

Changing Diabetes® in Children is a publicprivate partnership founded in 2009. Its goal is to provide comprehensive care to children and young adults with type 1 diabetes living in lowand middle-income countries. This includes free life-saving medicine, blood glucose monitoring equipment and medical supplies for young people under the age of 25.

No child should die from diabetes

Type 1 diabetes is a life-long, autoimmune condition caused by very little to no insulin production, which can lead to serious complications and premature death.⁶ Complications are especially prevalent in lowand middle-income countries, where access to insulin and type 1 diabetes care is limited.⁷

Type 1 diabetes affects an estimated 1.2 million children and young people in low- and middle-income countries,⁸ and there are approximately 98,700 new diagnoses every year.^{9,10} Data for type 1 diabetes are scarce and likely underestimate its true burden.^{6,8,11,12}

People with type 1 diabetes rely on daily insulin injections to survive, and managing the disease can be challenging for both the child and their family.² However, with proper treatment, education and support, children with type 1 diabetes can thrive and live healthy lives.

The ambition of the Changing Diabetes® in Children partnership is that no child should die from diabetes.

lype 1 diabetes is a complex disease that requires careful management and continuous care.¹ Changing Diabetes® in Children provides a holistic system of care built around four components of comprehensive diabetes care.



Ensuring comprehensive patient education:

Patient education is critical to the successful management of diabetes.²



Strengthening the health workforce:

A misdiagnosis or delayed diagnosis of diabetes can result in the dealth of a child with diabetes.³



Establishing a network of clinic facilities:

Children living with type 1 diabetes require accessible health facilities for regular check-ups and care.⁴



Ensuring access to insulin and supplies:

The only effective treatment for type 1 diabetes is insulin, administered by injection.⁵

Programme highlights*

More than

180,000 patient education sessions¹³

patient education sessions

25,000

healthcare professionals trained in the diagnosis and management of type 1 diabetes in children¹³ **52,249** children and young

children and youn adults reached¹³

400

clinics established or refurbished¹³

*Data as per end 2023

A partnership model to support local healthcare systems

Changing Diabetes® in Children is led by four global partners: Novo Nordisk, Roche, the International Society for Pediatric and Adolescent Diabetes (ISPAD) and the World Diabetes Foundation (WDF). The partnership takes a sustainable approach and relies on local cooperation from ministries of health, implementing partners and academic institutions. Academic institutions are involved in developing evidence, sharing learnings and creating digital solutions for programme delivery.

Global partners:

Novo Nordisk Roche HemoCue ISPAD WDF

Academic institutions:

T.C. Chan School of Public Health, Harvard University



National ministries of health in partner countries

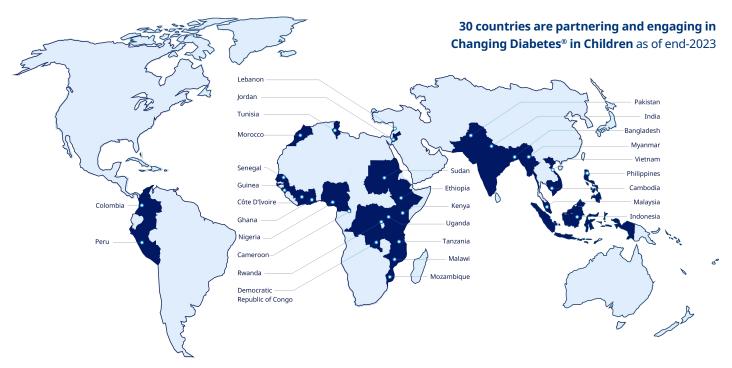
Local implementing partners, including diabetes associations, hospitals and other organisations involved in diabetes care





Changing Diabetes® in Children has the ambition to reach 100,000 children living with type 1 diabetes by 2030.





References

1. Akil AA, Yassin E, Al-Maraghi A, Aliyev E, Al-Malki K, Fakhro KA. Diagnosis and treatment of type 1 diabetes at the dawn of the personalized medicine era. *J Transl Med.* Apr 1 2021;19(1):137. doi:10.1186/s12967-021-02778-6 2. Phelan H, Lange K, Cengiz E, et al. ISPAD Clinical Practice Consensus Guidelines 2018: Diabetes education in children and adolescents. *Pediatric diabetes*. 2018;19(S27):75-83. doi:https://doi.org/10.1111/pedi.12762 3. Munoz C, Floreen A, Garey C, et al. Misdiagnosis and Diabetic Ketoacidosis at Diagnosis of Type 1 Diabetes: Patient and Caregiver Perspectives. *Clin Diabetes*. Jul 2019;37(3):276-281. doi:10.2337/cd18-0088 4. Brink S] LW ea. International Society for Pediatric and Adolescent Diabetes (ISPAD). 2010.

5. Danne T, Phillip M, Buckingham BA, et al. ISPAD Clinical Practice Consensus Guidelines 2018: Insulin treatment in children and adolescents with diabetes. *Pediatric diabetes*. Oct 2018;19 Suppl 27:115-135. doi:10.1111/pedi.12718 6. (IDF) IDF. *IDF Diabetes Altas 10th ed.* 2021. Accessed March 2022. 7. Ludvigsson J, Edna M, Ramaiya K. Type 1 diabetes in low and middle-income countries - Tanzania a streak of hope. Original Research. *Frontiers in Endocrinology*. 2023-March-24 2023;14doi:10.3389/fendo.2023.1043370 8. Gregory GA, Robinson TIG, Linklater SE, et al. Global incidence, prevalence, and mortality of type 1 diabetes in 2021 with projection to 2040: a modelling study. *The Lancet Diabetes & Endocrinology*. 2022;10(1):741-760. doi:10.1016/S2213-8587(22)200218-29. (IDF) IDF. Data from: New sease of type 1 diabetes (0-19 y), in 1000s. 2021. 10. World Bank. World Bank Country and Lending Groups. Accessed June 2023, https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups 11. Gomber A, Ward ZJ, Ross C, et al. Variation in the incidence of type 1 diabetes mellitus in children and adolescents with projection in the incidence of type 1 diabetes mellitus in children and adolescents in low-income and middle-income countries. *The L*

The global partners





rochediabetes.com





ispad.org

worlddiabetesfoundation.com