No child should die of diabetes.
A note from our General Manager

Dear friends and supporters,

2019 was a successful year for Life for a Child. We extended support to an increasing number of children and took on exciting new opportunities to improve services to young people around the world with type 1 diabetes.

December 2019 saw the re-opening of Camp Man Mohan in Bangalore, India. The 6-day camp hosted 101 young people with T1D, largely from very poor families. Young campers were able to strengthen friendships with their fellow T1D peers, receive valuable education, and get set on a good path for taking care of their diabetes into the future.

In August, we had the opportunity to meet two sisters, Mireille and Therese, from Rwanda, who are able to have their needs met thanks to the support of Life for a Child. It is always a privilege to meet the children whose lives have been changed thanks to our supporters.

Thanks to the Diabetes Online Community, Spare a Rose was a resounding success, raising over $56,000 USD.

In October, our landmark study detailing how less-resourced countries can cost-effectively reduce rates of long-term complications and mortality was published in a major diabetes journal.

With each year that passes, it is encouraging to see the reach of essential supplies provided to an increasing number of young people in need. We had the privilege of supporting over 22,000 young people in their journey with type 1 diabetes.

Dr. Graham Ogle
General Manager
Our mission:
Support the provision of the best possible health care, 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.

2019 snapshot

No child should die of diabetes. We want to make sure that all young people living with diabetes, regardless of geography, have access to insulin, blood-glucose monitoring equipment, diabetes education, and other diabetes consumables and components of care.

Over 22,000 young people supported
Through 72 local partners
Across 43 countries
2019 highlights

Diabetes centers all over the world have partnered with Life for a Child in our mission to provide young people in under-resourced countries with the insulin and supplies they need to survive and remain healthy.

Mali
Life for a Child supports over 700 young people in Mali, the youngest of which is only 11 months old.

Mexico
We are so grateful to the healthcare workers who deliver essential services to the 554 young people supported in Mexico.

Ecuador
Regular camps and educational events are held by our fantastic partner centers in Ecuador.
Supplies provided to young people living with diabetes

2,000,000 Syringes
269,354 essential vials of insulin
6,650,031 blood glucose test strips

Tajikistan
Life for a Child provides insulin, supplies and educational resources for 984 young people in Tajikistan.

Democratic Republic of the Congo
Our partner centers in the Democratic Republic of the Congo regularly distributes supplies to 642 young people.

India
Over 100 children attended a support camp for young people with type 1 diabetes in Bangalore.
Who we support

Life for a Child supports young people all over the world, often from very poor families. Without help, many of these families could not care for a child with type 1 diabetes. 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.

Oumar, Mali
Meet Oumar, who, at just 11 months old, is the youngest person cared for at one of our partner centers in Mali. Ongoing civil unrest in Mali poses a number of logistical difficulties for our partner centers. So, in addition to the provision of insulin, syringes, blood glucose meters, strips and HbA1c testing, Life For a Child also offers support with patient transport, diabetic ketoacidosis and hypo kits, database support, assistance with customs clearances and other logistical issues.

Gahan, Bangladesh
When Gahan was three years old he became seriously ill and was diagnosed with type 1 diabetes. His family worried how they would afford the insulin and supplies that he would now need every day to ensure he could survive his new diagnosis. "We felt like the sky had fallen down on us. We felt hopeless," said Gahan's father.

Thanks to the support of our generous donors, Life for a Child can provide Gahan with the supplies he needs.

Anita, Tanzania
Anita has been supported by Life for a Child since 2005, when this picture was taken. With this help she has flourished and today is a co-founder of the Tanzanian Diabetes Youth Alliance where she helps other young people dealing with the ups and downs of managing type 1.
Feature: Rwanda

Therese and Mireille’s father couldn’t believe that both his daughters had type 1 diabetes.

“I thought she had died. She was in a coma for four days.”

Your support changes lives

Mireille was terrified as she watched her parents try desperately to save her little sister’s life. When little Therese was diagnosed, the hospital didn’t have any insulin, so her father had to go out to the pharmacy to buy it himself. He had to borrow money from friends and family and sell some of their belongings to afford the insulin and supplies she needed.

Less than two years later, the same symptoms began to appear in Therese’s sister, Mireille. She was at church when she first started to feel unwell. “I was weak and having blurred vision. I was thirsty. I always wanted to drink much water.” Her family was devastated to learn that both daughters had type 1 diabetes.

“It was so painful but what can I do?” said Mireille’s heartbroken father.

Thanks to donations from our wonderful supporters, the Life for a Child partner, the Rwanda Diabetes Association, has been a sanctuary for Therese and Mireille’s family, providing both sisters with a regular supply of insulin, syringes, a blood glucose meter and test strips, and HbA1c testing. Both Mireille and Therese visit the centre each month to collect their insulin and supplies and have regular checkups.

See their story here: Ifacinternational.org/mireille
In order to improve care in the countries Life for a Child supports, 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. Life for a Child research priorities cover epidemiology, health economics, access to care, and psychosocial issues.

The above paper studying outcomes of intermediate versus minimal care was a joint undertaking with the University of Pittsburgh and partner centres in Azerbaijan, Bolivia, Mali, Pakistan, Sudan, and Tanzania. This study shows how loss-resourced countries can cost-effectively reduce the rates of long-term complications and mortality from type 1 diabetes.

The many competing health priorities in these countries often mean that only ‘minimal care’ is available to type 1 diabetes patients. The study finds that serious diabetes complication and mortality were markedly reduced with an ‘intermediate’ level of care. This consists of multiple daily injections of human insulin with blood glucose monitoring by meter and strip, as well as thorough diabetes education and HbA1c testing. Dr. Graham Ogle states that - “Overall, these findings could greatly strengthen local efforts made by health care professionals, policymakers and advocates who are working toward provision of acceptable type 1 diabetes care in their national health systems.”

Key 2019 publications

• “La vida normal”: Young people adapting to type 1 diabetes in Bolivia, *Chronic Illness*
• Providing quality care for children and adolescents with diabetes from lower-income families in Mexico, *Journal of Pediatric Endocrinology and Metabolism*
• IDF Diabetes Atlas: Worldwide estimates of incidence, prevalence and mortality of Type 1 Diabetes in children and adolescents: Results from the International Diabetes Federation Diabetes Atlas, *Diabetes Research and Clinical Practice*
• Clinical features, biochemistry and HLA-BR1 status in children and adolescents with diabetes in Dhaka, Bangladesh, *Diabetes Research and Clinical Practice*
• Incidence, prevalence and mortality of diabetes in children and adolescents aged under 20 years in the Republic of Maldives, *Journal of Paediatrics and Child Health*
In 2019, global engagement on ensuring access to affordable and quality healthcare was at a high with governments prioritizing policies that ensure their citizens have access to affordable health care. Indeed, even within less-resourced countries, governments are introducing Universal Health Coverage (UHC) programs aimed at eliminating the financial burden of seeking health care.

For several years, Life for a Child has been interested in understanding how less-resourced governments are getting on with including type 1 diabetes supplies in emerging national UHC programs. Beginning in 2017, we began a study looking at national service provision, affordability, and availability of insulin and test strips in 37 less-resourced countries. This study used a framework developed by the World Health Organisation. We demonstrated our results through a novel graphic approach and found that whilst some health systems are providing insulin, a proportion are not subsidizing the costs. On the whole, the situation was markedly worse for blood glucose test strips as these were not even provided in most health systems. Rwanda was a prime example of this as insulin is subsidised 90% in the Mutuelle de Santé, and yet there is no provision for blood glucose test strips.

In September 2019, this landmark paper was published by Diabetes Research and Clinical Practice. We are hopeful that its findings will foster attention towards the lack of national health system provision, affordability, and availability of insulin and test strips in LFAC-supported countries. Our vision is that this will spur governments to cover these two supplies so that young people with type 1 diabetes can benefit from national UHC programs and go on to live safe, productive, and fulfilling lives.

Other advocacy activities from 2019: Joining the Diabetes in Humanitarian Crises Group, established by Sylvia Kehlenbrink and others from Harvard University.
Local Partners

Democratic Republic of the Congo: The diabetes centers we partner with are managed by dedicated health professionals and volunteers. They work tirelessly, through difficult circumstances, to ensure young people in their care receive the supplies and guidance they need.

Getting support to young people living in countries with limited health system capacities presents unique challenges, in particular the need to keep insulin in a cold chain during long and complex transportation routes, and the many logistical hurdles that must be navigated.

At our partner center in the Democratic Republic of the Congo, manager Alfred Kakisingi (right) and his team unpack the latest shipment of supplies. These will be distributed to some of the 642 young people helped by Life for a Child in the country.

The center regularly holds educational sessions to distribute supplies and help young people and their families to learn type 1 management strategies such as insulin storage, injection technique, tracking carbohydrate intake, and checking blood glucose levels.

Mr Kakisingi has found an interactive approach works best, with lots of time and space for questions, answers, and knowledge sharing. The 2019 camp was filled with information, learning, teaching, reflecting, dancing, and sharing. Alfred describes it as “a spirit of openness” where the young people at camp get “a sense of being listened to, accepted, supervised, and followed”.

Thanks to your donations we are able to deliver life-saving insulin and supplies to young people in need in the Democratic Republic of the Congo.
Financials

In-kind Support
Below is a summary of the value of in-kind donations received by Life for a Child from corporate partners during 2019.

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<th>Item</th>
<th>Value</th>
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<tbody>
<tr>
<td>Blood glucose strips</td>
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<tr>
<td>Insulin</td>
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<td>Syringes</td>
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<td>Blood glucose meters</td>
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<td>HbA1c &amp; microalbuminuria testing</td>
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<td><strong>Total</strong></td>
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Fundraising
Where your donations were spent in 2019:

- **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**.
Steering Committee

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 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 6 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 Québec Santé 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 center 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
2019 marked the 7th year of the Spare a Rose initiative, raising over $56,000 USD. This Valentine's Day campaign encourages people to donate the money they would have spent on a rose to provide a lasting gift that will change the life of a child living with type 1 diabetes. Just donating the cost of a single rose goes a long way towards providing a child in need with insulin, education and supplies. We’re thankful to the Spare a Rose team who volunteer their time and energy to ensure the campaign is a growing success each year.

Other community supporters
We are privileged to see so many creative fundraising efforts from our supporters around the world. We extend our heartfelt thanks to all those who made an effort to raise money for Life For A Child in their community groups, especially young people who are living with type 1 diabetes themselves, like André and Sydney below.

Kicking Goals
After having been diagnosed himself in 2014, André held his second consecutive youth soccer tournament in 2019 to increase awareness about the difficulties of living with T1D and to raise money for Life for a Child. His mum said: “The event was meaningful to him on so many levels... this year he did it all and grew it in a way that brought in more of the community. He is already thinking about how to continue next year.” With the help of his cousin, Jack, and the involvement of his local community, André raised over $1,000 USD!

Coming Together
The Florida Southern College chapter of the College Diabetes Network was overwhelmed with support from the college community at their 2019 fundraising event. Chapter President, Sydney, said, “To feel like we have no options, no power, and no hope... it's a scary thing. When we discussed how Life for a Child is an organization working to bring hope by providing care to children with type 1 diabetes around the world who otherwise wouldn't have access to it, there was no question about where to donate proceeds from our fundraiser this year.”
Major Partners

Life for a Child’s valued partners make it possible to provide insulin, supplies, and diabetes education to young people living with type 1 diabetes in under-resourced countries around the world.

We also thank

Association Luxembourgeoise du Diabète (ALD), Diabetes UK, the Swedish Diabetes Association, Luxembourg Soroptimistes, Ascensia Diabetes Care, Dexcom, Mr. Marco Drago, Insulet, Welltech, and all of our individual donors around the world!
No child should die of diabetes.

Contact us

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Life for a Child USA Inc. is a tax-exempt charity under IRS rules as a 501(c)(3) organization, EIN 47-4901579.

AUSTRALIA

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Diabetes Overseas Aid Fund T/A Life for a Child is registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC).
ABN 33 295 568 110