



Child healthcare in Europe, local diversities and collective potentials: A study of the European Paediatric Association/Union of National European Paediatric Societies and Associations

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Abstract

This introductory article presents the project developed by the EPA-UNEPSA on child healthcare in Europe, emphasizing the role of local diversities as collective potentials. The EPA-UNEPSA is strongly convinced that an effective cooperation among European countries is based on the acknowledgement that diversity is a factor of strength, and not of weakness, and that such a factor may create the basis of an effective cooperation in all fields of public interest. Since its foundation in 1975, EPA-UNEPSA has worked to improve child healthcare and to strengthen the cooperation of children's caretakers in Europe. The studies published in this volume pursue this line of thought, in the belief that contributing to the efforts of creating an effective platform for cooperation and a multidisciplinary approach to common issues in public health may reduce fragmentation of paediatrics and tackle the legal, economic, and organisational challenges of child healthcare in Europe.

Keywords: Children; diversity, Europe, healthcare

Introduction

Diversities, variations, and heterogeneities characterise healthcare services throughout the 53 European countries (1). The European population, including Turkey, counts over 970 million inhabitants, of which nearly 225 million are under the age of 18 years (2). The cultural and economic complexity and large disparity in availability, affordability, and accessibility of paediatric care shown by paediatric services and community care across Europe, advise the adoption of balanced clinical aims, adequate research programs, and socioeconomic goals, which would ensure the effective management of healthcare of infants, children, and adolescents (3).

The effects of the global economic crisis, which stormed Western countries in 2008, left profound scars on the

economies across Europe. The consequences of such economic turbulence are still tangible in many countries, where the recession that followed the economic turmoil raised serious concerns about the sustainability of healthcare systems, and for the health of ordinary people in general (4). The 2008 crisis had an exquisite financial nature because it was due to an overabundance of investments in mortgage-backed securities based on valuations of high-risk mortgages that were poorly, and in several cases, fraudulently administered (4). Nearly ten years later, a new turmoil invested countries around the globe and severely harmed Europe, causing a new economic crisis. This time the economic downturn was caused by a disease, which in many cases has forced countries to reconsider the current structure of their public health systems (5).

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The European Paediatric Association, Union of National European Paediatric Societies and Associations (EPA-UNEPISA) has promoted a study on child healthcare in Europe, in collaboration with its member national societies of paediatrics, with the aim to explore the local diversities and collective potentials of the various European public health services. The study, the first part of which was published in 2016, provides information to national and international authorities that could be particularly useful in light of the repeated emergencies, which often seem not to allow sufficient time for a proper recovery of public sector services, before a new crisis emerges (6). The study confirms that the level of health security of various states presents significant variables throughout Europe. In fact, some systems are strongly centralized at state level, whereas other countries assign most authority at the local level (7). The study does not aim at establishing which model would be more effective; the purpose is to show the national potentials and capability of the single systems to react to crises of various natures and contribute to a common coordinated effort, based on the strength offered by the diverse configuration of their health systems.

Turning crisis into opportunities

Crisis may become an opportunity if the recovery is well managed. In fact, the current president of the European Central Bank, Ms. Christine Lagarde, in view of the recent economic turmoil, has emphasized that in a world of increasing economic interconnections, the challenges are greater, but so too are the opportunities (8). The studies published in this volume are provided by experts of various countries, with the intent to describe the fundamentals of the various European public health systems. This may help to further explore a number of possible solutions to counteract the negative effects of global emergencies and assist countries and their administrators in their efforts to develop cost-effective solutions, while ensuring that the goal of balancing budgets does not reduce the basic quality standards for public health.

Cultural heritage as a strength for cooperation

Cultural heritage is a fundamental category of tangible and intangible cultural values characterising all areas of a community, which are continuously remodeled by the political, economic and social concerns of the present (9). The concept of cultural heritage was first developed in 19th century post-revolutionary France, and it progressively modified and acquired attributes, which adapted to the evolving societies throughout different countries across Europe, often causing controversial or negative outcomes as shown by the European history of the 20th century (9). However, although the link between heritage

and national identity has frequently dominated political and scholarly debate, sometimes presenting critical features during the past years, the importance of cultural heritage has emerged as a positive factor in many strategic areas for societies, as in the case of public health. In recent years, numerous initiatives attempted to outline Europe as a community represented by a homogeneous cultural heritage (9). These positions have in reality undermined in many cases the possibility to establish a fruitful exchange of information, data, and solutions adopted by national communities to effectively respond to emergencies and disasters that stormed Europe during recent decades, as in the case of the COVID-19 pandemic. However, the concept of diversity, as a direct expression of cultural heritage, has become progressively perceived as a tremendous resource helping societies to identify the best solutions to confront and respond to challenges that different European communities encountered during recent years. The importance of dialogue within diversity and between diverse cultures has emerged as a strong element of cohesion between different cultures, in consideration to the great contribution that diversity can provide to the solution of common problems. Following this line of reasoning, 2008 was designated the “European Year of Intercultural Dialogue” by the European Parliament and the Member States of the European Union (10). The aim was to draw the attention of people in Europe to the importance of a dialogue that could better serve the interests and wellbeing of European people living in different social, cultural, and economic contexts (11, 12). It is of great significance that such a public initiative, emphasizing the importance of cultural heritage and promoting the key element of diversity, was established in the same year of the severe socio-economic crisis that hit Europe and the Western world caused social distress, the consequences of which are still affecting and penalizing many European countries, particularly in the area of public health. European diversity is not an obstacle, but a strength for cooperation and cohesion.

Conclusions

The EPA-UNEPISA is strongly convinced that an effective cooperation among European countries is based on the acknowledgement that diversity is a factor of strength, and not of weakness, and that such a factor may create the basis of an effective cooperation in all fields of public interest. In particular, the EPA-UNEPISA has worked since its foundation in 1975 to improve child healthcare and to strengthen the cooperation of children’s caretakers in Europe. The studies published in this volume pursue this line of thought, in the belief that contributing to the efforts of creating an effective platform for cooperation and a multidisciplinary approach to common issues in pub-

lic health may reduce fragmentation of paediatrics and tackle the legal, economic, and organisational challenges of child healthcare in Europe.

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