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Current Newsletter

EDITORIAL

22nd Edition

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Sadly, this newsletter is being published shortly after the start of military aggression launched by Russia on Ukraine. GPED wants to express its support to all Ukrainians and in particular to our fellow colleagues and to the children and families with endocrine diseases and diabetes affected by this tragic situation.

GPED supports donations of medicines for endocrine diseases for those in need in Ukraine and for Ukrainian refugees who fled the war and reside in neighbouring countries. It is however difficult to identify a pathway to ensure that medicines can be sent from Canada, where GPED is based, to those in need. Offers to donate can be sent to Dr JP Chanoine for discussion on how to best proceed.

Inside this issue:

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Upcoming conferences:

Should you wish to have your conference in Pediatric Endocrinology and Diabetes listed in the GPED newsletter, please let us know.



PES 2022 Annual Meeting will take place April 28th - May 1st in Chicago, USA. [Read More](#)



The European Society for Paediatric Endocrinology conference will take place September 15th-17th in Rome Italy. [Read More](#)



The 48th Annual ISPAD Conference will be held on October 13th - 16th in Abu Dhabi, UAE. [Read More](#)



The 11th International Meeting of Pediatric Endocrinology (IMPE) has been postponed to 2023. New date to be determined. [Read More](#)

Take the survey: Help Life for a Child, ISPAD and the University of the Sunshine Coast understand and address gaps in access to skilled medical care for young people living with T1D in LMICs

We want to hear from you! Please take 10-15 minutes to help us better understand barriers to Type 1 Diabetes care.

Life for a Child, ISPAD, and the University of the Sunshine Coast are carrying out a study on task-shifting in the care of young people living with Type 1 Diabetes (T1D). This survey aims to understand, across facilities providing care to children and adolescents with Type 1 Diabetes:

- the current roles of health care professionals in delivering Type 1 Diabetes care
- the current responsibilities of health care professionals in



delivering Type 1 Diabetes care

- the aspects of Type 1 Diabetes care that non-physician clinicians (e.g., nurses, dieticians, and other allied health professionals) provide

The objective is to document the current roles and responsibilities of health care professionals delivering diabetes care in LMICs and to address gaps in access to skilled medical care for young people living with T1D. Further, LFAC is interested in gaining insights into the attitudes of physicians, nurses, and allied health professionals towards task-shifting in paediatric and youth diabetes care. We have been sending the survey out to clinics supported by LFAC, ISPAD membership, and other professional paediatric endocrinology societies—hoping to gain rich insights across various geographic settings.

The survey is available in English, French, Spanish, and Russian and requires 10-15 minutes of your time. Please go to <https://ee.humanitarianresponse.info/x/tQAuAdEN>

Contribute to the revision of the Endocrinology and Diabetes section of the WHO Essential List of Medicines (EML)

Drs Mark Molitch (adult endocrinology) and Jean-Pierre Chanoine (pediatric endocrinology) have embarked on the revision of an important section of the WHO Essential List of Medicines (EML): MEDICINES FOR ENDOCRINE DISORDERS. In this GPED newsletter, we are asking volunteers to contribute to the revision of the endocrinology and diabetes section of the EML with submissions for new medicines. For more information, please contact Dr JP Chanoine, Secretary General GPED (jchanoine@cw.bc.ca)



Context: Since 1977, WHO publishes an EML every 2 years in several languages. In 2007, it added a child EML (EMLc). The EML includes medicines for all age groups while the EMLc lists only medicines relevant to children (up to 12 years). The EML is divided into a number of sections. The section relevant to our specialty is Section 18 (see 2021 EML and EMLc). An online version of the EML has been developed: (<https://list.essentialmeds.org/>).

The WHO EML represents an important step towards better access to medicines. Indeed, the WHO EML is critical for the development of National EMLs by WHO member states. National EMLs are published online by 155 countries as of 2016.

The EML and EMLc include a core and a complementary list of medicines. This is defined as follows: The core list presents a list of minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost-effective medicines for priority conditions. Priority conditions are selected on the basis of current and estimated future public health relevance, and potential for safe and cost-effective treatment.

The complementary list presents essential medicines for priority diseases, for which specialized diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training are needed. Medicines may also be listed as complementary on the basis of consistent higher costs or less attractive cost-effectiveness in a variety of settings.

Every 2 years, the EMLs are updated as follows: interested parties submit an application for a new medicine (or a change/removal of existing medicines) in the fall. In the following spring, an expert committee meets in Geneva and reviews the submissions. The revised list, together with the technical notes of the expert committee, is published online a few weeks following the meeting. The expert committee does not include WHO staff. The most recent revised EML and EMLc were released in 2021.

A major limitation of this process is that a full review of each section is rarely performed, which means that each section is only modified through addition, removal or changes of individual medicines. As seen in the endocrinology/diabetes section, the list (in our opinion) lacks consistency, structure and does not always include the most appropriate medicines. Basically, if no interested party submits a new or updated medicine, the list does not change.

For more information or to contribute to the revision of the endocrinology and diabetes section of the EML, please contact Dr JP Chanoine, Secretary General GPED (jchanoine@cw.bc.ca)

A short, touching video to learn about the experience of living with Type 1 diabetes in Burundi

The Burundi Non-Communicable Disease Alliance (BNCDA), founded by Drs Francois Ndikumwenayo, and Alexis Nizigiyimana, created a beautiful video that highlights the journey of a young patient with Type 1 diabetes in Burundi.

This 4-minute video, in Kirundi with English Subtitles, is freely available on you tube:

<https://www.youtube.com/watch?v=jtz1zL8Czkc>



Context: As part of Burundi NCD Alliance's strategic plan (2018-2021), Drs Ndikumwenayo and Nizigiyimana performed benchmark survey of national NCD policies and a 3-year case-finding needs assessment in all cities of the rural province of Cibitoke. Cibitoke is a rural province located in the Western region of Burundi. It is a very poor region, with more than 90% living below the poverty line. The community area has one hospital, which serves more than 500,000 people. There are only four general medical doctors, which falls far behind the recommended WHO standards for access to quality healthcare. There is presently no paid endocrinologist in Burundi.

The survey found that 52% of the participants (123 children living with T1D) had no health insurance, and over 90% did not have monitoring equipment. Almost all come from poor and illiterate families, living without electricity or clean water. About one third have dropped out of school during the last 3 years, due to crises in their health condition. Five of them have died during the assessment.

A focus group of people living with diabetes concluded that there are currently no established support groups or club meetings and no treatment guidelines in local language.

This video serves as a tool to call upon the national and international community including the government of Burundi to help these children fulfil their lives while coping with T1D. The BNCDA is

government of Burundi to help these children fund their lives while coping with T1D. The DNECFA is presently mobilizing the international community to support a national T1D education program in Burundi to reach 1500 children living with Type 1 Diabetes in Burundi. Drs Ndikumwenayo, and Nizigiyimana wish to thank the NCD Child Taskforce on Essential Medicines and Equipment, the UNESCO Chair 'Global Health and Education', Life for a Child, Dr. Kate Armstrong and Caring and Living As Neighbours (CLAN), and GPED for their unweaving support to help these children.

Dr François Ndikumwenayo is a Paediatric Pulmonologist and lecturer at Burundi University. Email: ndkmwnyfrancois@yahoo.com

Dr Alexis Nizigiyimana is public health physician. He is currently a PhD student in health policy, systems and management at the University of Montreal, Canada.

Email: Alexis.nizigiyimana@umontreal.ca

Life for a Child (LFAC) supports pediatric diabetes care in Djibouti



GPED is proud to have connected Dr Abdourahman Moumin Douksie (Djibouti) and Dr Graham Ogle (LFAC). This led to a fruitful collaboration and to major advances in the care of children and young adults with Type 1 diabetes in Djibouti.

In this newsletter, Dr Douksie tells his story and explains how his passion led to better care for children and young adults with diabetes.

“I am from Djibouti, a small country in the eastern horn of Africa (population 1 million). I am a pediatrician and a member of the group of Pediatric Endocrinologists and Diabetologists of French-speaking Africa. I am also the director of the new center for young diabetics in Djibouti that takes care of children and young adults with diabetes under the age of 25.

The mission of the center is to offer free care to children and young people with diabetes regardless of their social status. This includes Djiboutian, undocumented, refugee, or expatriates living legally. The treatment provided to the patients is now fully supported by LFAC.

I obtained my doctoral degree in medicine in 2005 at the Faculty of Medicine and Pharmacy in Casablanca thanks to a scholarship from the Djiboutian government. I started my career at the medical center of the Djibouti National Gendarmerie. This is where I met children and adults with diabetes for the first time and learned about the complexity of managing diabetes and treating diabetic ketoacidosis.

At that time, I noticed that in my country, there were no health professionals experienced or competent in the field of pediatric diabetes. Families affected by this disease helped each other. Those who had the opportunity to treat their child abroad shared their



Measuring HbA1c



knowledge about diabetes with families who could not afford to travel. All families were faced with a lack of medical follow-up in Djibouti, and many children lacked insulin or the materials necessary for self-monitoring of diabetes at home. Repeated hospitalizations were a reality, and it was no surprise to see a child dropping out of school due to diabetes.

It was then that a mother of three children with diabetes suggested that I specialize in pediatric diabetes. Touched by this situation, in 2011 I decided to continue my studies in the field of pediatrics in Rabat. My main objective was to train in pediatric diabetes and create a pediatric diabetes unit in Djibouti. This was made possible thanks to the Djibouti National Gendarmerie which funded my pediatric training in Morocco and the excellent collaboration between the Djiboutian government and the Cherifian Kingdom of Morocco. During my 4 years of pediatric training at the children's hospital in Rabat chu ibn sina, I participated in all the activities organized by the pediatric diabetes department at the children's hospital: therapeutic education, clinics, follow-up visits for hospitalized children, and summer camps for children with diabetes.



In the clinic, learning about diabetes management...



Going to the newly dedicated Diabetes Center in Djibouti



Journée Mondiale du Diabète

With the support of the pediatric diabetes team in Rabat, I developed a practical guide on the initial management of diabetes in children. Four hundred copies of this guide were printed, and it is currently widely used by pediatric residents, pediatricians and general practitioners.

In 2020, the Republic of Djibouti received major LFAC support (\$810,643.45). This support included enough insulin, injection devices and HbA1c kits to treat 500 children and young adults with diabetes in Djibouti. For the first time, all children and young adults in Djibouti could receive insulin (multi-injection regimen) and practice self-monitoring of diabetes at home. Thanks to this unprecedented donation, the Ministry of Health immediately allocated a structure dedicated solely to the care of diabetic children to keep and honor its commitment to LFAC. The Republic of Djibouti has now launched a large nationwide operation to identify children and young adults with diabetes who require support for insulin therapy.

My thanks to: Pr Zineb Imane, head of the pediatric diabetes department in Rabat, who supported my application to participate to the Maghreb school in 2014, a 3-year training cycle in pediatric endocrinology and diabetology; to Pr Jean-Pierre Chanoine, Secretary General of GPED, who was a mentor at the Maghreb School and put me in contact with Dr. Graham Ogle, LFAC Director; and of course to Dr Graham Ogle and LFAC for their incredible support.

The Republic of Djibouti is delighted by this initiative and wishes to build on this new collaboration with LFAC as well as on the support provided by GPED to preserve the LIFE OF CHILDREN with diabetes in

LFAC as well as on the support provided by GPED to preserve the LIFE OF CHILDREN with diabetes in Djibouti.

Dr Abdourahman Moumin Douksie, Coordinator du Centre du Jeune Diabétique de Djibouti.

Email : adouksie@gmail.com

GPED supports access to medicines in Ghana

For the second time in 3 years, GPED was able to support children with congenital adrenal hyperplasia followed at Komfo Anyoke Teaching Hospital (KATH) in Kumasi, Ghana. Dr Emmanuel Ameyaw, Head of the Pediatric Endocrinology and Diabetes Unit at KATH, raised funds that allowed GPED to receive a donation of fludrocortisone and hydrocortisone.



Dr Emmanuel Ameyaw (left) hands fludrocortisone and hydrocortisone over to the Pharmacy at KATH in Kumasi

This time (November 2021 and January 2022), the pharmacy at KATH will have received 1500 tablets of fludrocortisone 0.1 mg and 3000 tablets of hydrocortisone 10 mg for less than 200 USD.

You can do it too!!

For GPED to support better access to lifesaving medicines for children with endocrine diseases in your country GPED needs: modest fundraising to cover administrative expenses, a carrier willing to take medicines from Canada to your country, and local leadership to support this initiative.

ESPE Yearbook 2021

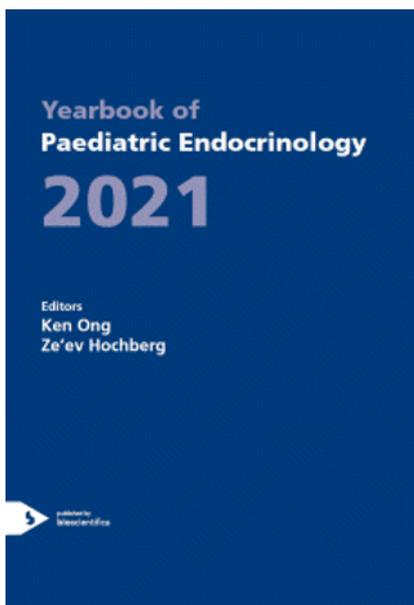
Each year, the European Society for Paediatric Endocrinology (ESPE) publishes a yearbook with expert commentaries on the most important articles published over the last 12 months. Since 2016, the yearbook of Pediatric Endocrinology includes a chapter on Global Health for the Pediatric Endocrinologist. The 2021 edition is no different!

For more information, please visit:

The Global Health chapter of the yearbook can be accessed by following the link below. The entire yearbook 2021 is freely available at <https://www.espeyearbook.org/ey/0018/abstract-book/>

This year's chapter includes 16 articles that cover not only the most significant articles on endocrinology and diabetes but also societal issues.

Enjoy the read!



E-learning and e-consultation: two complementary aspects of clinical care

Professor Sten Drop and his team have been tireless advocates of e-learning. In this GPED newsletter, we highlight a review that looks at the use of e-learning (EL) and e-consultation (EC) for healthcare workers in low- and middle-income countries. The authors analysed 96 articles on e-learning and e-consultation. They conclude that “there is an important gap in the literature in relation to the complementary role of EL and EC for healthcare workers in LMICs as evidenced by outcome measures. There is an important role for national and international academic institutions, learned medical societies, and networks to support regional experts in providing EL and EC for added value that will help the clinical performance of healthcare workers and improve health outcomes”.

This article serves as a reminder that pediatric endocrinologists around the world have FREE access to both EC and EL (in several languages).

e-learning: a wealth of resources (clinical vignettes and topic reviews) can be found at <https://www.espe-learning.org/>

e-consultation: collegium telemedicus is partnering with GPED and provides an opportunity for all clinicians to submit clinical cases and have them review confidentially in a timely manner by international experts. It can be access at <https://www.collegiumtelemedicus.org>

Reference:

Alma Ionescu, Peter G M de Jong, Stenvert L S Drop, Sanne C van Kampen. A scoping review of the use of e-learning and e-consultation for healthcare workers in low- and middle-income countries and their potential complementarity. *Journal of the American Medical Informatics Association* 2022: 29; 713–722. DOI: <https://doi.org/10.1093/jamia/ocab271>

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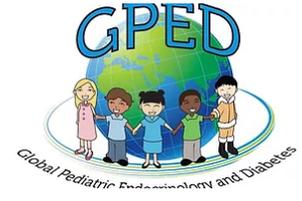


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