

IDF child sponsorship:

life for a child *with diabetes*

✎ Graham Ogle and Martin Silink

For a family in a developing country, having a child diagnosed with diabetes can bring an overwhelming financial burden, and often ends in heartbreak. In some countries, very few health professionals have experience in childhood diabetes. In others, comprehensive care is only available in the capital city, leaving many children in the provinces in perilous situations. With insulin costing up to 20 USD per vial and testing strips 1 USD each, the annual cost of supplies of 350-700 USD may easily exceed the total family income.

In addition, there are further costs of clinic expenses, laboratory tests, travel costs, and lost work-time attending clinics or caring for an ill child. In many countries, no assistance is provided by the government. In others, some components of care are free or partially subsidized. Even where there is some support, families generally cannot afford the other components of care.

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The combination of the limited capacity of a health system, and the high cost of treatment prevents effective monitoring of blood glucose levels and regular clinic reviews. This can result in recurrent bouts of **ketoacidosis** or severe hypoglycaemia, chronic ill health, and all too frequently an early death. For those who survive, many drop out of school, losing any possibility of an education which could enable them to become self-supporting adults. The dreams of the parents and the child are shattered. Complications such as kidney failure, blindness, and severe nerve damage develop early, and lifespan is markedly shortened.

Life for a child

The International Diabetes Federation (IDF) Child Sponsorship Programme, *Life for a child with diabetes* was established to help meet the medical needs of children with diabetes in developing countries, their families, and those who care for them. The Programme provides support to children's diabetes centres in developing >>

countries, so that best practice care for that country can be provided to children from even the poorest situations. Financial trails and health outcomes are carefully monitored. Individual sponsors in Australia, the Netherlands, New Zealand and other countries contribute 1 USD per day. Diabetes Australia – New South Wales provides invaluable assistance with infrastructure and fund raising. Various industry partners (including Novo Nordisk, Eli Lilly, Aventis, Bayer and Becton-Dickinson) have donated generously towards the set-up costs of the Programme.

Life for a child aims to meet the needs of children with diabetes in developing countries.

In 2001, the Programme was successfully piloted in three countries in the Western Pacific Region: the Philippines, Papua New Guinea, and Fiji. In 2002-3, we

expanded to assist diabetes centres in five other countries: India, Romania, Azerbaijan, Bolivia, and Serbia and Montenegro.

All children with diabetes in three countries (Fiji, Bolivia, and Papua New Guinea) are benefitting from the Programme. In three others, the Programme supports children at the diabetes centre(s) in the capital city, and in the city of Podgorica, Montenegro. In India and Romania, the Programme assists provincial centres of excellence – in the cities of Nagpur and Timisoara respectively.

Support for the Programme

Support varies from country to country, depending on the level of services, and the government and clinic support available. In the Philippines, India and Bolivia, the Programme provides funds for insulin, syringes and needles, blood glucose monitoring, and laboratory tests. Diabetes education is also supported in Bolivia. In Papua New Guinea, insulin is provided by the

government. The Programme is therefore able to assist with home blood glucose monitoring, HbA_{1c}, and travel expenses to clinic reviews. In Fiji, we provide glucometers and syringes, and education for nurses. In Azerbaijan, the Programme has permitted the Diabetes Centre in Baku to implement blood glucose monitoring for all of the 54 children in its care. In Romania, the funds allow extension of blood glucose monitoring to children in out-lying areas. In Montenegro, the Programme is able to ensure that children aged 15-18 years can continue with blood glucose monitoring.

Achievements around the world

The Programme has been able to assist the dedicated physicians in each country to complement and expand services, and build capacity. In Fiji, the achievements of the Programme include the establishment of:

- ♦ education programmes for nurses, junior hospital staff, and general practitioners



© focus

Ketoacidosis is caused by a lack of insulin in the blood. It requires emergency treatment. Ketoacidosis may occur through illness (when insulin needs are high) or lack of insulin injections. The body starts using excessive amounts of stored fat for energy, and acids (ketones) build up in the blood. The symptoms include nausea, vomiting, and excess urination. This can lead to the loss of body fluids, stomach pains, and hyperventilation. If the person is not given replacement fluids, insulin, and salts right away, ketoacidosis can lead to coma and even death.

- ♦ the first paediatric diabetes clinic and diabetes camp in the country
- ♦ social work services for children with diabetes and their families
- ♦ a national diabetes register.

Health-outcome reviews led to the discovery that not all the children in Fiji with the condition had Type 1 diabetes, as was previously thought. Type 2 diabetes is appearing in older children in Fiji. This is a very important finding: it is likely that a number of other children and adolescents in the community have Type 2 diabetes but are undiagnosed.

The Programme offers support to all members of diabetes care teams.

The implementation of routine home blood glucose monitoring in Azerbaijan will revolutionize diabetes care for children. In India and the Philippines, quality care has been extended to children who live up to 200 km from the clinic. In Serbia and Montenegro, the Programme includes support for refugees from Bosnia.

The impact of the Programme has increased through networking with other organizations. IDF Consultative Sections and various Member Associations have advised and assisted the Programme. The international non-government organization HOPE *worldwide* assists with the development of



Harold (injecting himself with insulin) is one of the children who has benefitted from the Programme.

financial and management procedures, and the implementation of the Programme in the three pilot countries.

Partners

The donor base has widened considerably since its inception. The Sponsorship Programme has contributed to a marvellous initiative of the Rotary Club in Tallahassee, USA and its Rotary District in Florida. Funds raised to help in Bolivia were submitted to the Rotary Foundation for matching grants, thereby raising a considerable sum for children with Type 1 diabetes in Bolivia.

Employees of Eli Lilly have recently contributed to the Programme, which will allow extra support for diabetes care in India and extension of support to three African countries. At the 18th IDF World Congress in Paris in August 2003, a new partnership was announced between the Programme, Rotary International, and Eli Lilly. Eli Lilly will match moneys raised by Rotary clubs to a total of 180 000 USD over 3 years. >>



Life for a child with diabetes provides support to children's diabetes centres in developing countries.

the IDF Task Force on Insulin and Diabetes Supplies, the Insulin For Life Programme and other initiatives in this area.

Support comes from dedicated partners such as the Rotary Club, Eli Lilly, and LifeScan; new sponsors are welcome.

There is much more to be done. The Programme currently assists around 250 children. However, tens of thousands more children are in need of medical support. The *Diabetes Atlas second edition* (International Diabetes Federation) estimates that there are 104 000 children under 15 years with diabetes in the South-East Asian Region, and 35 000 in the African Region. Many of these children need support. In numerous countries, diabetes services need improvement; new sponsors and partners for *Life for a child with diabetes* are welcome.

Can you help?

Associations

We are eager to partner with Associations in developed countries.

Please contact us if you are interested in examining whether

your branch or National Association could:

- ♦ find sponsors among your members
- ♦ twin with a developing country
- ♦ assist the Programme in any other way.

Individuals and corporations

If you are interested in becoming a sponsor or helping in any other way, please contact us, or visit our web site at www.idf.org.

Can we help you?

We welcome requests from children's diabetes centres in developing countries. Funds are limited, and allocated according to priority of need, but we help wherever possible.

☒ Graham Ogle and Martin Silink

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These funds would then be eligible for matching grants from Rotary Foundation. Also at the Paris Congress, LifeScan raised 10 000 USD – a donation of 5 EUR for every visitor to its trade display.

In order to co-ordinate activities and optimize information gathering to improve the effectiveness of advocacy, we are networking with