No child should die of diabetes.
Dear friends and supporters,

Last year, your support allowed us to offer vital help to more young people living with diabetes.

2018 saw the Life for a Child program go from strength to strength, supporting more children and exploring new ways to provide support for young people living with diabetes.

In August we were delighted to receive confirmation that a shipment had finally reached Dr. Abualnour at Diabetes Palestine in Gaza. Six months of insulin shortages had created a critical situation in the area so to hear the delivery had safely arrived was a great relief to all.

Another highlight was hearing that Brandon, a young man who has been supported by the program for many years, is soon to graduate as a dentist in Bolivia.

Then, in February, the wonderful diabetes online community come together again to support Life for a Child through the Spare a Rose initiative – thank you.

Although we have seen some great successes this year, our challenge is ever present. In November we published a paper in the journal *Pediatric Diabetes* looking at the levels of care available to young people living with type 1 diabetes.

The paper describes the composition of minimal, intermediate and comprehensive care and gives a stark reminder that there are young people who don’t have access to even the basics of sufficient insulin and blood glucose monitoring equipment.

Each year the principal highlight for me is that we are able to get insulin and supplies to many of these young people who would otherwise be in need. This year we reached over 21,000 of them across the world.

Thank you again for making 2018 a success. Without you we simply could not provide for so many young people living with diabetes.

We look forward to continuing to work with our many friends and supporters to make 2019 even more successful.

Kind regards

Dr. Graham Ogle
General Manager

Life for a Child is managed by Diabetes NSW & ACT and Life for a Child USA.

We believe that all young people living with diabetes, no matter who they are or where they live, should be able to access insulin, blood glucose monitoring equipment and diabetes education.

**2018 snapshot:**

- over 21,000 young people supported
- through 74 local partners
- across 42 countries

**Our mission**

Support the provision of the best possible healthcare, given local circumstances, to all children and youth (under 26 years of age) with diabetes in less-resourced countries, through the strengthening of existing diabetes services.

Conduct international advocacy and clinical research, and where possible help both young adults and also recipient countries with achieving sustainability.
2018 highlights

We partner with diabetes centers in under-resourced countries to provide young people with the insulin and supplies they need to manage their diabetes.

Palestine
Insulin delivered to support 500 young people living with type 1 diabetes.

Ecuador
Two expert site visits facilitated monitoring and teaching.

Mexico
Data showed that Life for a Child partner centers are achieving HbA1c results similar to some centers in the USA.

India
Two young women who have been supported by Life for a Child graduated as diabetes educators.

Ethiopia
50 health professionals attended an education workshop.

Azerbaijan & Pakistan
Studies into the types and characteristics of diabetes in young people.

Supplies provided to young people in need:

- 1,000,000 syringes
- 281,624 vials of life-saving insulin
- 4,298,700 blood glucose test strips
Who we support

Here are just a few examples of how your support has made a positive impact on young people living with diabetes in the past year.

“"The medicine at the clinic is free, that’s why I travel so far. If we went to the hospital near my house we would have to pay, but we can’t afford.""

Harshini, Bangalore

Felicia was in intensive care when she was diagnosed with type 1 diabetes at the age of eight.
Her parents were very concerned about the diagnosis and the prospect of finding the money to pay for insulin and supplies.
Now at age 15 she has been able to stay healthy and her parents are filled with hope.

Felicia, Republic of Congo

Kismat lives with his parents in rural Nepal.
He was diagnosed with type 1 diabetes just over three years ago and collects his insulin and supplies every month from his local Life for a Child partner center.

Kismat, Nepal

Spotlight on Brandon

Brandon’s mother recalls how scared she was when Brandon was diagnosed.
Today, 18 years on, she is proud of how far he has come.

Your support is crucial

“"My son was dying, he couldn’t walk... he didn’t eat, he did nothing. I had to carry him in my arms, he couldn’t move by himself."" Brandon’s mom.

As there is no government provision for insulin or other supplies in Bolivia, Brandon’s parents didn’t know how they would find the funds to manage Brandon’s diabetes.

Dr. Duarte from the Life for a Child partner center reassured them that Life for a Child would be able to help provide life-saving insulin and supplies.

Thanks to this support Brandon has been able to manage his diabetes and follow his dream to study dentistry. He will soon graduate and plans to continue fighting the stigma around diabetes in Bolivia and be an ambassador for change.

Brandon's mother recalls how scared she was when Brandon was diagnosed.

Brandon (left) with his family
Research

In order to improve care in the countries we support, it is important to have a clear understanding of the complexities surrounding the diagnosis and management of diabetes in young people in their local circumstances. Areas of Life for a Child research include epidemiology, access to care, and psychosocial issues.


This study, supported with funding from The Leona M. and Harry B. Helmsley Charitable Trust, investigates the global situation of blood glucose monitoring. It offers tangible recommendations to increase access to this essential diabetes supply at the international, national, and patient-level. These include:

• Blood glucose meters and test strips should be viewed similarly to essential medicines, with issues of access prioritised by relevant international agencies.
• Efforts are needed to reduce tariffs and taxes and to create unified global system accuracy requirements and accountable post-marketing evaluations.
• Preferential pricing arrangements, pooled procurement, and best-purchasing practices could help to lower direct costs.
• Blood glucose meters and test strips must remain available and become more affordable in low-resource settings as technology advances for people who can afford new interstitial fluid glucose monitoring systems.

SEE THE FULL PAPER IN THE LIFE FOR A CHILD RESEARCH LIBRARY AT lfacinternational.org/research

Advocacy

Sustainability of diabetes care is our ultimate aim. To realise this goal, we support our local partners with advocacy tools so that home-grown solutions can be fostered for ongoing access to supplies.

In 2018, Life for a Child promoted sustainability and advocacy in diabetes care in the countries it works with in three major ways:

Development of a ‘Levels of Care Framework’. This is a three-tiered framework that describes realistic type 1 diabetes provision situations for countries working to expand services and describes insulin and blood glucose monitoring regimens, requirements HbA1c testing and complications screening.

In collaboration with the University of Pittsburgh Epidemiology of Diabetes Complications study, Life for a Child has begun developing cost-effective arguments for six partner countries. These arguments have demonstrated that investing in ‘intermediate’ levels of type 1 diabetes care improves survival, decreases the development of diabetes-related complications, and can result in cost-savings.

Life for a Child worked with partners in Pakistan, Azerbaijan, University of Florida, Children’s Hospital Oakland Research Institute, and the University of Sydney to further define knowledge on the types of diabetes occurring, and the numbers of children and young adults in less-resourced countries with diabetes.
Local partners

The healthcare professionals and volunteers at our partner centers work tirelessly to help young people with diabetes, often under difficult circumstances.

Dr. Elizabeth Duarte is an endocrinologist at Centro Vivir con Diabetes in Bolivia. She explains how critical support is for the young people she cares for:

“If Life for a Child did not exist, many children who have diabetes would have just died. There are many parents who do not have the resources to sustain a chronic pathology that requires daily administration of insulin. This program is life or death for many Bolivian children with type 1.”

Annual financials

In-kind support
Life for a child received 6.7 million USD in in-kind donations from corporate partners during 2018.

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Fundraising
Where your donations were spent:

- 86% of donations go towards direct program support. Blood glucose monitoring supplies, HbA1c testing, diabetes education and other in-country support.
- 14% of donations go towards operational support.
An international advisory committee providing cross-functional leadership and guidance.

Sturt Eastwood - Chair
Sturt is the Chief Executive Officer of Diabetes NSW & ACT, Australia’s largest member based, non-profit organisation. With a multidisciplinary commercial career, Sturt has a wealth of national and international management and governance experience.
As a person living with diabetes himself, Sturt is a leading advocate for the support of others living with, and at risk of, diabetes.

Dr. Graham Ogle
Graham is Life for a Child’s General Manager and an Adjunct Professor at the University of Sydney. He trained in paediatric endocrinology in Australia, before working in Papua New Guinea and Cambodia, delivering health care to vulnerable communities for six years.
In 2000, he and Professor Martin Silink established the Life for a Child program with the vision: No child should die of diabetes.

Dr. Julia von Oettingen
Julia is a pediatric endocrinologist at the Montreal Children’s Hospital, Assistant Professor at McGill University, and a Fonds de Recherche du Quebec Sante supported Clinician-Scientist at the McGill University Health Center Research Institute.
Julia has a passion for pediatric endocrinology and global health and is the founding medical director of Kay Mackenson Clinic- a Life for a Child partner centre in Haiti.

Stéphane Besançon
Stéphane is a biologist and nutritionist working in Mali, with expertise in nutritional physiopathology and international development.
In 2001 Stéphane co-founded the international NGO Santé Diabète with a group of specialists in diabetes, health and development with the aim of improving the prevention and management of diabetes in Africa.

Dana Lewis
Dana is a founder of the open source artificial pancreas system (OpenAPS) movement, working to make safe and effective artificial pancreas technology more widely available globally.
Dana has lived with type 1 diabetes since 2002, and is a passionate advocate for making sure individuals with type 1 diabetes have access to insulin and other supplies, including education, in order to thrive while living with diabetes.

Dr. Ragnar Hanas
Ragnar is a consultant pediatrician at NU Hospital Group, Sweden and associate professor at Gothenburg University, Sweden.
A past president of the International Society for Pediatric and Adolescent Diabetes (ISPAD), Ragnar has dedicated his career to improving the lives of young people living with type 1 diabetes and has taught in many countries around the world.

Kelsey Grodzovsky
Kelsey is an expert in the operations and logistics of humanitarian supply-chains and holds a Master of Public Health with an emphasis in Global Health and Humanitarian Assistance from Johns Hopkins Bloomberg School of Public Health.
As the International Program Manager at Direct Relief she specializes in collaborating with healthcare providers and organizations to deliver medicines and medical aid to vulnerable communities in 95 countries.
Thank you

Spare a Rose, Save a Child
This initiative is the brainchild of a group of passionate diabetes advocates who encourage people to donate the cost of a single rose on Valentine’s Day to provide insulin and education to children living with type 1 diabetes in an under-resourced country. Now in it’s 6th year, Spare a Rose has raised over $180,000 USD for Life for a Child.

International Diabetes Federation
In October 2018 the Life for a Child program made the move to operate independently from the International Diabetes Federation (IDF).
We would like to take this opportunity to thank the IDF for their support over the years.

Other community supporters
Supporters from around the globe surprise us every year with their creativity when it comes to fundraising - and 2018 was no different. We would like to thank each and everyone of you. Below are just a few examples of how individuals and communities come together in support of Life for a Child.

It’s a knockout!
Connor from Glasgow, UK persuaded everyone at his workplace to compete in crazy obstacle course, ‘It’s a Knockout’, to raise money for Life for a Child. The team were soaked, pushed, bounced and dunked to victory, raising a fantastic £1050!

Personal best
Stew took on the challenge of 25 five kilometer runs to raise funds to support 25 young people with insulin, supplies and diabetes education for one year. Stew smashed his fundraising target and broke some personal best running times too. What a great way to mark his 25th diaversary!

Major partners
Partnerships play a vital role in the program’s operation, enabling us to provide young people living with diabetes in under-resourced countries with the insulin, supplies and diabetes education they need.

We also thank the Association Luxembourgeoise de Diabète, Diabetes UK, Ung Diabetes, the Swedish Diabetes Association, Luxembourg Soroptimistes, Sanofi, Boehringer Ingelheim, Ascensia Diabetes Care, Dexcom and hundreds of individual donors around the globe.
No child should die of diabetes.