

GPED Newsletter

Global Pediatric Endocrinology and Diabetes

*Keeping you up to date on Global Health
in Pediatric Endocrinology and Diabetes around the world*



Welcome to GPED's 15th Newsletter!



Dr J von Oettingen

Dear GPED community,

I'm sure COVID-19 is on everyone's minds at the moment as we are trying to keep providing high-quality care for our patients while responding to rapidly evolving circumstances. Patients and their families are understandably worried, may be more so by all the uncertainties rather than the virus itself. Fortunately our pediatric population seems less at risk for severe clinical manifestations and sequelae, and at least for now it seems that some of our most vulnerable patients such as those with diabetes, are not at

increased risk either (see JDRF and ISPAD links below). While numbers from many low- and middle-income countries are not (yet?) increasing as rapidly, hearing about the first 2 cases from Haiti yesterday was more worrisome to me than the hundreds of cases in Canada, and the thousands in other high-income countries. COVID-19 mortality is highly likely linked to health care resource availability ([www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30068-1/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30068-1/fulltext)) and clearly these are severely limited in low-resource settings such as Haiti. **No matter where we live and practice, let's keep in mind we are all in this together, let's support each other and foster solidarity in our communities while adhering to social distancing and handwashing!**

Regardless of the corona crisis, GPED is committed to continuing our activities as best as possible. **In this letter, we'd like to acknowledge the generous contribution of GPED members that supported GPED's first fundraising campaign during the 2019 December Holidays—to the tune of 1465 CAD (about 1000 USD).** This is a first attempt to generate income for GPED. We acknowledge that many GPED members live in low- and middle-income countries, and, as such, are struggling to make ends meet. We are thankful to those who contributed. The funds have been used in their integrality to provide 6000 tablets of fludrocortisone to countries that need them desperately. With your help, we are committed to identify funding and ensure that medicines are delivered to countries that need them.

Enjoy the read everyone!

Inside this issue:

Welcome	1
Coronavirus and diabetes care: JDRF and ISPAD	1
Medical books in Spanish	2
Coronavirus: ISPAD initiative	2
Personal experience in Sudan: visiting fellow	3
Subspecialty fellowship in pediatric endocrinology in Sudan	3
News from Africa	4
ASPED-ESPE Academy 2019	5
Pediatric endocrinology and diabetes: the Ghanaian experience	6

Coronavirus Infection (COVID-19) and diabetes in youth

The Juvenile Diabetes Research Foundation (JDRF): As COVID-19 is developing into a pandemic, what is the expected impact on the Health of our patients with diabetes?

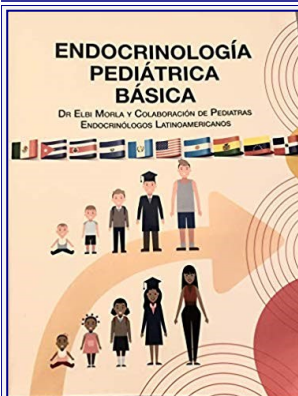
The Juvenile Diabetes Research Foundation (JDRF) has added relevant information on its website. So far, JDRF has not received any information that the T1D supply chain is affected by the pandemic. **Please visit www.jdrf.org/coronavirus/** for Information about:

- COVID-19
- Precautions for patients with Type 1 diabetes
- Statements from manufacturers of insulin, of insulin pumps and of blood glucose monitoring products

The International Society for Pediatric and Adolescent Diabetes (ISPAD): for recommendations regarding COVID-19 in children with diabetes, visit www.ispad.org/page/CoronavirusinfectionCOVID-19

In addition, to participate in a forum discussion organized by ISPAD on diabetes and COVID-19, please see P2 of this newsletter.

Two books in Spanish for our colleagues in Latin America and Mexico: Available on Amazon.com



Endocrinología Pediátrica Básica (Spanish) Paperback by Elbi Morla et al.

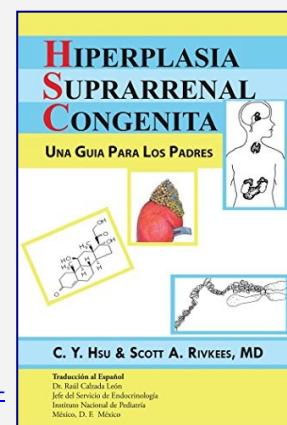
El libro es un aporte de Pediatras Endocrinólogos de Latinoamérica y comprende 39 capítulos actualizados sobre recientes avances de la especialidad que ayudan a la identificación y tratamiento de los aspectos genéticos, bioquímicos y estructurales del sistema endocrino, las cuales conducen al desarrollo de las diversas endocrinopatías a tratar en los menores y adolescentes. https://www.amazon.com/dp/B085FY6B3F/ref=cm_sw_r_wa_ap_i_l2YxEbSG5TZY6

Hiperplasia Suprarrenal Congenita: Una Guía Para Los Padres by C.Y. HSU y S.A Rivkees (Translated from English

by Prof R. Calzada)

La Hiperplasia Suprarrenal Congnita (HSC) es un trastorno hereditario de las glándulas suprarrenales. Sus efectos pueden ser muy diversos y serios- estos incluyen desde problemas de ambigüedad genital en niñas; problemas del crecimiento y desarrollo físico; hasta problemas de infertilidad y desequilibrio hormonal. Cuando la HSC no es diagnosticada y tratada a tiempo, esta puede ser potencialmente mortal.

https://www.amazon.com/Hiperplasia-Suprarrenal-Congenita-Padres-Spanish/dp/1504970179/ref=tmm_pap_swatch_0?encoding=UTF8&qid=1583635910&sr=1-1-fkmr0



New Forum Topic for ISPAD members: Diabetes management and COVID-19



Dr J. Wood

The ISPAD Communications Committee would like to start a forum discussion for diabetes providers to discuss how the unprecedented global pandemic of COVID-19 is affecting their patients with diabetes.

Please share any clinical observations of the virus' impact on children, adolescents and young adults with diabetes. Please share any developing best practices from your unit's experience thus far. ISPAD is especially interested in hearing from providers from countries that have seen large surges of patients into the health care system.

In order to comment or share your observations on COVID-19, ISPAD members have to sign in to their member profile. Go to: <https://www.ispad.org/Login.aspx?returnurl=%2fforums%2fTopics.aspx%3fforum%3d244751>

Jamie Wood,
Communications Director and Secretary General Elect 2019-2020

Personal experience: visiting fellow in Sudan



Dr Telcide Rossler

My name is Telcide Roosler Billy. I am a first-year fellow in Pediatric Endocrinology at the Montreal Children's Hospital of McGill University. I am from Haiti, where I graduated from medical school and pediatric residency.

As a physician from a limited resources country, global health presents the opportunity to work and to learn from people from different backgrounds and experiences around the world. I aim at being able to apply all these experiences for the benefit of my country.

The motivation for this 12 day travel to Khartoum, Sudan was to initiate a mentor relationship with Professor Mohammed Abdullah, a Sudanese pediatric endocrinologist, who completed his fellowship in UK and who, upon returning to his home country, built a national pediatric endocrinology network that now provides health care to over 7000 children and trains generations of residents.

This experience changed the entire perspective of my future career as a pediatric endocrinologist in Haiti. It made me realize that even with extremely limited resources, a lot can be done if there is vision, will and advocacy. In Haiti, pediatric endocrinology is a field where everything is yet to be built. My aim will be to work on the establishment of an academic project to train future pediatric endocrinologists in Haiti, because this experience with Pr Mohamed Abdullah also showed me that having an academic program is the best way to build an efficient, sustainable, innovative and thriving clinical department.

Three major points that I take from this experience:

- 1 - **Efficient use of available resources:** While Sudan has limited resources, a rational use of these resources, intelligent choices of diagnostic methods and efficient use of drugs are the key to good clinical care and outcomes;
- 2- **Advocacy and capacity building** for local solutions are also key to achieving sustainability;
- 3- **Self-sufficiency:** As helpful as the skills and help of external physicians and advisers are, it is crucial to train local specialists and leaders if you aim at sustainability. The provision of continuous specialized care to a given population will only be effective and sustainable with the training of local human resources.

Telcide Rossler, MD

First-year fellow in Pediatric Endocrinology, Montreal Children's Hospital, McGill University, Montreal, Canada



Presentation of the medical system in Haiti

Successful subspecialty fellowship in pediatric endocrinology in Sudan



Dr JP Chanoine

I had the honor to serve as a teacher and an examiner for the first group of pediatric endocrinologists entirely trained in Sudan. Under the leadership of Pr Mohamed Abdullah, a comprehensive, structured 2-year training program was developed and implemented in Khartoum. Pr Abdullah collaborates closely with the Sudan Medical Specialization Board which is very supportive of the program. I was impressed by the high level of knowledge of the three trainees who graduated from this new program. **Congratulations to Drs Samar Omer Abu Samra, Eman Elnaw and Mona Mahdi.**

The success of this program comes from:

- A comprehensive curriculum that includes research, ethics, basic and clinical knowledge;
- A large patient population of children with diabetes (at the Sudanese Center for Childhood Diabetes, SCDC) and with endocrine conditions
- The dedication of the staff pediatric endocrinologists, Drs Omer Babiker, Areej Ahmed, Samar Hassan, Salwa Abdelbagi, Olivia Al-Mutasim, Reham Ebrahim, Asmahan T Abdalla and Ghassan Faisal.

Every effort is made by the faculty to promote international collaboration, excellence in care and attendance of the fellows to international meetings. Congratulations and thank you for your hospitality!

Jean-Pierre Chanoine, MD, Clinical Professor

Pediatric Endocrinologist, British Columbia Children's Hospital, Vancouver, Canada



T Rossler, JP Chanoine, M Abdullah

News from Africa



Dr Adesola Adekoya

In the past two decades, the African continent witnessed a significant increase in the number of practicing paediatric endocrinologists unlike no other time in her history. This is largely and commendably owing to the sacrificial efforts of Paediatric societies and endocrinologists from other parts of the world in establishing the PETC(W)A training centres in Nairobi, Kenya and Lagos, Nigeria. So far, over 60 and 33 Fellows have graduated from the Kenyan and Nigerian centres respectively.

The field has witnessed an improved and sustained care of diabetes and endocrine disorders in children in the continent. The paediatric endocrinologists in Africa also took a step further in forming the African Society for Paediatric and Adolescent Endocrinology (ASPAE) which is currently headed by Dr. Joel Dipesalema from Botswana. The membership of ASPAE currently spreads over 15 of the 54 African countries. There is however more room for expansion.

Globally, clinical practice is not without challenges. In a mini survey about clinical practice experiences among paediatric endocrinologists practising in Africa, responses were received from nine countries namely Botswana, Cameroon, Ethiopia, Ghana, Kenya, Nigeria, Sudan, Tanzania and Tunisia. It is heart-warming to know that all the respondents find their practice interesting and enjoy what they are doing. Type 1 diabetes mellitus is perhaps the commonest condition seen in most centres. Challenges faced include low levels of awareness, inadequate diagnostic facilities, high cost and non-availability of drugs especially growth hormone and fludrocortisone, loss to follow-up, among others. Many of the clinicians are involved in community awareness programs with positive results. It is obvious from the survey that there is need to increase and strengthen collaboration globally.

Perhaps, one of the most interesting news coming from Africa is the Sudan Fellowship of Paediatric Endocrinology training, which is a structured two-year program approved by the Sudan Medical Specialization Boards (see P3). The first Set of Fellows graduated in 2020. Kudos to Prof. M. A. Abdullah, the Sudanese tutors and the entire Sudanese team on this landmark achievement. A childhood



Yahaya Saidu Alkali



Jerome Elusiyan

diabetes centre was also opened in Sudan in November 2019 with a research lab soon to follow. Indeed, the labours of the founding fathers of Paediatric Endocrinology in Africa is yielding enviable results.

Sadly, in 2019, ASPAE, and indeed Africa, lost two dedicated and prominent members. Dr. Yahaya Saidu Alkali (PETCA, Nairobi, 4th Group) who was incumbent Chief Medical Director

of Federal Teaching Hospital in Gombe, Nigeria, passed away on November 5, 2019.

Prof. Jerome Elusiyan (PETCA, Nairobi, 1st Group), senior lecturer at the Obafemi Awolowo University (OAU) in Ile-Ife, Nigeria and incumbent Chairman (MAC), passed away on December 13, 2019.

On December 2, 2019, Uganda lost a dedicated diabetes nurse, Sr. Sarah Kagoya Asiya. She was commonly known as “the mother of children living with diabetes” at the Gulu Regional Referral Hospital. These amazing people will be greatly missed.



Sr. Sarah Kagoya Asiya

Adesola Olubunmi Adekoya, MD

Department of Paediatrics, Babcock University Teaching Hospital and Ben Carson School of Medicine, Babcock University, Ilishan-Remo, Ogun State, Nigeria

Sixth ASPED-ESPE Endocrine Academy: A Collaboration between the Arab Society for Pediatric Endocrinology and Diabetes and the European Society for Pediatric Endocrinology



Dr R Hamza

The ASPED-ESPE Endocrine Academy is an initiative by ASPED in collaboration with the ESPE. It is an annual event that aims at updating the knowledge of young physicians involved in care of children and adolescents with endocrine problems in Arab countries. It also encourages sharing clinical experiences and collaboration in research



projects between Arab countries. The academy adapts the format of an intensive course in basic and clinical science of acute and chronic disorders in Pediatric and adolescent endocrinology. It also

provides an opportunity for delegates to establish links and networking between each other and to interact with senior ASPED and ESPE faculty members.

The 6th academy was held in the beautiful city of Casablanca, Morocco. Forty seven participants (10 faculty & 37 delegates) from 13 countries (UAE, KSA, Egypt, Palestine, Oman, Qatar, Algeria, Tunisia, Morocco, Pakistan, France, Italy and UK) attended the course for 3 consecutive days. The curriculum was delivered via 9 plenary sessions (19 faculty lectures, 7 plenary clinical case-based/project

delegate presentations and 2 quizzes) and small group discussions (case presentations and research projects presentations by delegates). The best 4 clinical cases or research projects were selected by the faculty and presented in a plenary session. The

academy covered most topics of Paediatric Endocrinology while focusing on neonatal endocrinology, endocrinopathies in other illnesses and research in Paediatric Endocrinology.

The participants linked up with senior researchers, clinical experts, and fellow clinicians in a learning environment that encouraged active discussions and exchange of ideas. In addition, the social interaction between the faculty and



delegates was remarkable. The feedback collected from delegates showed satisfactory response to organization, scientific value and the opportunity provided for networking and future collaboration.

For information on eligibility and applications to the next ASPED-ESPE Academy, please visit:

<https://www.eurospe.org/education/asperd-espe-endocrine-academy/>.

Rasha Hamza, MD
Professor of Pediatric Endocrinology,
Ain Shams University, Cairo, Egypt
ASPED Vice President
Chair of ESPE Education and Training Committee



Paediatric Endocrinology practice in Africa: The Ghanaian experience



Deborah Amakye Ansah, Serwah
Bonsu Asafo-Agyei, Emmanuel
Ameyaw, Elizabeth Owusu

Paediatric endocrinology is a relatively new subspecialty and its practice, especially in sub-Saharan Africa, has been rife with serious challenges. Arguably the most important challenge is the scarcity of knowledge and lack of expertise in the field which hampers swift case identification and management. The situation has not been helped by lack of funds and access to diagnostic investigations in low income countries like Ghana. Ghana has 3 teaching hospitals, one of which is Komfo Anokye Teaching hospital (KATH) which serves as a referral hospital for many regions in the country.

The introduction of the PETCA and PETCWA programmes in Africa has started a transformation which is likely to continue for posterity. Currently in Ghana three paediatric endocrinologists have been trained through these programmes. All are based at KATH, where our team also includes two specialized nurses (DAA and EO, picture). With the help of Prof Jean Pierre Chanoine, GPED and the Ghanaian community in Canada, a nurse has also done a paediatric endocrinology clinical attachment at British Columbia Children's Hospital in Vancouver, Canada.

The KATH Paediatric and Adolescent endocrine clinic started in 2012 with one patient, a 3 year old girl with newly diagnosed Type 1 Diabetes Mellitus. Fast forward to 2020 –currently, this is a busy clinic that is still growing and receives referrals from all over Ghana. The clinic has enrolled about 650 patients to date (comprising 168 patients with diabetes mellitus and the rest with diverse endocrine disorders including DSD, adrenal disorders, rickets, thyroid disorders and growth disorders). Doctors in training are actively involved in the management of cases and teaching sessions are a routine part of clinic days.

The importance of having local expertise in the field is attested to by this radical change in the practice of paediatric endocrinology in Ghana. The dynamic transformation can also be partially attributable to the annual updates on diabetes and endocrinology for health professionals facilitated by the trained doctors/nurses. This serves as a forum for dissemination of knowledge which facilitates recognition of cases and referrals. Both 'Life for a Child' and 'GPED' have been instrumental in providing free drugs and supplies for patients. This has boosted patients' clinic attendance and drug adherence. One of the main challenges facing the clinic is successful transition of patients into adult clinics. The process is usually met with great resistance from the patients; a transition care team is currently being formed.

The thriving nature of the clinic makes us hopeful that the challenges to the practice of paediatric endocrinology in the sub region are not insurmountable and we are proud of our success so far.

Serwah Bonsu Asafo-Agyei, MD, Pediatric Endocrinologist
Komfo Anokye Teaching Hospital (KATH), Kumasi, Ghana



*Keeping you up to date on Global Health in Pediatric
Endocrinology and Diabetes around the world*

Secretary General:

Jean-Pierre CHANOINE, MD, FRCPC
(Academic)
Clinical Professor and Head
British Columbia Children's Hospital

#334-3381 Cambie Street
Vancouver, BC
V5Z 4R3
Canada
Tel: +1 604 875 2345, ext 5120

Email: info@globalpedendo.org

GPED website: www.globalpedendo.org

Associate Editors:

Francesca GROB (Latin America)
Yan YUN (China)
Ganesh JEVALIKAR (India)
Rasha HAMZA (Arab countries)
Serwah Asafo AGYEI (Africa)

Executive Committee:

Jean-Pierre CHANOINE (PES)
Ze'ev HOCHBERG (ESPE)
Julia VON OETTINGEN (ISPAD)
Raul CALZADA (SLEP)
Iro YARHERE (ASPPE)
Preeti DABADGHAO (ISPPE)
Reiko HORIKAWA (JSPE)
Xiaoping LUO (CSPEM)
Muhammad Yazid JALALUDIN (APPES)
Asma DEEB (ASPE)
Jan LEBL (ESPE)
Elizabeth DAVIS (APEG)