

Early Childhood Development and Disability

An Appreciation by the EAP for the “Early Childhood Development and Disability: Discussion Paper” WHO & UNICEF 2012

The European Academy of Paediatrics (EAP) wishes to congratulate the World Health Organization (WHO) on this important contribution to early childhood health in the areas of development and disability. The EAP confirms the importance of international liaisons and exchange in early childhood health and wishes to express a strong interest in collaborating with the WHO and its partners on the further development and implementation of this discussion paper.

Paediatricians in Europe recognise the need for policies and best practices appropriately adopted to the specific circumstances and various approaches to early childhood development and disability in primary care and specialist care across countries and in collaboration with Third Countries. The EAP is particularly well placed as a leading European Platform for promoting the health, well-being and rights of children, including those in the early development years and living with disability and/or chronic disease. Through its membership organizations and their representatives, the EAP has the ability to bring a wide range of paediatric practitioners across Europe together to improve care, research and policy affecting the health of children.

The Convention on the Rights of the Child, adopted by the United Nations, is a principle guiding document for all the EAP’s engagements. The EAP promotes the right to the enjoyment of the highest attainable standard of health for all children, in Europe as well as in Third Countries. This includes a strong commitment to the principles and practices of disability and chronic care management for early childhood (supporting as appropriate) support for their harmonization and implementation.

The EAP recognises the need for the appropriate early identification, diagnostic confirmation, and longitudinal management of disease in early childhood, providing a gateway for the prevention of illness and the attainment of optimal health for children with chronic and disabling conditions. The chronic care model promoted by the EAP reduces fragmented care interventions and enhances disease management, including the participation and support of families in the care process. The promotion of chronic care models for early childhood health should be adopted as a framework for improved systems of health care for children with rare, disabling, and/or chronic disabling conditions in Europe and in Third Countries (see the EAP Statement on Chronic Care of December 2011: (see the EAP Statement “Towards Comprehensive Health Care and Management for Children with Rare Conditions in Europe,” Brussels, December 2011).

Sustainable Strategies

The EAP considers sustainable strategies to be essential to promoting early childhood health and development. It wishes to contribute to sustainable strategies that build on multisectoral approaches for guaranteeing the rights of children with disabilities and their families. These strategies should include

- identifying children with disabilities through primary care, child health surveillance, and vaccination programs;
- providing children with an early and accurate diagnosis of disease; and
- developing management programs to prevent disabilities and to achieve the maximal potential of the child throughout its life.

Children with Disabilities

Children may be born with preventable congenital anomalies caused by the teratogenic effects of medicine, alcohol, or infectious diseases. Other congenital anomalies may be attributed to complex genetic disorders and/or environmental influences. Early recognition is dependent on recognising symptoms and on the accessibility of diagnostic tests. Most disabling conditions manifesting in early childhood are rare. Still approximately 3 to 5% of all children will be diagnosed with a chronic disabling condition. Proper etiological diagnosis is needed for the care and support, as well as, the prevention of stigmatisation and isolation of families due to inaccurate assumptions regarding etiologies, for example, blaming a child's condition on the behaviour of the parent(s).

The EAP believes that in the largest amount of cases children with disabilities are best cared for within their own family environment. They should be protected from discrimination and be provided with access to a range of services and supports that are specifically designed to achieve their full potential in life and optimal participation in society. The medical home (or chronic care) concept is designed for a collaborative management approach at the primary health care level involving patients, their families, and other health care providers to reduce the burden of disease for the child, its family, and the community.

Access to Programmes and Services

Over 85% of all children in Europe are vaccinated and monitored by the WHO through its Vaccine Preventable Diseases Monitoring System. Vaccination and public preventive early child health programmes may be provided with tools to identify children at risk or with symptoms of a disabling condition and vice versa. These programmes may include essential vaccinations, basic treatment for common illnesses, as well as the guidance to proper education and rehabilitation. European societies and health systems are diverse. The EAP is in a position, through its broad and well recognized network, to develop and provide standards for primary preventive care for all children in Europe, including those with special needs. The EAP recognises that this can only be done through a multisectoral approach with other professionals including, not in the least, with patient organisations.

Identifying and Registering Children with Disabilities

Europe also has a need for the identification of children with disabilities and/or chronic disease during times of humanitarian crisis. In addition, the identification and registration

disabilities and chronic diseases in early childhood can help in monitoring the causes of child death under 5 years as well as estimating age-standardised disability-adjusted life years (DALYs) rates from congenital anomalies by country. This should also include vaccination programmes covering children with disabilities. The WHO Millennium Goal4 addresses the area of newborn and child health aims to contribute to efforts to reduce the under five mortality rate. It does so by addressing, through research as well as the development and introduction of tools, the major causes of child morbidity and mortality, alongside promoting of optimal child health and development. Working in the diversity of health systems, country sizes and populations as well as in economic situations, European paediatricians may contribute to policies on how to achieve these public goals worldwide.

Conclusion

In conclusion, the EAP not only would like to thank the WHO and UNICEF for this important contribution to the areas of development and disability in early childhood but would also like to emphasize that through its membership organizations, representing a variety of pediatric sub-specialties as well as a strong European Pediatric (primary care) work force, EAP eagerly volunteers to contribute to this initiative by furnishing all the help, support and expertise that it has to offer.

Please let us know how we can be of help in assuring the success of this important program which represents one of the fundamental missions of the European Academy of Paediatrics.

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