Current Newsletter

EDITORIAL

21st Edition

Welcome to GPED's 21st Newsletter!

This edition of our newsletter brings global updates on efforts to reduce the burden of non communicable disease in children, including those with endocrine disorders and diabetes.
We hope this brings you important information and much needed inspiration as we are finishing 2021 and hoping for a better 2022! Happy Holidays! Enjoy!

Inside this issue:

1. A new training program in French for health professionnels in Africa ("un nouveau programme d'enseignement pour les professionnels de la santé en Afrique Francophone, voir information en français ci-dessous")
2. A new government-funded insulin pump program in Chile (Dr F Grob)
3. Impact of COVID-19 on Obesity and Diabetes in the Asia-Pacific Region" (Pr A Pulungan, Indonesia)
4. The PEDIA project on equity in Type 1 diabetes which was recognized by the WHO NCD Lab initiative (Dr G Fadiana and mentor Pr A Pulungan, Indonesia)
5. The impact of the COVID-19 on diabetes care in the context of political instability (Dr A Abu-Libdeh, Palestine)
6. Highlights of a "hackathon" on "Digital Innovations to Improve Type 1 Diabetes" that was organized by CDiC and Bangladesh, Cambodia, India, Indonesia, Myanmar, and Pakistan in October 2021

Upcoming conferences:

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

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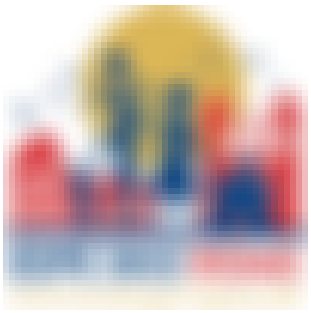
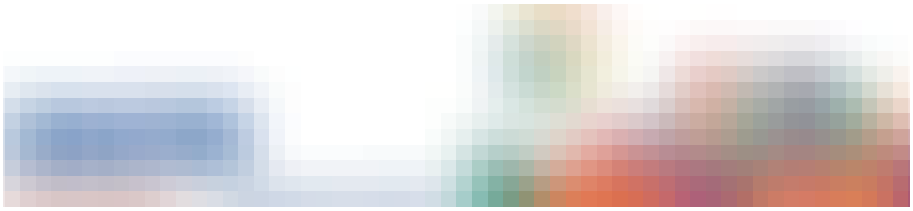
PES 2022 Annual Meeting will take place April 28th - May 1st in Chicago, USA. Read More



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

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Voir version française ci-dessous

Learn the basics of pediatric hormonal diseases and diabetes: a free, virtual, 9 week course in FRENCH (5 hours commitment/week) for African Healthcare Professionals will start in April 2022

Our group of African and International endocrinologists proposes a 9-week virtual training course, 5 hours per week to familiarize you with the main topics of endocrinology and childhood diabetes.
Who: Any health professional who works in a French-speaking sub-Saharan African country (physician, nurse, dietitian, social worker, other ...)
When: April and May 2022
How: Virtual education
How much: Free registration

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Work requested (per week):
- 2 hours: reading a basic article (schedule at your convenience)
- 1 hour: teaching by an African teacher and an international teacher (live or at your convenience)
- 1 hour: questions and answers (live)
- 1 hour: presentation and discussion of a simple clinical case by the teachers (live)

Program (9 weeks):
1. Growth: measure the child, growth curve, interpretation, abnormal growth
2. Examination of the newborn: dysmorphies and common abnormalities, genitals (ambiguities are often not recognized at birth), definition of intrauterine growth retardation
3. Diabetes: definition and recognition of Type 1 and Type 2 diabetes
4. Diabetes: first steps
5. Thyroid: recognition / treatment of hypothyroidism / hyperthyroidism
6. Puberty: girls and boys: recognition of normal and abnormal puberty
7. Nutrition and obesity: recognition, causes, complications, recommendations
8/9. Endocrine emergencies (2 weeks): acute adrenal insufficiency, hypoglycemia, hypocalcemia, loss of salt, hypernatremia

For pediatricians and adult endocrinologists only: this 9-week program will serve as a tool for the selection of candidates who wish to embark on a full 2-year master's degree (September 2022-2024).

For information, please contact info@globalpedendo.org

Apprenez les bases des maladies hormonales et du diabète de l'enfant en FRANÇAIS : un cours virtuel gratuit de 9 semaines (5 heures/semaine) pour les professionnels de santé africains débutera en avril 2022

Notre groupe d'endocrinologues Africains et Internationaux vous offre une formation virtuelle de 9 semaines, à raison de 5 heures par semaine pour vous familiariser aux grands thèmes de l'endocrinologie et du diabète de l'enfant.
Qui: Tout professionnel de la santé qui travaille dans un pays francophone d'Afrique subsaharienne (médecin, infirmier(e), diététicien(ne), travailleur social, autre….)
Quand: Avril et mai 2022
Comment: Enseignement virtuel
Combien: Inscription gratuite
Travail demandé (par semaine):
- 2 heures : lecture d'un article de base (horaire à votre convenance)
- 1 heure : enseignement par un enseignant Africain et un enseignant international (en direct ou à votre convenance)
- 1 heure : questions-réponses (en direct)
- 1 heure : présentation et discussion d'un cas clinique simple par les enseignants (en direct)

Programme (9 semaines):
1. Croissance : mesurer l'enfant, courbe de croissance, interprétation, croissance anormale
2. Examen du nouveau-né : dysmorphies et anomalies courantes, organes génitaux (il est fréquent de ne pas reconnaitre les ambiguïtés à la naissance), définition d'un retard de croissance intra-utérin
3. Diabète : définition et reconnaissance du diabète Type 1 et 2
4. Diabète : premiers gestes
5. Thyroïde : reconnaissance/traitement d'une hypothyroïdie/hyperthyroïdie
6. Puberté : fille et garçons : reconnaissance puberté normale et anormale
7. Nutrition et obésité : reconnaissance, causes, complications, recommandations
8/9. Urgences endocriniennes: insuffisance surrénalienne aigue, hypoglycémie, hypocalcémie, perte de sel, hypernatrémie

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Pour les pédiatres et endocrinologues adultes uniquement: ce programme de 9 semaines servira d'outil pour la sélection de candidats qui souhaitent s'engager dans un master complet de 2 ans (septembre 2022-2024).
Pour toute information, veuillez contacter: info@globalpedendo.org

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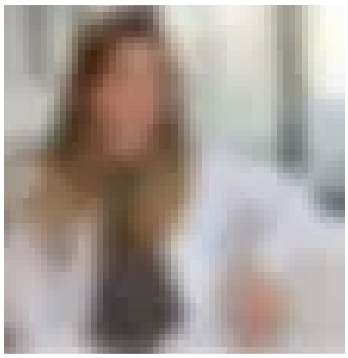
News from Chile: insulin pump program



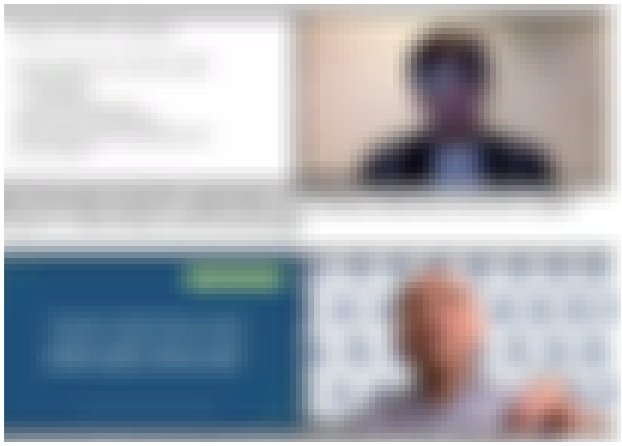
Type 1 diabetes (T1D) has steadily raised in Chile over the last 15 years, especially in younger children. A government-funded program providing insulin pumps to severely affected children and adults was created in 2017 to improve diabetes care in patients meeting the inclusion criteria. A continuous subcutaneous insulin infusion (CSII) device with continuous glucose monitoring (CGM) is provided to patients with unstable T1D who are eligible and completed a training module.
Families willing to access are assessed by a multidisciplinary team composed of a nurse, psychologist, dietitian and paediatric endocrinologist.

Areas like understanding, family support and motivation are taken into account. Inclusion criteria are inadequate metabolic control despite microdoses of insulin or presenting with severe or inadvertent hypoglycaemia. At follow up, if hypoglycaemia persists, recurrent ketoacidosis occurs or CGM is in place less than 70% of the time treatment suspension is considered.
Currently, 1160 patients have received an insulin pump, representing 4.8% of T1D patients in the country. Children and adolescents represent 32% of users distributed in 14 centres. Follow up in 56 children after the first year of implementation showed a significant decrease in hypoglycaemia, hyperglycaemia and HbA1C from 7.6 to 6.7% (p=0.002). Therefore, it is expected the expansion of the program, especially reaching communities where no multidisciplinary team are available yet.

Commentary from: Dr Francisca Grob, Santiago, Chile (Email: frangrob@gmail.com)

Asia Pacific Pediatric Association: "The impact of COVID-19 on obesity and diabetes in the Asia-Pacific Region"

The COVID-19 pandemic has had an unprecedented impact on child health globally, including the rise of obesity among children and adolescents as well as widespread disruption in diabetes care. The Asia Pacific Pediatric Association (APPA), in collaboration with NCD Child and CLAN Child Health, conducted the workshop, "The Impact of COVID-19 on Obesity and Diabetes in the Asia-Pacific Region". Gathering speakers and participants from all over the Asia-Pacific Region, this regional workshop aims to provide a forum for focused collaboration and evidence-sharing on obesity and diabetes as well as a learning opportunity for students and young people, especially those living with obesity and/or diabetes, to strengthen their advocacy efforts.



Beginning the workshop with opening remarks from Professor Aman Pulungan, MD, PaedConsultant, PhD, FAAP, FRCPI (Hon.) as the President of APPA and Dr. Kate Armstrong from CLAN Child Health, the two-day workshop was packed with two keynote speakers, a panel discussion, and breakout room sessions that covered a range of topics from leadership, to maximizing the use of social media to initiate discussions on obesity and diabetes in the region.

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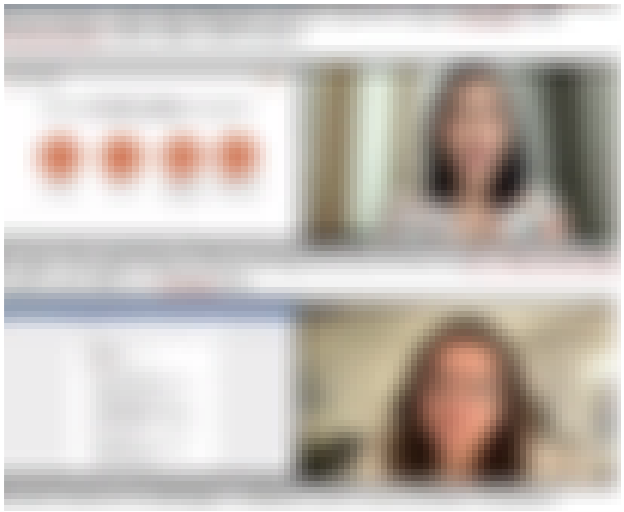

On Day 1, the workshop was honoured to have Mr. Budi Gunadi Sadikin, Minister of Health, Republic of Indonesia, as the keynote speaker of the session. His keynote address was then followed by a panel discussion with Pat Spellman from New Zealand (Board member of the Diabetes Foundation), Dr. Louise Baur from Australia (Senior consultant paediatrician at the Sydney Children's Hospitals Network and President-Elect of the World Obesity Federation) and Prof. Jamal Raza from Pakistan (Executive Director, Sindh Institute of Child Health and Neonatology). On Day 2, the workshop began with a keynote address from Dr. Rekha Harish (Professor of Pediatrics, Hamdard Institute of Medical Sciences and Research India).

Both days of the workshop were graced by distinguished speakers in breakout room sessions, where participants were able to select 4 out of the 6 breakout rooms offered. The first breakout session featured a discussion on NCD Champions and Leaders by Professor Aman Pulungan, a senior pediatric endocrinologist who has years of experience as a leader and advocate not only in the Asia-Pacific region, but across the globe. The second breakout session was offered by Dr. Ghaisani Fadiana, a pediatric endocrinologist from Indonesia, who shared about her diabetes education project and experience as the WHO NCD Lab Winner. The third breakout session featured Dr. Mesty Ariotedjo, Founder and CEO of the child developmental platform "Tentang Anak", who shared about running a successful social media campaign. The other two breakout sessions featured discussions with participants regarding their experience with obesity and diabetes with facilitators from NCD Child. The final breakout session was a networking session for participants to connect with other young and passionate advocates in the NCD field.

With the ongoing COVID-19 pandemic and its impact on child obesity and diabetes throughout the region, it is imperative to unite all parties to raise awareness of challenges for children and young people living with obesity and diabetes. Through this regional workshop, we hope that nations across the Asia-Pacific region are able to work together towards a future where no child with a chronic health condition is left behind.

Commentary from: International Pediatric Association (Pr Aman Pulungan: amanpulungan@mac.com)

PEDIA Project "Grassroots innovation in non communicable disease prevention and control: promoting equity and health for all"

On November 4th 2021, the Global Coordination Mechanism on NCDs (GCM/NCD) conducted a virtual webinar titled "Grassroots innovation in NCD prevention and control: Promoting equity and health for all"

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webinar titled "Grassroots innovation in NCD prevention and control: Promoting equity and health for all" as a celebration and showcase of the winners of the first cycle of the NCD Lab. The webinar comprised of four segments: an opening segment, winners showcase segment, a panel discussion with the NCD Lab Steering Group members around the role of innovation in enhancing equity in NCD prevention and control, and a closing segment.

The NCD Lab is a virtual initiative by the WHO that support projects harnessing innovative solutions that accelerate progress towards achieving the NCD and NCD related sustainable development goals. As part of the first cycle of the NCD Lab, individuals from a variety of backgrounds from WHO Member States were encouraged to submit innovative solutions that support the NCD related global health agendas that target all levels, including policy-level change, systems change, or individual level change from February to March 2021.

The PEDIA Project from Indonesia, with Project Leader Dr. Ghaisani Fadiana and mentor Prof. Aman Pulungan was awarded as the featured project in the World Health Organization NCD Lab in the thematic area: "Meaningful Involvement of People Living with NCDs" and served as one of the speakers in the winners showcase.

The PEDIA Project aims to improve overall quality of Type 1 Diabetes care by involving important stakeholders, such as pediatricians, patients, and families through a community-based approach and technology-incorporated diabetes education tools.

Commentary from: Pr Aman Pulungan (Email: amanpulungan@mac.com)

Effect of a global pandemic on the health of Palestinian children with diabetes and endocrine disorders

Conflict during the global pandemic in East Jerusalem has affected the health and wellbeing of Palestinian children, including those with acute or chronic health conditions. For Palestinian children, living in a volatile environment results in toxic stress, which can have a lasting effect on a child's health across their life. Conflict inflicts both physical and psychological trauma to children as well as their families, particularly in the presence of the COVID-19 global pandemic, including the restrictions of the pandemic itself.

Makassed Islamic Hospital, located in East Jerusalem is one of the largest hospitals providing health services as a tertiary hospital for Palestinians from the West Bank & Gaza Strip in addition to Palestinians in East Jerusalem.

The ongoing political conflict affects pediatric endocrinology services at Makassed Islamic Hospital, which provides clinical care for endocrine & diabetic patients from all Palestinian areas in addition to providing endocrine testing. Restrictions in the access of services for those in the West bank or Gaza Strip has affected patients and their families visiting the hospital for endocrine services and diabetes care. It has also limited the endocrine tests that are performed at Makassed Hospital, particularly for low-income families. Patients with diabetes face difficulties with frequent glucose monitoring due to the high cost and cannot access new technologies to manage diabetes such as sensors and insulin pumps. We use social medial and internet to connect with patients with diabetes and help them either through direct contact or through support groups (ex. WhatsApp). This has helped a significant number of patients during this pandemic and let them feel that they are not alone.

In keeping with the Sustainable Development Goals (https://www.who.int/health-topics/sustainable-development-goals#tab=tab_3) and in particular with SDG 16 (“To promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”), all children should have access to fair, equal and dignified treatment.

Political conflict impacts their physical, mental, developmental, and behavioral health and cause increased prevalence of posttraumatic stress disorder, anxiety, behavioral and psychosomatic complaints, which persist long after the cessation of violence. This is true for too many children in too many countries, and the

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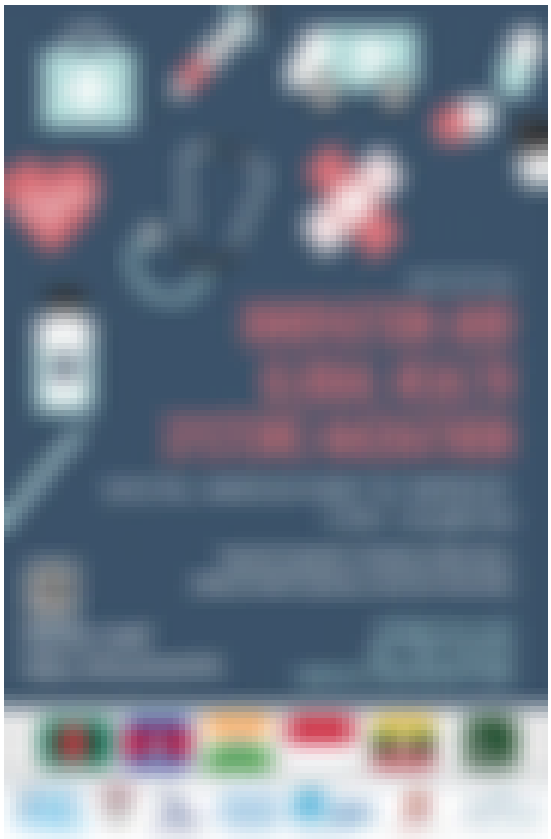
added burden of a difficult political environment, a chronic condition such as diabetes and a pandemic such as COVID-19 make the achievement of this goal even more difficult.

Commentary submitted by: Dr Abu-Libdeh, Makassed Hospital, Jerusalem (draabulibdeh@hotmail.com)

Innovation and Global Health Systems Hackathon: Digital Innovations to improve Type 1 Diabetes

The Novo Nordisk partnership program, Changing Diabetes in Children (CDiC), organized an event titled "Innovation and Global Health Systems Hackathon" on October 30-31st, 2021. This event was a marathon event that brought together many interested participants, including computer programmers, to improve upon or build new software, programs, or innovations. The Hackathon aims to bring together participants from diverse settings with an opportunity to collaboratively develop digital solutions with the GC-CDiC to achieve desired functionality at scale.



CDiC itself was launched in 2009 to improve access to care, life-saving medicines and supplies for children and adolescents with Type 1 Diabetes living in low- and middle-income countries (LMICs). CDiC is currently operational in 16 countries. By December 2020, CDiC had treated and diagnosed 28,296 children with Type 1 Diabetes in 222 clinics established by CDIC, trained 15,100 healthcare providers and donated medical supplies and equipment needed to deliver effective care. To ensure sustainability, CDiC Partners have requested support to work on digital initiatives to inform data systems, registries and care pathways. This Hackathon is the first step to ensure technical support and funding for such work.

The event was hosted over two days in a hybrid in-person model from Gordon Hall, Medical School, and virtually via zoom across the country. Participants included individuals from CDiC Country Partners and CDiC Global Partners. The CDiC Country Partners include Bangladesh, Cambodia, India, Indonesia, Myanmar, and Pakistan. The CDiC Global Partners are Novo Nordisk, Roche, ISPAD, WDF, Harvard T.H. Chan School of Public Health, Harvard John A. Paulson School of Engineering and Applied Sciences, Harvard Graduate School of Design, Harvard College, Harvard teaching hospital and MIT University.

From the medical side, all undergraduates, doctors, and fellow endocrinologists were welcome to this event. The Hackathon incorporated multiple structured check-in and mentorship sessions for every team. During the event, more than 250 participants registered from Boston, Cambodia, Myanmar, Bangladesh, India and Pakistan. There were 80 participants who registered from Indonesia. Overall, there were 34 teams who eagerly participated in the event.

These sessions provided guidance and advice as the teams developed their innovative solutions throughout the 2-day Hackathon— geared towards enhancing data systems. Several mentors served as judges during the final pitch and provided comprehensive feedback on group trial pitches. The team worked with the GC-CDIC to design, introduce and scale up their solutions. This event was expected to support ongoing or planned digital initiatives in CDiC countries by developing new approaches and solutions to articulated problems and challenges across CDiC

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solutions to articulated problems and challenges across GDIC.

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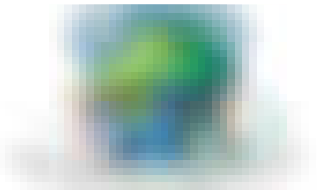

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