

# 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 17th Newsletter!



Dr J von Oettingen

### Welcome to our fall 2020 newsletter!

As the world is bracing the second wave of COVID-19, we as pediatric and pediatric endocrine health care professionals play a role in making sure that across the globe, children's needs in general, and the needs of children with health care conditions in particular, are cared for.

When advocacy for access to diabetes and endocrine care for children was important before COVID-19, it has become essential during this pandemic, especially for children in LMIC. Lockdowns,

and travel restrictions, fear of contracting the virus, and increased financial strain on families have exacerbated access difficulties, to insulin and diabetes supplies, and to diabetes health care providers who are pulled away to serve in COVID-related health care. International transport restrictions (such as for insulin shipments), decreased international donations that many pediatric diabetes centers in LMIC depend on, and reduced governmental health care funds further jeopardize care access in the intermediate to long-term. We know of COVID-related mortality in youth with diabetes in some countries (Haiti, Bangladesh), and there may be more. Data is emerging documenting the detriments of care delay for non-COVID diseases, including higher rates of DKA and DKA severity. Let's all do our part to advocate, educate, care for, do and disseminate research to address these access issues—during and after COVID.

In light of these significant COVID-related challenges, our newsletter is refreshing in that it brings to light some of the innovation that the pandemic has brought upon us, including in scientific exchange via virtual conferences (p.1), web-based education platforms (p.2), as well as innovations that continue to take place despite the pandemic: From D-mom to D-coach (p.3), diabetes training program in Sudan (p.4) and visiting scholars exchange program in China (p.5). **ENJOY!!**

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## Scientific meetings and COVID-19

As we all know, the annual conferences organized by our professional organisations are being postponed or changed into virtual conferences. The format for the future conferences will be determined based on the evolution of the COVID-19 situation.

At the time of writing (if you want to have other conferences published in the GPED Newsletter, please send an Email to [info@globalpedendo.org](mailto:info@globalpedendo.org))

- The International Society for Pediatric and Adolescent meeting that was scheduled in Abu Dhabi from in October 2020 will take place virtually from Oct 15th to 7th, 2020.
- The European Society for Pediatric Endocrinology (ESPE) meeting that was scheduled in Liverpool in September 2020 has been postponed and will take place in Liverpool from 7-9 May 2021
- The Pediatric Endocrine Society (PES) will hold a virtual meeting on April 30th- May 3rd, 2021
- The International Pediatric Endocrinology Meeting (IMPE) remains scheduled as an in person meeting in Buenos Aires from 25-28 September 2021

## GPED Annual General Meeting

GPED is a Canadian NGO and Charity. As such, it is expected to hold an annual meeting. This year, GPED will hold a virtual AGM on Monday November 16, 7-8 AM (Pacific Time, PST). This corresponds to 4-5 PM CET

A Report from the Secretary General will be sent to all members prior to the meeting. **To register for the annual meeting, please send an Email to [info@globalpedendo.org](mailto:info@globalpedendo.org)**

## Education in paediatric endocrinology during COVID-19 pandemic in Latin America



Dr Francisca Grob

The impact of COVID-19 pandemic has affected specialist training. With patient volumes being drastically reduced and assessments shifted to telehealth or phone consultations, fellows have seen a reduction in the diversity of disease pathologies to which they have been exposed. Additionally, suspension of conferences where they can present their research have reduced the possibility of building networks with other specialists. This generation of specialist trainees is often characterized as having an in-depth understanding of technology and social media. While it is unclear whether these promote or enhance learning, it may help learners receive quality, high-yield education.

For this reason, a **Facebook website was created by Dr Alejandro Martínez**, head of the paediatric endocrine unit of the Pontificia Universidad Católica de Chile at the beginning of COVID-19 pandemic, where **fellows and young postgraduate endocrinologists from Latin America and Spain** were invited to

participate. The aim was to review some of the most prevalent endocrine conditions or those in which advances have been introduced recently. Webinars were designed as 30 to 40 minutes weekly lectures given by experienced international paediatric endocrinologists including Cushing Syndrome in Pediatrics (Dr Sonir Antonini, Brasil), Rickets in the 21st century: New genetic mechanisms for vitamin D deficiency (Prof. Michael A. Levine, USA), Rasopathies (Dr Ana Keselman, Argentina), GH-IGF-1 system: from physiology to clinic (Prof. Cecilia Camacho-Hubner, USA), Genetic Testing for recurrent Fractures (Prof. Frank Rauch, Canada), Monogenic diabetes (Prof. Luis Castaño, Spain), among others. **After 27 meetings, a survey was sent to all participants to assess satisfaction and engagement with online learning activities.**

The webinar with the highest attendance featured 100 participants and the survey was returned by 33 healthcare providers, predominantly paediatric endocrinologists (82%) from Chile (87%), but also from Argentina, Bolivia and Spain, who regularly attended (80%). 94% considered the talks' length appropriate, with **100% saying they helped in improving knowledge** and that would likely continue following. A request for more interaction opportunities during future meetings and being able to send questions in advance was suggested by 28.6% and 35.7% of attendees, respectively.

COVID-19 has forced the transition from traditional to online learning. Whilst didactic lectures are considered to be helpful in the learning process, active learning activities online such as adaptive tutorials, discussions and reflections, have been proven to result in more significant educational experiences for students. COVID-19 has been an opportunity to review how we deliver content to trainees and will probably shape the future of medical education not only in our setting but also among many other countries.

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## ESPE Yearbook 2020 and ESPE Connect: Global Health for the Pediatric Endocrinologist

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**. This year, the COVID-19 pandemic has led to the cancellation of the physical ESPE meeting that was to take place in September 2020 in Liverpool (the meeting has been postponed to May 2021).

However, ESPE has developed ESPE Connect, a series of online talks that support paediatric endocrinologists' continued education during the COVID crisis. ESPE Connect Online 2020 will run across 9 days this November (between Nov 6-14, 2020) and includes a series of talks and sessions designed specifically to bridge the gap left by the absence of a physical meeting in 2020. These talks will be different from those planned for May 2021.

Due to the exceptional circumstances this year, **the talks will be freely available online**. The full programme as well as registration can be accessed at <https://www.eurospe.org/meetings/2020/espe-connect-online-2020/>. The presentation on the 2020 chapter "**Global Health for the Pediatric Endocrinologist**." **will be delivered on Saturday November 14, 8-9 AM (Central European Time = CET)**. There will be no Yearbook session during the ESPE meeting in Liverpool in May 2021.

## From mothers of children with T1D to diabetes coaches: Supporting diabetes care in children living in rural India



Dr Archana Sarda

### “MyT Mom: A D-Mom to D-Coach program”

UDAAN is a non-profit organization based in rural India. We are actively supporting 700 underprivileged children with [T1D] Type 1 Diabetes. One of the major challenges we face in providing care in addition to low resources, low literacy, and long distances is unavailability of diabetes educators.

We realized that our T1D families need to be empowered with individualized self-care education in local language and context. In absence of certified diabetes educators, we attempted to bridge this missing link by creating diabetes coaches [D-Coach]. We trained mothers of children with T1D [D-Mom] to become a D-Coach. This D-Coach forms the much-needed bridge between doctor/educator and a T1D family. Our project is aptly called MyT Mom!

The advantage of choosing D Moms is their experiential learning. They can empathize, connect, and speak the local dialect. They are aware of the socio-cultural context and can bust local myths. The T1D families relate to them and become receptive to learn. Seeing D-Moms as D-Coaches inspires parents to do better.

D-Mom to D-Coach is a structured program. It includes selection of a D-Mom, curriculum design, create teaching toolkits, training, evaluation, and a feedback mechanism. We selected D Moms from those who managed their own children well for at least two years on basis of basic literacy, willingness to undergo training, commitment to work two days a week, commitment to receive and make phone calls, undergo evaluation and willingness to maintain records. Academic educational status is not a criterion.

The curriculum is designed keeping in mind the basic self-care that every family with a child with T1D needs to know. It includes all aspects of insulin care [site, storage, technique] /monitoring/ sick day management/ school care/ acute emergencies [ hypoglycemia & ketosis] and travel care. Special training includes positive communication and teaching skills in low literacy setting.

As the literacy level is low, innovative toolkit has been designed for teaching. Hands on teaching with real tools, pictorial logbook, teaching flash cards for visual learners and short videos in local language are used for effective teaching.



Training the D Mums



Introducing the D Mums

48 hours of training is conducted in 8 sessions of 6 hours each on weekends spread over 3 months. The sessions are conducted by a team of doctor and educator in local language using visuals aids. Each topic is divided into theory, practical demonstration, and hands on training. Each D Mom undergoes a theory and practical evaluation before being accepted as D Coach. UDAAN today has a team of thirty D coaches who teach each family in an empathetic, informal, and individualized manner. They also provide support on phone to resolve basic issues. The self-care outcomes of rural and illiterate children in UDAAN have improved significantly on all parameters. Hospitalization due to hypoglycemia and ketosis has dropped dramatically. We have documented a significant improvement in self-care efficacy and self-esteem of our children.

We feel MyT Moms is a reproducible model. It can be an effective way to build a diabetes care ecosystem in low resource settings.



## The Sudanese Childhood Diabetes Association (SCDA) and Global Pediatric Endocrinology and Diabetes (GPED) receive funding from the World Diabetes Foundation for the development and implementation of a Pediatric Diabetes Team Education Program



Drs Omer Babiker and Jean-Pierre Chanoine

The Sudanese Childhood Diabetes Association (SCDA) was founded in 2003 by Pr Mohamed Abdullah. Its aim is to improve the diagnosis of Type 1 and Type 2 diabetes in children and to optimize the metabolic control and the quality of life of all Sudanese children with diabetes by providing comprehensive health and social care and ensuring they live strong, healthy lives, full of positive attitude towards their future.

Overall, in Sudan, the team of pediatric endocrinologists based in Khartoum is responsible for about 6000 children and adolescents with T1DM. Of those, 2736 receive care at the Sudanese Center for Childhood Diabetes (SCDC) in Khartoum (up from 83 in 2003, reflecting the huge

progress in diagnosis and management of diabetes over the last 17 years!). The remaining 3200-3300 pediatric patients are followed in community clinics across the country.

The community childhood diabetes clinics are staffed with dieticians and/or educators mostly trained in management of T2DM in adults. The physician is a general paediatrician, never a trained endocrinologist. Clinics are run once or twice per week. The clinics are visited by the SCDC team at least twice a year. There are general health education books and posters with guidelines but no specific written information for children with diabetes and no allied health care dedicated to T1DM in pediatrics is provided.

Thus, we have identified a need for a structured training program for AHCPs. This gap needs to be addressed urgently. This would result in reduced staff turnover, improved recognition of the health concerns including complications of children living with T1DM and improved overall care for children with T1DM. Thus, contrastig with the high level of care provided by the SCDC, pediatric diabetes care in the community which remains suboptimal. We submitted a 3-year project to develop and implement a sustainable education program for nurses, dietitians and social workers who manage children with Type 1 and Type 2 diabetes and their families in Sudan. The specific objectives are to:

- develop and make available a standardized, comprehensive curriculum to train allied health care professionals (AHCPs) on the management of Type 1 and Type2 diabetes in children in Sudan
- deliver a training program for nurses, dietitians and social workers that will lead to formal certification in pediatric diabetes education of the health professionals in Sudan
- empower a reference diabetes team based in Khartoum. This team will provide continuous medical education and clinical collaboration for allied health professionals (nurses, dietitians and social workers) in community diabetes centers throughout Sudan
- evaluate the effects of this comprehensive approach on the metabolic control and on the quality of life of children with Type 1 and Type 2 diabetes in Sudan over a 9-month period and the satisfaction of the AHCP with the program

The budget includes donated time, a grant from the World Diabetes Foundation (187,515 Euros) and a contribution from GPED (13,352 Euros). Despite the severe COVID-19 situation in Sudan and the tragic floods in Khartoum, work has started!

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## A visiting scholar program between Children's Mercy Kansas City, USA and Henan Children's Hospital, China



Dr Yun Yan

Henan Province is China's third most populous province with a population of over 94 million and it is in the central region of China. The Henan Children's Hospital is the biggest free-standing Children's Hospital in Henan Province and it has more than 2200 hospital beds. Dr. Haiyan Wei, the chief of the endocrine department established the program in 1996 and now the hospital has both outpatient and inpatient services including adolescent medicine, diabetes, genetic disorders of sexual development and pediatric gynecology. More than 60,000 patients with endocrine, genetics and metabolism disorders are seen in the endocrine clinic every year.

Children's Mercy Kansas City, MO, USA is one of the biggest pediatric endocrinology departments in United States with 28 board certified pediatric endocrinologists. The division of endocrinology at Children's Mercy has established a visiting scholar program with Henan Children's Hospital in 2016 and has joint conferences yearly. In total, 6 endocrinologists from Children's Mercy Kansas City have been invited to Henan Children's Hospital in China over the past 3 years to give lectures. Endocrinology at

Children's Mercy Kansas City has one-month visiting scholarly programs and has hosted one visiting professor from Henan Children's Hospital. In 2019 the scholarly activities between these two hospitals have expanded from Endocrinology to Adolescent Medicine, Nephrology and Emergency Medicine.

There were great discussions on variety topics and challenges on helping diagnosis as well as treatment for some endocrine conditions in China due to the lack of certain medications/reagents including glucagon, diazoxide, synthetic ACTH/cosyntropin and even hydrocortisone tablets in some areas of China. Topical dihydrotestosterone is also not available. In collaboration we recently published a case report together on a refractory hypoglycemia after subtotal pancreatectomy: *Chen Q, Chen T, Wang C, Yang H, Zhang Y, Liu X, Yan Y, Wei H. Sirolimus Therapy and Follow-Up in a Patient with Severe Congenital Hyperinsulinism Following Subtotal Pancreatectomy, J Clin Res Pediatr Endocrinol. 2020 Jun 2 doi: 10.4274/jcrpe.galenos.2020.0033, PMID 32482020.*



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