

GPED Newsletter

Global Pediatric Endocrinology and Diabetes

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



GPED is Accepting Donations!



Dr. J von Oettingen

Welcome to our 8th quarterly Newsletter!

It is the **holiday season—GIVING season!** With GPED becoming a Canadian charity in June 2017, we are increasing our efforts to fundraise and have chosen 2 areas of focus:

1. Diabetes—helping children with diabetes live and thrive

GPED is partnering with the International Diabetes Federation **Life for a Child** Program (IDF LFAC, www.lifeforachild.org) to increase provision of blood glucose meters and strips as well as HbA1c supplies to children and youth with diabetes in Haiti and Jamaica. Thanks to this collaboration we can promise donors that 100% of donations will go towards the supplies.

2. Endocrinology—helping children with endocrine conditions get access to life-saving medicines

In high-income countries, access to essential medicines is taken for granted. Unfortunately, in many low-resource countries, medicines that are very affordable by Canadian standards are not available. Examples include hydrocortisone and fludrocortisone, diazoxide, or bisphosphonates. **GPED** is working on providing the medicines for free in the short term (see below and Page 4). In addition, GPED is working with the local governments, the families of affected children and the health professionals in Africa and Latin America to promote consistent and sustainable access to these medicines within the country.

All donations are tax-deductible for Canadian residents, and a tax receipt will be sent, along with program updates at regular intervals. See <http://globalpedendo.org/help.htm> for more information and on how to donate. Please forward widely! *Happy holidays from the entire GPED team!*

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Message from GPED Secretary: Engaging your Expatriate Community to Provide Essential Medicines to your Patients back Home



Dr JP Chanoine

Help GPED help your community! (see Page 4)

Thanks to a collaboration with a Canadian NGO, GPED is trying to provide medicines such as hydrocortisone, fludrocortisone and desmopressin to health professionals or university institutions in low resource settings.

GPED will be happy to work with its members to achieve better access to medicines in any country. The medicines need to be requested by a Canadian physician. While the medicines are free, 2 major points that need to be resolved are:

- Fundraising for the administration fees (300CAD\$ for 1 medicines, 400 for 2 medicines)
- Identifying, together with GPED, a safe process to transport the medicines from Canada to country (crossing the border, maintaining the cold chain as necessary, delivering the medicines

to the appropriate health professional...). If shipping is required, funds need to be covered, but working with community leaders or NGO members to carry the medicines themselves is the best approach! **We find that the expatriate community from low income countries that lives in high income countries is often interested in giving back to their country of origin.** GPED will be happy to work with you to facilitate this process!

Contact us at: info@globalpedendo.org

Meet the Medic: Professor Leena Patel



Please tell us about yourself in 5 lines.

I am a Consultant Paediatric Endocrinologist at the Royal Manchester Children's Hospital in the UK, where we provide a seamless specialist service (tertiary and quaternary) from birth to young adulthood for individuals with endocrine and bone disorders. As a Professor of Child Health & Medical Education at the University of Manchester, I have been involved in a wide spectrum of educational activities and am the founding Co-Director of a Masters programme in Medical Education. Learning by sharing and making a positive difference always is what I am passionate about.

What does 'GPED' mean to you?

'GPED' means learning by sharing and collaborating with colleagues around the world. I became a member of GPED at its inception by Prof Ze'ev Hochberg several years ago and contributed towards the book on Practical Pediatric Endocrinology for resource limited settings. We are uniquely privileged in the UK for all our health needs with our amazing National Health Service. However, I also have first-hand experience of life elsewhere as I spent my childhood in Uganda and started my medical career in India. Supporting endeavours, such as those undertaken by GPED, is my way of repaying the children and people who made me who I am.

If you were given a magic wand, what is one thing you would like to change within the world of Global Paediatric Endocrinology?

Enable an effective programme for neonatal screening for congenital hypothyroidism worldwide, and in turn enable all affected children to attain their full potential at a relatively low cost.

Interviewed by: Suji (Jaya Sujatha Gopal-Kothandapani, GPED), 2nd Dec 2017

If you are interested in being featured next, please contact us at info@globalpedendo.org

Teleconsultation: Pediatric Endocrinology Consultation now Available Globally



Many of our pediatrician colleagues around the globe do not have contact to a pediatric endocrinologist in-country and are without access to pediatric endocrine expertise.

This is about to change: In collaboration with the Pediatric Endocrinology Education Program for Haiti (PEEP-H), GPED has started to offer the opportunity to discuss clinical cases on line. This is available to all pediatric endocrinologists living in low income settings, and to their pediatrician

colleagues who do not have access to pediatric endocrine consultation locally. The program uses www.collegiumtelemedicus.org, the same secure platform used by Doctors without Borders that allows the referring physician to provide the relevant clinical information and to upload pictures. It is simple, mobile technology enabled, and exists in English, French and Spanish. Each clinical question is forwarded to an expert pediatric endocrinologist who will initiate a discussion around the submission in the appropriate language.

Health care professionals use a **3 step process to register:**

1. Send an Email to clinicalcases@globalpedendo.org You will receive an automatic email from collegium telemedicus with a username and a password (you may need to check your spam).
2. Once you log in, you will be asked to fill in and submit a questionnaire.
3. Once you have completed the registration form your user account will be created. You will then be sent the details about how to log in by email and can immediately submit a case for advice/discussion.

Details are also available on our website, at <http://globalpedendo.org/resources.htm#ClinicalCaseDiscussion>

Global Newborn Screening—An Update

Meet **Suji**, [Jaya Sujatha Gopal-Kothandapani], a keen and enthusiastic addition to our GPED community. Suji is a doctoral researcher in Paediatric Endocrinology in the United Kingdom. Suji is passionate about Global Health in Paediatric Endocrinology and she finds GPED as an excellent platform to achieve her lifetime dream of improving paediatric endocrine care in low-middle resource settings, especially in India, her country of origin.

In particular, she is very keen on **promoting newborn screening (NBS) for congenital hypothyroidism in India**, in alignment with GPED and the NBS group of the International Relations Committee of the Pediatric Endocrine Society. The most recent global data (2007) suggest that only <1% of newborns in India has access to NBS for CH. Data also suggest an extremely high incidence of CH (1 in 1172) all over India, the highest being in the South Indian population (1 in 727).

However, **there is no nationwide neonatal screening programme for CH in India as of yet**. There are a number of problems that are postulated to hinder a nationwide NBS programme for CH in India. To name a few, a high rate of home deliveries, early discharges before 72 hours of life, especially those neonates born by normal delivery, unawareness amongst paediatricians as well as obstetricians about the benefits of an NBS programme, a poor follow up rate for confirmation of screening TSH results, lack of background data for TSH cut off, lack of reliable laboratory results due to lack of standardisation and so on and so forth.

Thus Suji finds **there is an imminent need for increasing the uptake for NBS for CH in India**. To begin with, she has initiated efforts to develop a short 5-min survey to: (i) capture the existing practices around NBS for CH in India; (ii) identify the limitations experienced by the clinicians in India towards setting up the NBS programme in their local health care set up, if any; and (iii) collaborate with the Indian Society of Paediatric and Adolescent Endocrinology [ISPAE] and the National Neonatology Forum [NNF] of India and work with them jointly towards enhancing the uptake of NBS for CH in India. **GPED is looking forward to collaborating with ISPAE and other relevant societies in India** to support Suji towards this commendable work.



Haiti's First Prospective Pediatric Endocrine Fellows !



The first 2 prospective pediatric endocrinology fellows from Haiti for Haiti.

Dr. **Danielle Dorinvil** (left) obtained her medical degree from the University of Notre Dame in Haiti and completed her residency at the St. Damien's Hospital in Port-au-Prince. *"I sincerely hope that in the future we will be able to provide our diabetic patients with better care and quality of life, and diagnose and treat our patients with endocrine diseases in a timely fashion."* Dr. **Billy Telcide** (right) graduated from the Haitian State University Medical School and completed his pediatric residency at the Mirebalais University Hospital in Mirebalais, Haiti. *"As a Haitian physician*



who is passionate about endocrinology, I sincerely hope to benefit from this training and return with sufficient knowledge to Haiti to develop a multidisciplinary program in pediatric endocrinology that is strong and sustainable, both academically and to deliver high quality health care to the children of Haiti."

Both have been chosen as the **Pediatric Endocrinology Education Program for Haiti** fellows, supported by the Else-Kroener-Fresenius Stiftung. Dr. Dorinvil has been accepted as a trainee at the **Sainte Justine University Hospital Center** in Montreal, and Dr. Telcide at the **Montreal Children's Hospital / McGill University Health Center**, also in Montreal. The pediatric community in Haiti is looking forward to seeing them begin their endocrine fellowships in July 2018! GPED is excited to welcome them as new GPED members!

Access to Fludrocortisone: from Canada to Ghana. Can your country also benefit?



Dr E Ameyaw

Fludrocortisone and hydrocortisone are needed for survival of patients with congenital adrenal hyperplasia (CAH). Similar to many low income countries (LICs), these medicines are not available in Ghana. Consequently, CAH patients in Ghana were dying until 2016 when Dr. Emmanuel Ameyaw went to Canada for a two months attachment at British Columbia Children's Hospital in

Vancouver. During this period he collaborated with Prof. Jean-Pierre Chanoine and brought a stock of hydrocortisone and fludrocortisone that lasted for one year. This year,

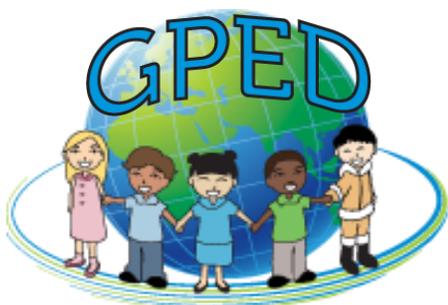
thanks to a collaboration between Health Partners International of Canada (HPIC, www.hpicanada.ca/) and GPED, another consignment of fludrocortisone was sent to Komfo Anokye Teaching Hospital (KATH) in Kumasi. This is enough to supply all known children with CAH in Ghana for more than one year. Our thanks go to Dr. Emmanuel Ameyaw (Kumasi) and to Judith Larrey (Vancouver), a nurse originally from Ghana, for organizing the shipment. Fludrocortisone was successfully transported to Ghana. The cold chain for the fludrocortisone was maintained from Vancouver, Canada to Kumasi, Ghana (Figure).



For more information, contact Dr Jean-Pierre Chanoine, info@globalpedendo.org

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