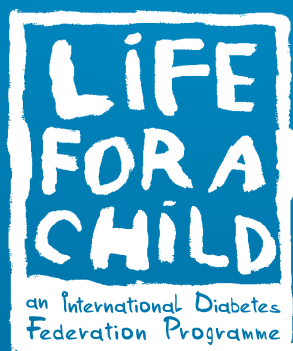


IDF LIFE FOR A CHILD PROGRAMME



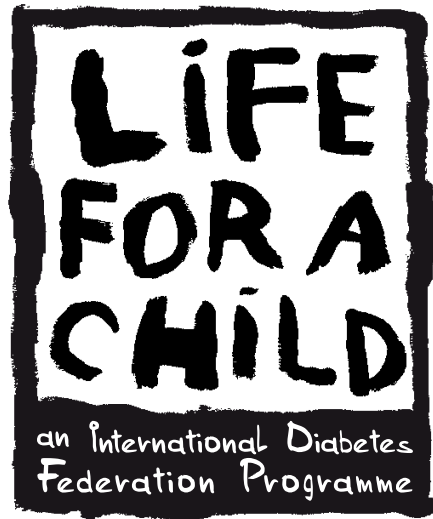
ANNUAL REPORT 2015



International
Diabetes
Federation

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nsw





OUR VISION

NO CHILD SHOULD DIE OF DIABETES

OUR MISSION

Life for a Child supports the provision of the best possible healthcare, given local circumstances, to all children and youth with diabetes in developing countries, through the strengthening of diabetes services in these countries.

Life for a Child also conducts clinical research and international advocacy to improve diabetes care and help both young adults and recipient countries with achieving sustainability.



FOREWORD

The International Diabetes Federation (IDF) estimates that there are over half a million children aged under 15 living with type 1 diabetes worldwide. In the developed world, diabetes care is free or affordable to all. Children diagnosed today can expect to live long, healthy, fruitful lives. In many less-resourced countries however, insulin and other supplies are not provided by the Government, and the cost is beyond many families. In some of these countries, survival has averaged 2 years or less. Those who do survive often have poor quality of life, are generally unwell, and struggle to complete their education, gain employment and find a partner. Some develop early and devastating complications in their early 20's, resulting in blindness, kidney failure and lower limb amputation.

Since 2000, The International Diabetes Federation has been working to improve the outlook for people with type 1 diabetes in developing countries through its Life for a Child (LFAC) Programme. LFAC currently supports children's diabetes centres in 46 developing countries and provides insulin, other essential supplies and the best possible care to over 18,000 of the poorest children with diabetes.

The Programme has expanded considerably, not only in terms of countries and children supported but also with regards to the scope of the assistance that it provides. Core components of LFAC's work now include health professional training and mentoring through an extensive network of international experts, research into the incidence and prevalence of diabetes in young people along with analysis of the cost and levels of access to care, and the dissemination of educational and awareness materials. These activities, all of which highlighted in this report, provide valuable information and knowledge to help overcome the barriers that children with

diabetes in developing countries currently face in obtaining effective care.

A thorough evaluation of LFAC was completed in 2015 which concluded that the Programme is strong, delivered well and highly valued by the centres, children, young people and families that it supports. Importantly, LFAC not only enables children and youth to survive, but also thrive as they grow into adulthood.

IDF is extremely grateful for the support of partners, major contributors and other supporters that have made the achievements outlined in this report possible. More resources are required but with the help of the international diabetes community it is possible to envision and achieve a world where no child dies due to diabetes care not being available or affordable.

“
*Life for a Child
not only enables
children and youth
to survive, but also
thrive.*”

DR SHAUKAT SADIKOT

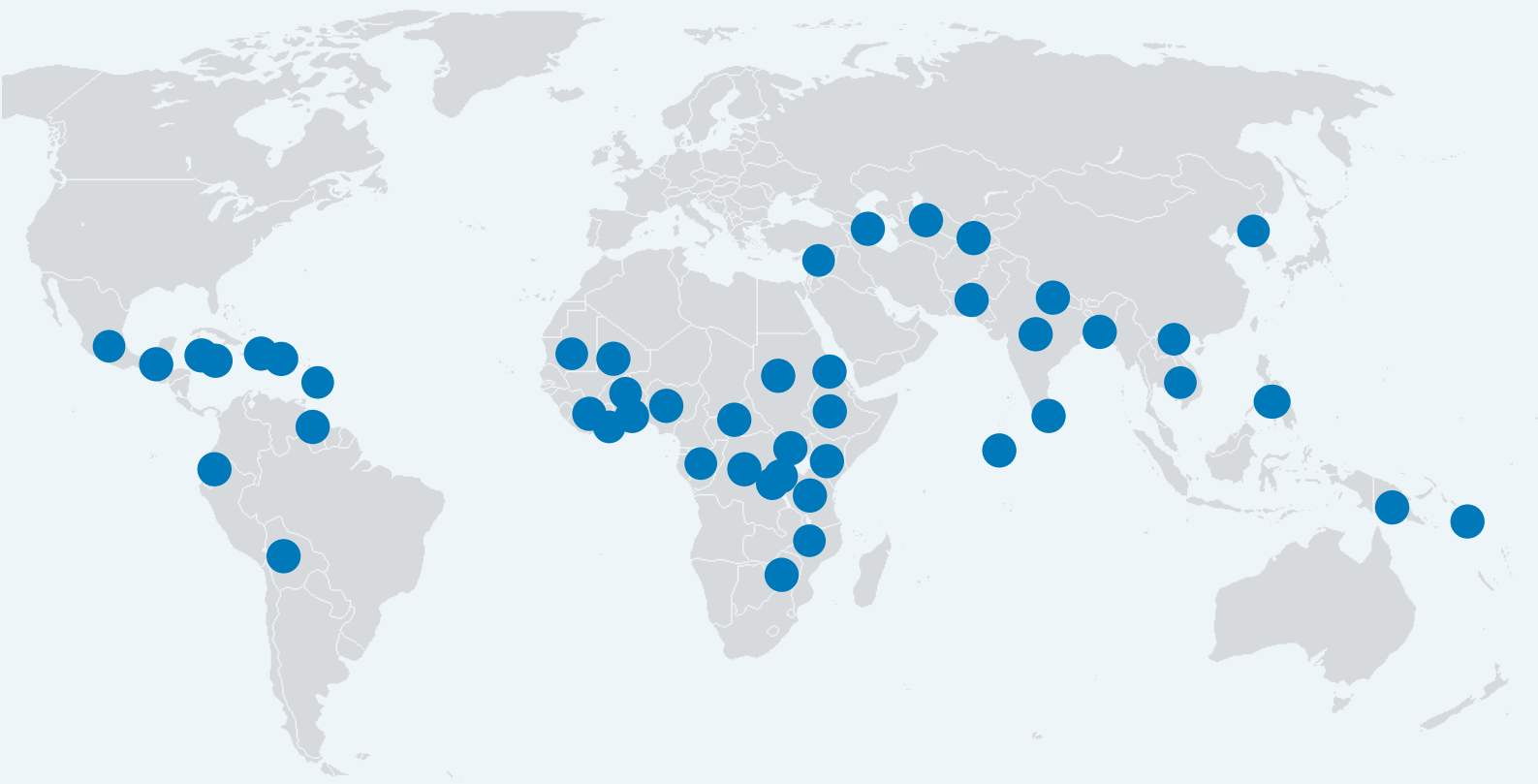
President 2016-17
International Diabetes Federation

HIGHLIGHTS 2015

- Expansion of support to cover over 18,000 young people with diabetes in 46 countries.
- Comprehensive independent evaluation of programme by leading Public Health Institute.
- The Leona M and Harry B Helmsley Charitable Trust renews support for another three years, focusing on sustainability.
- Novel and illuminating research on access to care, cost of care, and epidemiology published in diabetes journals.
- Camp guidelines for less-resourced settings developed and released.
- Training workshops in Ghana, Tajikistan and Rwanda.
- “My Life with Diabetes” competition helps young people in 20 countries to express themselves through stories and art.



COUNTRIES SUPPORTED BY LFAC



Over 18,000 children in 46 countries

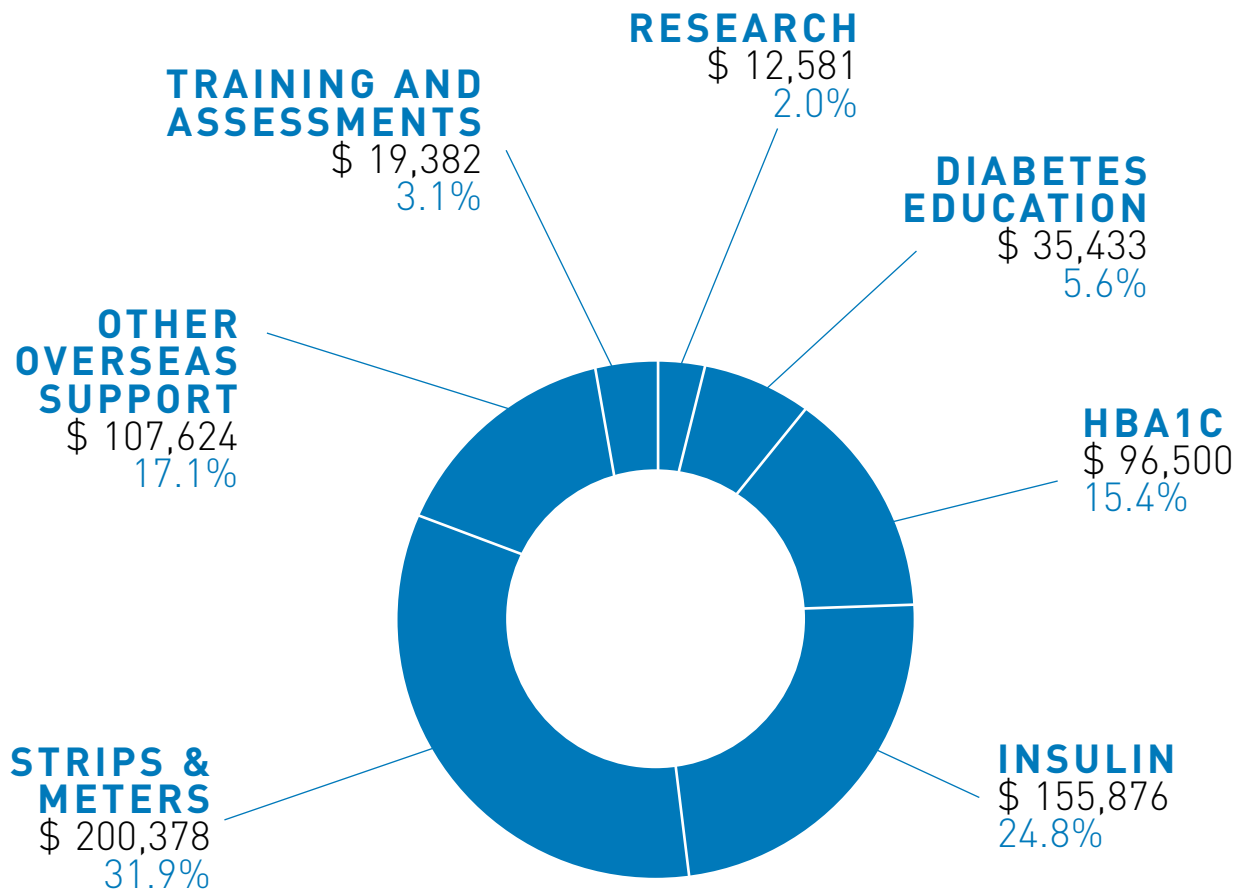


COUNTRIES IN WHICH LFAC CENTERS OPERATE AND THE NUMBER OF CHILDREN RECEIVING ASSISTANCE IN 2015

COUNTRY	SITES	NR OF CHILDREN
Azerbaijan	Across whole country	153
Bangladesh	Across whole country	2311
Bolivia	Across whole country	158
Burkina Faso	Ouagadougou and surrounds	45
Burundi	Bujumbura and surrounds	362
Cambodia	Siem Reap	7
Cayman Islands	Across whole country	20
Central African Republic	Bangui and surrounds	40
Democratic Republic of Congo	Kinshasa, Lubumbashi, Kisantu, Knege, Mbandaka, Goma and surrounds	418
Dominican Republic	Santo Domingo and surrounds	100
Ecuador	Guayaquil, Quito, Cuenca and surrounds	250
Eritrea	Across whole country	1500
Ethiopia	Across whole country	3022
Ghana	Across whole country	809
Guatemala	Guatemala City and surrounds	110
Guyana	Across whole country	30
Haiti	Across much of country	215
India	Ahmedabad, Haridwar, Nagpur, Vellore, Belgaum, Bangalore, Kota, Pune, Indore, Visakhapatnam	1316
Jamaica	Across whole country	279
Kenya	Nairobi and surrounds	200
Liberia	Ganta, Monrovia and surrounds	48
Malawi	Blantyre, Llongwe, Mzuzu and surrounds	126
Maldives	Across whole country	35
Mali	Across whole country	350
Mauritania	Across whole country	61
Mexico	Guadalajara, Nueva Leon, Merida, Monterrey, Cancun, Acapulco and surrounds	326
Nepal	Kathmandu, Patan, Dharan and Butwal and surrounds	144
Nigeria	Lagos and some other cities	200
North Korea	Pyongyang and surrounds	140
Pakistan	Karachi and across Sindh Province	768
Papua New Guinea	Across whole country	-
Philippines	Manila and some other regions	400
Republic of Congo	Brazzaville, Pointe-Noire, Impfondo and surrounds	130
Rwanda	Across whole country	900
Solomon Islands	Across whole country	1
Sri Lanka	Across most of country	330
St Lucia	Across whole country	30
Sudan	Khartoum and some other regions	400
Syria	Idlib and surrounds	735
Tajikistan	Across whole country	450
Tanzania	Across whole country	794
Togo	Across whole country	77
Uganda	Kagando and surrounds	30
Uzbekistan	Various provinces	400
Vietnam	Ho Chi Minh City, Hue and surrounds	89
Zimbabwe	Across whole country	400

TOTAL 18,320

USE OF THE DIRECT FUNDS SENT TO LFAC PROGRAMME CENTRES IN 2015 (IN USD AND % OF TOTAL)





AMOUNT OF IN-KIND DONATIONS IN 2015

INSULIN	\$ 3.004.668
METERS, STRIPS, AND LANCETS	\$ 1.675.273
EDUCATION	\$ 7.500
TOTAL	\$ 4.687.441

FORMAL PROGRAMME EVALUATION

In 2014, LFAC's largest donor - The Leona M and Harry B Helmsley Charitable Trust - commissioned the London School of Hygiene and Tropical Medicine (LSHTM) to conduct a comprehensive formal evaluation of the work of LFAC.

The work was conducted by a team lead by Professor Martin McKee and Dr. Sue Atkinson. Site visits were done in five countries: Rwanda, India, Jamaica, Mexico, and Philippines.

The evaluation was completed in 2015.

The review covered five themes:

- IDF-LFAC structure and organization
- Optimal strategic framework for high impact sustainable results
- Changes to policies that could improve quality, quantity, efficiency and effectiveness
- Impacts on countries, systems and children
- Impact on long term sustainability in T1D care delivery systems

From the Executive Summary:

“The review overall shows that LFAC is a strong programme that is delivered well and is highly valued by the countries and the children, young people and their families that are supported by it. It is clear that LFAC enables children and young people with type 1 diabetes to survive and, as the programme and country policies strengthen, enables them also to thrive.

LFAC already does many things right and the team, albeit small, are extremely dedicated and enthusiastic. Many aspects are to be applauded and continued.

The review identifies LFAC's strengths and challenges. It focuses particularly on the Programme's engagement in-country and on how LFAC develops a strategic direction for care and treatment of type 1 diabetes. It identifies a need for developing country leadership and

building local capacity, implementing approaches that catalyze systemic improvements in type 1 diabetes care delivery systems.

The ultimate goal must be for people with type 1 diabetes to be able to get good treatment and care within their country's health system. Unfortunately this does not appear to be a realistic goal in the short term in most countries. Nevertheless, there is a need for a higher priority to be given to the medium and long term sustainability of the support provided for children with type 1 diabetes, making full use of the experiences gathered by LFAC and the information that it has collected on burden of disease, health needs, and barriers to be overcome in obtaining effective care by people with type 1 diabetes.

The five themes are explored in depth and recommendations made in relation to each.”

LFAC thanks the Helmsley Trust and the LSHTM for this encouraging endorsement and valuable input. Work is now underway to strengthen sustainability aspects and implement the other recommendations of the report.

COMPETITION

The *My Life with Diabetes* competition was created by the IDF Life for a Child Programme so that children and youth from the countries we support could create a piece of artwork that showed what their life with diabetes was like.

There were three categories, visual, written and video and three age-groups in each category.

334 entries were received from **20 countries** including *Azerbaijan, Bolivia, Burundi, Democratic Republic of Congo, Ecuador, Ghana, Guatemala, India, Jamaica, Kenya, Liberia, Mexico, Nepal, Nigeria, Pakistan, Republic of Congo, Rwanda, Sri Lanka, Tanzania, and Tajikistan.*

A panel of judges with various medical and diabetes expertise judged the competition with the two highest placed entries in each category

receiving a cash prize, and the 3rd-10th placed receiving a certificate. Some of the winning entries were displayed at the ISPAD Conference in Brisbane in October, and the IDF World Diabetes Congress in Vancouver in December. The winning entries are now being posted on the LFAC Facebook page and will be published on www.lifeforachild.org in 2016.



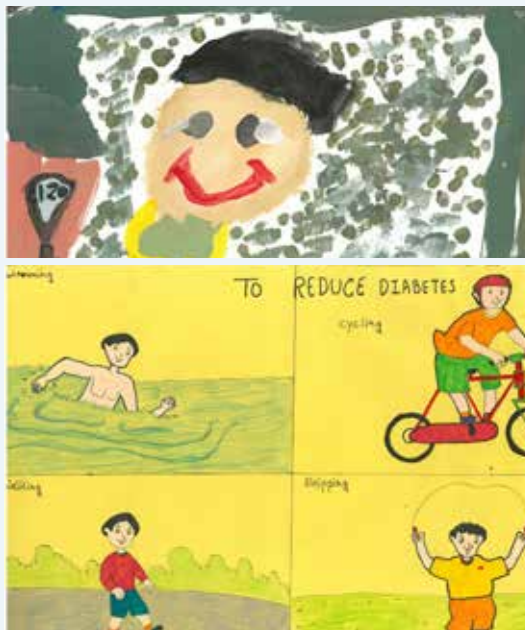
During several visits to the Diabetes Centre, doctors attending to me gave the same care, love and attention to all, especially children.

This made me confident and gave me a lot of courage. It was not merely a process of treatment or medical care, but an awareness and educational experience for everyone, young and old alike.

Laxmi, India



MY LIFE WITH DIABETES



I am happy to see my parents cheerful. They are proud to see me fighting with diabetes cheerfully. I have become a real hero in my life.

I want to become an engineer in my future and I want to say that diabetes is not a drawback but an advantage. It tests your inner strength.

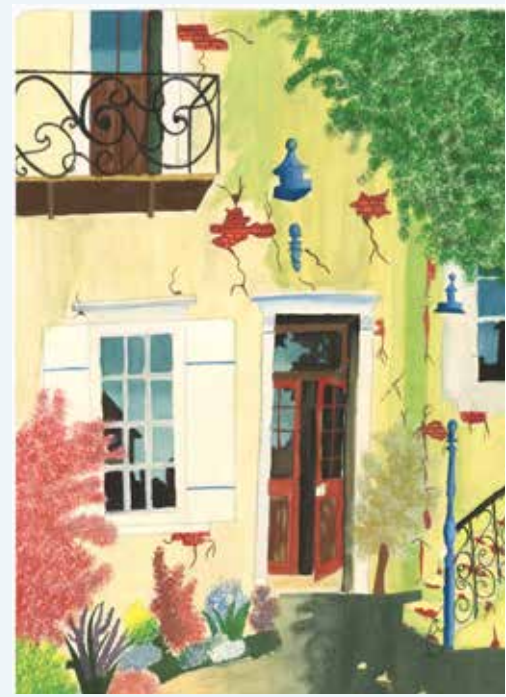
Ujjwal, India



Once in my life, I had a friend on Facebook who was a girl. She chatted with me almost every day and night.

One day I told her about my diabetes. The next day I checked my Facebook and saw that she was out of my chat. I said to myself that this is how human beings are when there is something bad. They run away but when it is good they come back.

Jeff, Ghana



RESEARCH

LFAC has a rolling research agenda, in topics of relevance to the Programme’s mission.

During 2015 four papers were published in leading journals:

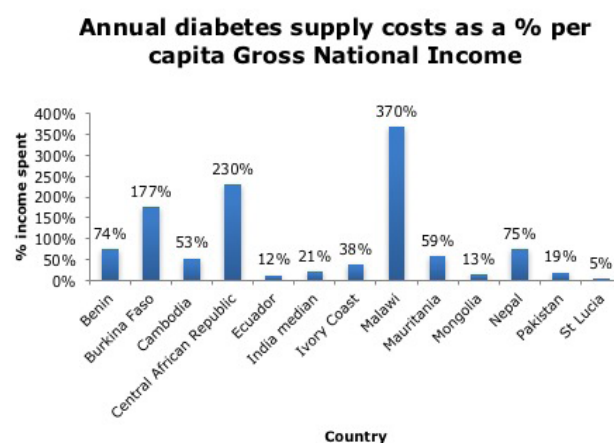
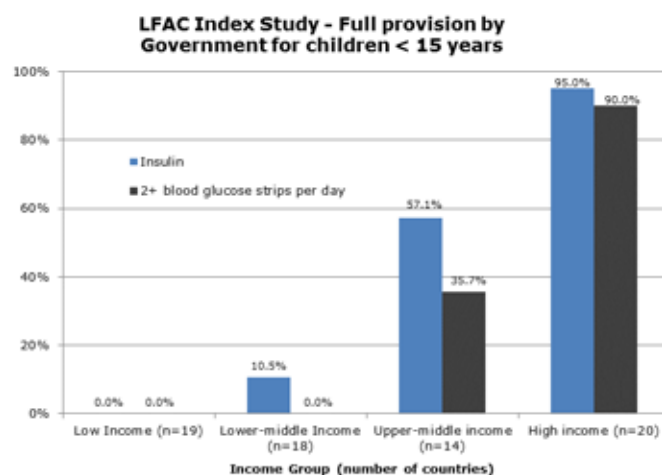
1. LFAC Index of Diabetes Care for Children and Youth (*Pediatric Diabetes* 2015; Jul 8. doi: 10.1111/peidi.12296): looked at key components of youth diabetes care, surveying 71 countries at all income levels. For the 37 low- and lower-middle income countries, only two had complete government provision of human insulin and none of blood glucose test strips (see Figure). Marked differences were also found for home refrigeration; usage of insulin pens, multiple daily injections, pumps, glucagon and ketone strips; hemoglobin A1c testing; and complications screening.

2. Financial costs study (*Diabetic Medicine* 2015 Oct 20. doi: 10.1111/dme.12997): an analysis of local diabetes supplies cost of 20 centres in 15 countries requesting support from LFAC. The governments of only two countries consistently provided insulin, and none provided blood glucose test strips. Annual costs for minimal care ranged from USD 255 in Pakistan to \$1,185 in Burkina Faso. This was often 50% or more of the annual per capita gross national income

(see Figure). In most countries, the cost of two blood glucose test strips per day exceeded the daily cost of insulin. International action is needed, as lack of access to strips precludes self-management and makes regimens like multiple daily injections impossible. On a positive note, the price of insulin in larger markets such as India and Pakistan was lower than in many other countries, likely reflecting competition and access to generics.

3. Incidence and prevalence of diabetes in young people <26 years in Rwanda (*Diabetic Medicine* 2015 Jan 21. doi: 10.1111/dme.12701): carried out by researchers from the University of Pittsburgh, the Rwandan Diabetes Association, and LFAC. Type 1 incidence was 2.7/100,000 <26 years and 1.2/100,000 <15 years. This important information is the first from Rwanda and only the seventh such paper ever published from sub-Saharan Africa.

4. Incidence and prevalence of diabetes in Fiji (*Pediatric Diabetes*), results mentioned in 2014 Annual Report).



LFAC/ISPAD WORKSHOPS

Health professionals training is critical for quality diabetes care. LFAC partners with the International Society for Pediatric and Adolescent Diabetes (ISPAD) and many individual experts.

GHANA (JANUARY)

A two-day workshop was held in the capital Accra, involving doctors from various parts of Ghana. The workshop was organised by Elizabeth Denyoh of the Ghana National Diabetes Association and Dr. Emmanuel Ameyaw of Komfo Anokye Teaching Hospital in Kumasi.

The international faculty was from Our Lady's Children's Hospital (OLCH), Crumlin in Ireland – Dr. Declan Cody, Vincent McDarby (Psychologist), Emily O'Sullivan (Dietitian), Aisling Eghan (Diabetes Educator). Dr. Cody and Mr. McDarby had visited Accra and Kumasi on a previous mentoring visit, and the parent group at OLCH in Crumlin have raised considerable funds for the work in Ghana over the last couple of years. The local faculty consisted of Dr. Ameyaw, Dr. Nana Ama Barnes, Dr Roberta Lamptey, and others.

TAJIKISTAN (MAY)

In the past, very few people with type 1 in Tajikistan survived to their late 20s, but that is happily now quickly changing. The Government Republican Endocrinology Centres have embraced the support and advice of LFAC and Operation Mercy, and, despite language barriers and other challenges, care is being revolutionised.

An expert team from Norway was mobilised by Severina Haugvik, who connected LFAC and Operation Mercy back in 2011. The faculty consisted of Assoc. Prof Torild Skrrivarhaug, Kari Saxegaard (diabetes educator), Aasa Løvold (diabetes educator), and Ms. Haugvik (dietitian), as well as regional expert Dr. Gunduz Ahmedov from Azerbaijan, and Boris Waldman from LFAC in Australia, who established a joint research project.



The three-day workshop was attended by doctors and nurses from Dushanbe and other key centres in the country.

RWANDA (NOVEMBER)

Professor Trevor Orchard (University of Pittsburgh) and Dr. Deborah Edidin (Chicago) have been visiting Rwanda for some years, monitoring and progressing the diabetes care provided by the Rwandan Diabetes Association (RDA) with support from LFAC and other partners.

A three-day workshop was held in the capital Kigali, co-sponsored by the Rwandan Biomedical Center. The overseas faculty of Prof Orchard, Dr. Edidin, and Dr. Debra Cohen (San Francisco) were joined by local experts Dr. Charlotte Bavuma, Dr. Florent Rutagarama, staff of the RDA, and others. The very practically-oriented workshop taught doctors and nurses caring for children and youth with diabetes in the key Rwandan hospitals.

Aside from the ISPAD workshops, site visits were also conducted in: Eritrea (Dr. Graham Ogle); Maldives (Dr. Charmian Quigley); Uzbekistan (Dr. Boris Waldman); Pakistan (Angie Middlehurst); Togo (Dr. Richard Firth); Cayman Islands (Dr. Lori Laffel); Nepal (Dr. Holley Allen).

DIABETES EDUCATION

Education continues to be a focus of the IDF Life for a Child programme.

ONLINE RESOURCES

Further languages - Kannada and Amharic - were added to the LFAC Education website, bringing the total to 15.

DKA AWARENESS

The Diabetic Ketoacidosis (DKA) awareness campaign continued throughout 2015 with

three additional countries becoming involved.

- Solomon Islands - English
- Tajikistan - Tajik
- Cambodia - Khmer

Poster designs were also prepared for a campaign for Sierra Leone – English/Krio and English/Mende.



DIABETES CAMPS

Life for a Child encourages the diabetes centres in countries it supports to conduct camps or activity days for children and young people with diabetes.

To this end LFAC, in collaboration with the Diabetes Education and Camping Association (DECA), developed the “Guidelines for Conducting Diabetes Camp Activities in a Less-Resourced Country”.

“Camp” is a term that includes not only overnight stays, but also activity days, support meetings, and get-togethers for children, adolescents and young adults with diabetes and their families.

This document offers a simple and concise guide on all aspects of conducting an activity. This may be a two-hour get-together to have fun while including opportunistic diabetes education or conducting a more intensive day, two-day or five-day camp.

Camp offers a unique opportunity for young people with diabetes to develop confidence, emotional adjustment to the diagnosis of diabetes and self-management skills. These skills will then help the child to gain a sense of control and overcome any sense of isolation, stigma or pessimism.

The Guidelines are available for download from the LFAC website.



Camps/Activity days organised by the respective local centres were held in at least 18 countries in 2015:

Guatemala, Mexico (Guadalajara, Merida), Sri Lanka, India (Belgaum, Kota, Indore, Visakhapatnam), Ghana, Togo, Nigeria, Ecuador (Guayaquil, Quito), Haiti, Dominican Republic, Maldives, Cayman Islands, Bolivia, Mali, Tajikistan, Ethiopia, Pakistan, Republic of Congo (Pointe-Noire).



PROGRAMME SUPPORTERS

Contributions from associations, companies, individuals and families around the world enable LFAC to help more and more children with diabetes in developing countries to receive the clinical care and diabetes education they require to stay alive.

PARTNERS AND MAJOR CONTRIBUTORS

DIABETES NSW (DNSW)



Diabetes NSW (DNSW) is the third-oldest diabetes association in the world, and is a member of Diabetes Australia. DNSW continues its work as a founding partner of LFAC by hosting all Programme staff, providing financial, marketing and fundraising expertise, contributing to oversight of LFAC activities, and part-covering the General Manager's salary. DNSW's CEO Mr Sturt Eastwood serves as Co-chair on the Programme's Steering Committee.

THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST



The Helmsley Trust is a private United States Trust which has type 1 diabetes as one of its main areas for philanthropy. The Trust commenced support of LFAC in 2011, and in mid-2015 agreed to a further three-year grant which is focused on assisting in the achievement of sustainability – within countries that are supported and also for the programme itself. Funds are allocated for health economics work, epidemiology, advocacy and building sustainability, as well as operational support.

INTERNATIONAL SOCIETY FOR PAEDIATRIC AND ADOLESCENT DIABETES (ISPAD)



ISPAD's global membership network facilitates LFAC clinically and professionally, collaborating on the development of guidelines, training workshops for health professionals, mentoring, site visits and advocacy. LFAC presents and is able to reach out to new expert volunteers at each ISPAD Annual Conference.

DIABETES AUSTRALIA



Diabetes Australia is the national body representing Australia's state diabetes associations, and provides a collective voice for people with diabetes, their families and carers. The organisation makes a substantial financial contribution to the LFAC by part-covering the General Manager's salary.

INSULIN FOR LIFE (IFL)

Saving lives around the world

Insulin for Life
GLOBAL

IFL's longstanding partnership with LFAC operates on a number of levels: such as provision of insulin to Ecuador and the Maldives, referral of enquiries, and joint problem-solving. LFAC also directs donated surplus diabetes supplies from the general public and DNSW to IFL offices in Australia and the United States.

LILLY DIABETES & LILLY FOUNDATION

Lilly | DIABETES

Lilly continues to provide insulin to almost all the countries supported by LFAC that cannot fully cover their own supply. Lilly's backing is vital to LFAC's success, and the thousands of diabetes-affected families unable to afford insulin for their children. In 2015, 210,708 vials were distributed to 13,655 children across 30 countries.

TRIVIDIA HEALTH (NIPRO DIAGNOSTICS, INC.)

 **TRIVIDIA**
HEALTH

In 2015, Nipro Diagnostics Inc. changed their name to Trividia Health due to a change in corporate ownership. Trividia has continued the commitment offering blood glucose monitoring equipment to LFAC at a markedly reduced price. Across 25 countries, 8,611 children have a blood glucose meter, test strips and lancets, therefore permitting self-blood glucose monitoring.

LIFESCAN

 **LIFESCAN**
a Johnson & Johnson company

An ongoing LFAC supporter, LifeScan continued their commitment to provide blood glucose monitoring equipment to LFAC, and in 2015 a total of 488 blood glucose meters and 1,246,200 test strips were delivered to LFAC partner centres in seven countries across Central and South America, South Asia, and sub-Saharan Africa. The supplies allow the young recipients to play an active role in managing their diabetes and nurturing their health.

BECTON DICKINSON

 **BD**

Becton Dickinson continued their valuable support by providing insulin syringes/needles. These syringes are much appreciated, not only because they save families having to buy them, but they are much less painful to use than ordinary syringes.

OTHER SUPPORTERS

NON-GOVERNMENT ORGANISATIONS

- Associazione Medici Diabetologi (AMD)
- Barbara Davis Center for Childhood Diabetes (BDC)
- Caring & Living as Neighbours (CLAN)
- Children with Diabetes
- Crumlin Diabetes Centre Parents Group
- Diabeter-Center for Pediatric and Adolescent Diabetes Care and Research, the Netherlands
- Diabetes Education and Camping Association (DECA)
- Diabetes Hands Foundation
- Diabetes Sweden (Svenska Diabetesförbundet)
- Diabetes UK
- Direct Relief International
- Dutch Diabetes Association (Diabetesvereniging Nederland)
- Finnish Diabetes Association (Suomen Diabetesliitto)
- Foundation of European Nurses in Diabetes (FEND)
- HOPE worldwide ltd. (in USA and Philippines)
- Luxembourg Diabetes Association (Association Luxembourgeoise de Diabète)
- Macquarie University
- Marjorie's Fund
- Partnering for Diabetes Change (US online communities)
- Rotary International
- Stichting Sugarfriends
- Team Type 1
- T1D Exchange
- University of Pittsburgh
- Young Diabetes Sweden (Ung Diabetes)

- Children's Hospital Oakland Research Institute
- University of Florida
- University of Pittsburgh

INDUSTRY

- ACON
- Boehringer Ingelheim
- DHL Australia
- Gattorna Alignment
- International Conference Services
- Novo Nordisk (5K run at IDF Congress)
- Sanofi Diabetes
- Siemens Healthcare
- Timesulin
- UTi Pharma

INDIVIDUALS

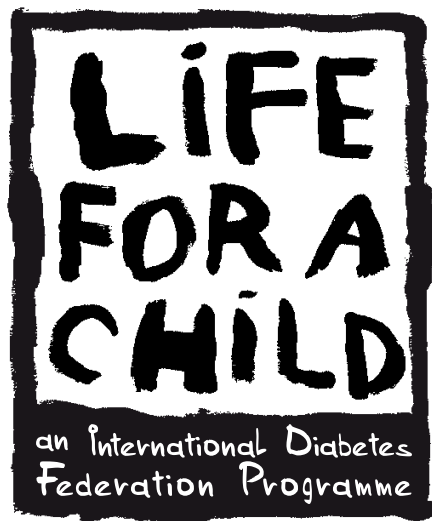
- Mr. Marco Drago
- Lorna and Brian Mellor
- Numerous individual donors, advocates, and experts

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ERITREAN NATIONAL
DIABETIC ASSOCIATION
TEL-121000 FAX-118063

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شارع فلانك
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healthy eating
begins with
breakfast
DIABETES
PREVENTION FUND





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