GPED Newsletter

Global Pediatric Endocrinology and Diabetes

Keeping you up to date on global health in pediatric endocrinology and diabetes around the world!

Issue 26 | March 2024





Upcoming GPED Annual Meeting: August 2024!

We are extremely excited to announce our plans for the inaugural GPED Annual Meeting! Planning is currently underway with a format to include clinical updates, best practices for provision of care in resource limited settings, updates on international efforts and much more. This meeting will be virtual to allow for all our members to participate. In keeping with GPED's goal to provide education to all those providing endocrine care, no fee will be charged for this meeting. Registration details will be available on the GPED website in the coming months. We hope you can join us!

Upcoming Webinars

GPED Wishbone Day Webinar Saturday, 4 May 2024 | 2PM GMT Register <u>here</u>!

World Thyroid Day Webinar Final week of May 2024 Stay tuned for more information!

Introducing the New GPED!

Global Pediatric Endocrinology and (GPED) has recently Diabetes undergone a branding update to redefine who we are as organization. As we work towards extending our reach to bringing endocrine and diabetes care to children globally, **GPED** released our first official brand book. Learn more about who we are as an organization via the GPED website (www.globalpedendo.org) and access the brand book via the following link:

bit.ly/GPEDBrandBook

GPED Webinar Series

One of GPED's programs focuses on education and research. GPED has recently relaunched the GPED webinar series surrounding various topics in pediatric endocrinology and diabetes, catered to local needs. Catch up on webinars recently conducted by GPED!

1. Tackling Common Problems in Congenital

Hypothyroidism Screening in Indonesia

Conducted on 3 September 2023, this webinar was conducted in collaboration with the Endocrinology Working Group of the Indonesian Pediatric Society, attracting over one thousand registrants from all over Indonesia. The Minister of Health of the Republic of Indonesia, Mr Budi Gunadi Sadikin, gave the keynote speech for the webinar and Professor Paul Hofman from the University of Auckland was the keynote speaker. During the interactive discussion, the panelists were joined by Dr Maria Endang Sumiwi, MPH (Director General of the MOH) and Dr Lovely Daisy (Director of Maternal and Child Health MOH). The webinar was conducted partially in Indonesian and in English. Watch the recording via the following <u>link</u>.



2. Early menarche in adolescents:

Why to treat? When to treat? How to treat?

The "Early menarche in adolescents: Why to treat? When to treat? How to treat?" webinar was conducted in collaboration with the Endocrinology Working Group of the Indonesian Pediatric Society on 4 February 2024. Bringing two case presentations from Indonesia, an introduction from Professor Aman Pulungan and the keynote presentation by Professor Debra Millar (British Columbia Children's Hospital), the webinar attracted over 400 live participants. The webinar was conducted in English. Watch the recording via the following link.



We have a lot more webinars coming up, open for all GPED members to join. Stay tuned to GPED social media channels to keep yourself up to date!

New Article!

Global Pediatric Endocrinology and Diabetes collaborated with the Endocrinology Working Group of the Indonesian Pediatric Society to conduct a survey on the experiences and of congenital hypothyroidism newborn screening in Indonesia. The results of the survey have been published in the International Journal of Neonatal Screening. Read the full article via the following link.





Experiences and Challenges with Congenital Hypothyroidism Newborn Screening in Indonesia: A National Cross-Sectional Survey

Aman Bhakti Pulungan ^{1,2,3,4,4}©, Helena Ametta Puteri ^{4,5}©, Muhammad Faizi ^{3,6}©, Paul Leslie Hofman ⁷©, Agustini Utari ^{2,3,6}© and Jean-Pierre Chanoine ^{2,5}©

- Department of Child Health, Faculty of Medicine, Universitas Indonesia, Jakarta 10430, Indonesia

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Abstract: The expansion of newborn screening (NBS) for congenital hypothymoidism (CH) is essential to reducing the number of preventable intellectual disabilities in children. Because of logistical issues, including geographic extremes, distinct cultures, and 4.5 million births annually, Indones has struggled to achieve universal NBS coverage. A national cross-sectional electronic survey was conducted to explore challenges in CH NBS. Responses from 423 healthcare professionals and program administrators across 30 provinces in Indonesia were collected. The major challenges reported were refusal from families (92%), newborns being discharged 42th (83.5%), and limited variability of files paper (55.9%). The respondents considered refusal from families to the union for the charge for the tree for the charge f reported were refusal from families (92 %), newborns being discharged <24 h (83 %), and limited variability of filer paper (83 %). The respondents considered refusal from families to be due to fear, while others did not understand the necessity of CH NBS. The vast majority of respondents believed that parents do not have sufficient understanding regarding CH NBS (96.5%). Our study found that hory 38.5% of respondents had received formal CH NBS training, with pediatric endocrinologists being the only profession in which all respondents had been trained. Concerted efforts are needed to improve the access to and availability of resources, increase the capacity for sample collection and analysis, empower healthcare professionals, and develop educational resources to promote understanding and acceptance of NBS amongst families.

Keywords: newborn screening; congenital hypothyroidism; experi

1. Introduction

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With an estimated global incidence ranging from 1.2000 to 1:4000 live births, congenital hypothypoidsim (CHJ) is the most common preventable cause of intellectual disability [1-4]. Early identification and treatment of affected newborns through national, whole-population screening has been shown to be effective in preventing developmental sequelae. Newborn screening (NBS) has been hailed as one of the greatest public health successes globally. CH MSS was first developed in 1972 in Quebec, Canada, by Professor Jean Dussault [5]. Since then, most high-income countries have successfully implemented NBS programs. However, the same cannot be said for a large number of low- and middle-income countries (LMICs), where the majority of newborns are not screened for CH [6/7]. The introduction and continuing expansion of NBS across the world is a critical step to achieving the Sustainable

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Citalien: Pulungan, A.B.; Puteri, H.A.;
Faixi, M.; Hofman, P.L.; Uhari, A.;
Charoline, J.P. Experiences and
Challenges with Congenital
Hypothymidiam Newborn Screening
in Indonesia: A National CrossSectional Survey, Int. J. Nonatal
Sorves. 2024, 30, 8. https://doi.org/
10.3399/insa/0010008

Received: 2 December 2023 Revised: 3 January 2024 Accepted: 8 January 2024 Published: 19 January 2024



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Yearbook of Paediatric Endocrinology 2023

Editors Ken Ong Christa Flück



Yearbook of Paediatric Endocrinology 2023

Each year, the European Society for Paediatric Endocrinology (ESPE) publishes a Yearbook with expert commentaries on the most important articles published. Since 2016, the Yearbook of Pediatric Endocrinology includes a chapter on Global Health for the Pediatric Endocrinologist. The 2023 edition is no different!

The Global Health Chapter of the yearbook can be accessed by following the link below (if we can put the chapter itself as a link to the pdf on our website, all the better! The entire Yearbook 2023 is freely available via the following link.

This year's chapter includes 17 articles that cover not only the most significant articles on endocrinology and diabetes but also societal issues. Enjoy the read!

Fludrocortisone is now locally produced in Indonesia!

On 20 June 2023, the Indonesian Food and Drug Authority granted the distribution permit approval for Sydnacort, the first locally produced fludrocortisone tablet in Indonesia. By August, Sydnacort is now available in selected pharmacies and hospitals in Jakarta and major cities across the nation.

Like many other countries, congenital adrenal hyperplasia (CAH) patients in Indonesia have faced universal challenges for access to essential medicines. Before 2006, neither hydrocortisone nor fludrocortisone were registered for sale in Indonesia. For many years, CAH patients had to rely on donations. Collaborative efforts from organizations like CLAN, Indonesian pediatric endocrinologists and the CAH patient organizations (KAHAKI) enabled the CAH community to secure access for Hysone (hydrocortisone) tables and fludrocortisone tablets for a number of years.

Following the ten year journey of introducing locally produced hydrocortisone tablets (Genison) and injection (Fartison), the process of bringing Sydnacort to the CAH community began in 2017. The first formula was developed in 2018-2019, followed by a second formula development in 2019-2020. Upon pre-registration approval by the Indonesian Food and Drug Authority in 2020, a bioequivalence study was then conducted in 2021. After two long years of applying for the distribution permit, 2023 is the year CAH communities no longer have to rely on donations or the illegal marketplace to purchase fludrocortisone!

For CAH patients in Indonesia, coordinate with KAHAKI to inquire regarding pharmacies located close to you that provide Sydnacort.

Live 5-2-1-0

Live 5-2-1-0 is a simple, easy-to-remember message to help kids and families adopt healthy habits. The evidence-based message consists of four simple guidelines that children can work toward every day.



The Live 5-2-1-0 initiative partners with communities across BC to promote healthy behaviors among children. Together with Live 5-2-1-0 communities, we have created a range of useful resources and tools to help share and support the Live 5-2-1-0 message across all sectors of the community.

Our Live 5-2-1-0 'Fact sheet' and 'Early Years Fact Sheet' Resources have been translated into seven languages: Arabic, Korean, Vietnamese, Punjabi, Spanish, Chinese, and Filipino (Tagalog).

We've also created an 'Around the World Games Booklet' which is an inclusive compilation of over 20 popular games played by children in many countries and cultures around the world to encourage active play.

For more information about our initiative and access to over sixty free resource and tools, visit www.live5210.ca or contact us at info@live5210.ca.

Global Day of Action for #insulin4all: Insulin Equity Now!



Globally, one in two people cannot get insulin and testing supplies because it is unaffordable, inaccessible, or both. Tilnternational's network is <u>advocating</u> globally for a world where the cost of insulin and glucose testing supplies represents no more than 5% of a person's income in any given country.

On March 16th, T1International is organising a Global Day of Action for #insulin4all. Advocates around the world will be delivering thousands of petition signatures to the Big Three insulin manufacturers: Eli Lilly in the United States, Novo Nordisk in Denmark, and Sanofi in France. And we will be holding solidarity actions around the globe to raise our voices in a united call for insulin access and affordability.

RSVP to an Action Near You and reach out to Shaina Kasper, Policy & Advocacy Director globaladvocacy@t1international.com for more information or to organize an action near you.



Global Pediatric Endocrinology and Diabetes

President

Jean-Pierre Chanoine, MD, PhD, FRCPC (Academic)

Vice Presidents

Diane Stafford, MD Agustini Utari, MD, PhD

GPED Manager

Helena Arnetta Puteri, BMed, MRes













