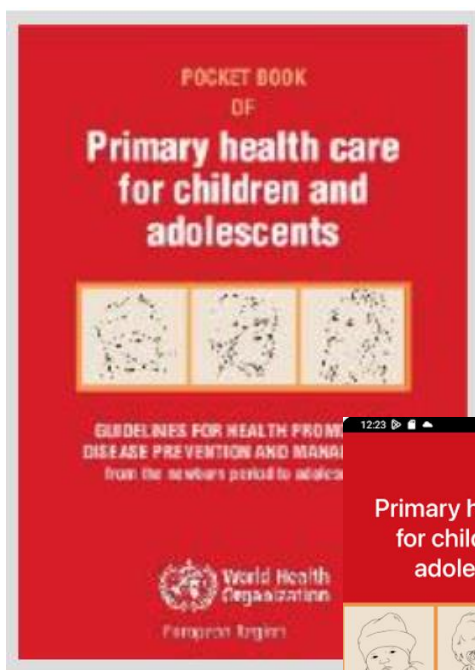
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WHO handbook of pediatric primary care



Counselling box 3. Feeding recommendations

Feeding recommendations

From birth to 6 months of age

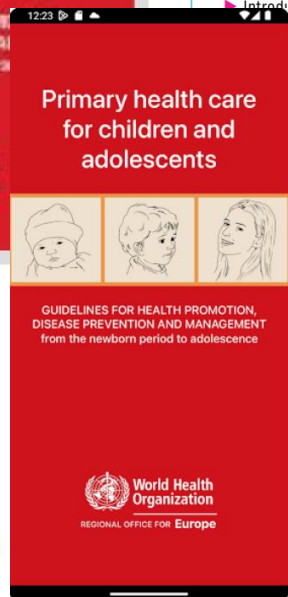
- ▶ Immediately after birth: come into skin-to-skin contact with your baby. Allow your child to take the breast within the first hour.
- ▶ Breastfeed as often as the child wants day and night, at least 8 times in 24 h. Frequent feeding produces more milk.
- ▶ If the child is < 1 week and low birth weight: feed at least every 2–3 h. Wake your child for feeding after 3 h.
- ▶ Do not give other fluids or foods. Breast milk is all your child needs.
- ▶ Look for signs of hunger: beginning to fuss, sucking fingers or moving lips.
- ▶ Add complementary foods if the child is > 4 months, appears hungry after breastfeeding and is not gaining enough weight.

6 to 12 months

- ▶ Breastfeed as often as the child wants day and night, at least 8 times in 24 h.
- ▶ Introduce complementary foods around 6 months. Give thick or well mashed or finely chopped family foods, including from animal sources, fruit and vegetables. Start by giving 1 spoon and gradually increase quantity: 2–3 spoonfuls per day if breastfed, 1–2 cups of formula milk.

12 months to 2 years

- ▶ Breastfeed as often as the child wants.
- ▶ Offer a variety of mashed or finely chopped family foods including from animal sources and fruit and vegetables.
- ▶ Offer at least 3–4 meals a day. Offer 1–2 snacks between meals. Encourage, but do not force, your child to eat. Let your child eat unaided and help only if needed.



https://play.google.com/store/apps/details?id=com.who_phc&hl=en_US&pli=1

- A guide for primary health care providers to manage and refer children and adolescents with common complaints and conditions.
- It provides information on how to coordinate care for long-term conditions and diseases managed by specialists.
- The book aims to improve diagnosis and management of common conditions, improve laboratory and diagnostic measures, and rational use of essential drugs and equipment.
- ECPCP is one of the institutions that provided guidance, input and technical support during the conception, development and review of the Pocket Book



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REGIONAL OFFICE FOR Europe



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Therefore, ECPCP, for the sake of the children and their future, is glad to collaborate with the JA Prevent NCD.



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Thank you!



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