

I have been practicing Pediatrics for more than 40 years and from the very outset of my career, I chose community primary care in the belief that optimal healthcare and wellbeing of infants, children and adolescents is ensured only when the caretaker performs in the context of family, community and culture.

Yet even from the earliest days of my career, I was puzzled from the paradox that exists within pediatric care: We are all in agreement as to the inalienable right for children to excellent health and wellbeing and access to healthcare services provided at the highest attainable standards. We all are in agreement that that primary care is the most effective and efficient manner in providing the highest quality of healthcare to children. It has been proven internationally that healthcare systems oriented to primary care produce better outcomes, at a lower cost and with higher user and provider satisfaction. Yet most governments and medical establishments maintain an academic and economic bias and imbalance between hospital based care and primary care and even prejudice against the interests of the latter, diverting budgets, resources and manpower to the tertiary care in violation of article 24 of the UN Convention on the Rights of the Child and thereby failing to develop a proper primary pediatric health care system.

For sure I am not alone in recognizing this discrepancy. More than three decades ago, in 1989, a group of fellow European primary care paediatricians founded ESAP, the European Society of Ambulatory Paediatrics, intended on fomenting effective representation of primary care paediatrics in EU member states and in Pan European Pediatric organizations, to fight against the imbalance and prejudice. Twenty years later ESAP realized that while successfully defining the nature of PPC, developing research on the quality of PPC practice, and relating ethical considerations of PPC, the society had hardly any political impact. This realization led to the founding of the ECPCP in 2009, an event I am proud to have taken part in as one of its founders.

Currently we represent 23 paediatric Professional organizations, and more than 30.000 primary care pediatricians in Europe.

Now I would like to turn our attention to PPC and the current COVID-19 pandemic. Albert Camus once wrote "There have been as many plagues in history as wars; yet always, plagues and wars take people equally by surprise".

And indeed COVID-19 has taken us all by surprise. In the last nine months Humanity at large and the Medical establishment in particular have been dealing mostly with this virus and its influence on health, economics, politics and wellbeing.

Historians generally view medical progress (and interventions) as organized responses designed to contain, conquer and even eradicate disease. The reality is that in most cases medical solutions are the result of an adaptation to consequences, or a reaction to popular demand with a pinch of serendipity. Unfortunately the influence of commercial and economic interests is stronger than ethical and medical considerations.

Our current pandemic is no exception. Its fury has unleashed the development of new techniques and the spending and use of resources in an unprecedented scale, while lying in the wake unattended and disregarded deadlier and serious diseases.

Take Malaria, for example: There are 10 times more cases of Malaria in this world, than there are cases of COVID 19. Yet, while more than 250 COVID 19 vaccines are in the early stages of development, including active, exploratory and pre-clinical projects, and surely they will move forward to a successful vaccine, the most advanced vaccine candidate against the most deadly form of human Malaria, Plasmodium falciparum, has been kept in waiting for investors to move past phase 3 trials for more than 11 years.

I am firmly optimistic that the post-pandemic Medical community will emerge stronger, wiser and more efficient than ever before and that all facets of Healthcare will eventually benefit from human inventiveness and the investment of resources. But in the near future Governments will continue to prefer to fulfill popular requests for COVID-19 solutions rather than solve chronic deficiencies in primary care. We must remain optimistic, and dedicated to the cause in order to persevere in our quest. We are the paladins of Primary Pediatric care in Europe and we cannot retreat.

As President, I pledge to carry on the torch of advocacy for Paediatricians as deliverers of primary care in the community, extending from pre-natal health care to late adolescence, seeing the patient in the context of one's family and social environment. I will work hard to lead us as we convince governments to support primary care pediatrics, to assure that PCP is provided by adequately trained

physicians, and to support the formation of academic standards. To ensure that every child and his/her family have access to expert professional advice including a "second opinion" by board certified paediatricians. I will campaign to establish PPC as a teaching module in all medical schools across Europe and promote the establishment of academic PPC departments at all Universities as well. We will continue to campaign for the promotion of clinical teaching in the community, continuing professional development and research opportunities in the primary care setting, as well as the establishments of guidelines and standards of care for good clinical practice in PPC.

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President