

## **The ASPED/ISPAD/Lilly Diabetes Partnership**

The partnership is a diabetes education initiative between three partners: the Arab Society of Pediatric Endocrinology and Diabetes (ASPED), the International Society for Pediatric and Adolescent Diabetes (ISPAD), and Lilly, UAE.

Our shared vision of a better diabetes care while improving the understanding and management of clinical practice of diabetes was met with this annual 3-day postgraduate course, initiated in 2014. This course has an integrated and collaborative approach tailored towards young healthcare professionals in the field of pediatric endocrinology and diabetes with a primary focus on actively supporting training and education in the region.

In the summer of 2012, in response to the growing need for training, regional key pediatric endocrinologists held a meeting with different stakeholders about the consistency of practice and the effectiveness of pediatric multidisciplinary care in impacting important patient outcomes. These discussions grew complex as landscape of pediatric practice requirements are evolving. As a mechanism to formally pool resources and share learnings between and across developing and existing diabetes and endocrinology, ASPED was established, in the fall of 2012.

ISPAD established in 1974, is a professional organization that brings together doctors, nurses, dietitians, psychologists, scientists and other professionals to help children and families afflicted by diabetes throughout the world. ISPAD seeks to improve the understanding of the etiology and epidemiology of diabetes. ISPAD educates physicians and other health care professionals to better understand and care for children and adolescents with diabetes. The society has developed clinical practice consensus guidelines for appropriate diabetes care and assists in the implementation of new protocols for therapy.

Lilly has been at the forefront of advancing diabetes care. Through a growing product portfolio and a continued determination to provide real solutions—from medicines to support programs and more—Lilly strives to improve care provided to people living with diabetes. In this scope, the public private partnerships and professional collaborations are strategic to achieve better diabetes care and are a strategic constituent of the company’s mission. For better diabetes care in the region, Lilly has led to a world-class medical education programs to help patients improve their care and quality of life.

Through this partnership, we have successfully trained 210 pediatric endocrinologists' from 2015 - 2018 across the Middle East and North Africa (MENA) region. Our partnership agreement with Lilly has been extended for an additional 3 years, till 2021, bringing us together, to achieve even more in diabetes care.

### **Rationale for setting up the diabetes partnership**

In 2017, there are approximately 38.7 (27.1-51.4) million people living with diabetes in the MENA region. Of those, 174,000 are children under 19 years with Type 1 diabetes. Algeria (42,500), Saudi Arabia (35,000) and Morocco (31,800) are countries with the highest number of people with type 1 diabetes in children and adolescents (0-19 years) in 2017. They also have the highest number of new cases of type 1 diabetes in children and adolescents: Saudi Arabia (3,900), Algeria (3,800) and Morocco (3,200) (*2017 IDF atlas*).

In the region, we see diabetes increasingly with obesity, especially in adolescents present with insulin resistance, along with glucose intolerance leading to the development of overt type 2 diabetes mellitus. This increase may be due to multiple risk factors including lack of physical activity and change in dietary patterns. In addition, there are other unique factors to the MENA region. Consanguinity is common practice in MENA as it is culturally and socially favorable among population residing in the Middle East, West Asia and North Africa. The high rate of consanguinity led to emergence of various forms of monogenic diabetes which is more prominent in this region. Accordingly, raising awareness becomes important to train healthcare professionals to address these needs. Fasting during the month of Ramadan is a spiritual practice that is observed worldwide. The MENA region has a high and growing Muslim population. To ensure the patients can fast safely, our healthcare professionals need to assess the risk and provide the appropriate management recommendations.

### **Steering Committee**

The academy steering committee has representatives from both organizations, ASPED and ISPAD who annually shape the scientific curriculum. A faculty panel of international and regional key speakers is selected by the steering committee. The committee sets up the enrollment eligibility and shortlisting criteria, draws a structured form for abstract writing, reviews abstracts, scores presentations and awards winners for best presentations. The steering committee devises an evaluation tool for the program and applies the feed-back recommendations to improve the next annual event.

## **Course design**

The course is designed to provide ample learning opportunities to all. To ensure maximum reach, the course is announced on both ASPED and ISPAD websites. Enrollment is on open competition through application. Selection criteria is based primarily on academic background, clinical experience and pediatric endocrinology training. Eligible applicants such as experienced pediatricians, pediatric endocrinologists in training (fellows, residents) and pediatric endocrinologist who currently treat children/adolescents with diabetes and practice in any of the Arab countries. Due to limited number of candidates admitted annually, the enrollment is quite competitive and meeting deadlines is critical. Candidates seeking enrollment are required to submit supporting credentials to the ASPED committee for consideration. All applicants are notified, on their acceptance status to the course within weeks of application.

## **Course curriculum and format**

The curriculum is delivered into three main formats; plenary, workshop and debate sessions.

The plenary sessions cover trending topics and disease state updates, advances in technology and immunology, type 1 diabetes, obesity, insulin resistance, type 2 diabetes, monogenic, rare forms of diabetes and unique presentation of clinical diabetes cases.

In the workshops, topics such as research methodology, nutrition, psychology and technology discussed with smaller groups, to provide an interactive forum. Key points are highlighted, giving candidates the opportunity to discuss with faculty and share their experiences. All candidates have the chance to present their diabetes research project or an interesting/complex clinical case, based on their preference. Each group presentation is evaluated and scored, on the quality of the scientific content. Winners selected by the steering committee members present in the final plenary session. Candidates during this 3 days course are encouraged to interact with their peers, ASPED and ISPAD faculty, to build on their existing professional network and build meaningful partnerships.

## **Post course activities**

Success of the course relies on candidate feedback on course agenda, selection of topics and course organization. All responses are collected via evaluation forms, and results are shared with the committee.

The intensive 3 days of the course stimulate brainstorming and research collaboration, resulting in multiple cross-country research projects and guidelines. On completion of the course, all scientific content, presented in the course are provided in digital format to delegates. Course proceedings are published, on a yearly basis in an open access medical journal.

### **Conclusion**

The ASPED/ISPAD/Lilly diabetes academy is a model of education partnership between a global and a regional society. It has proven to be successful in augmenting diabetes care, enabling the seamless exchange of international expertise with local practitioners and providing a solid platform for learning and training. Better understanding of region specific topics and addressing the immediate educational needs, are major factors contributing to improvement of care and outcome for children and youth with diabetes in the ASPED region.