OUR VISION
NO CHILD SHOULD DIE OF DIABETES

OUR MISSION
Life for a Child supports the provision of the best possible healthcare, given local circumstances, to all young people with diabetes in developing countries, through the strengthening of paediatric diabetes services in these countries.
Since 2000, The IDF Life for a Child Programme (LFAC) has been at the heart of IDF efforts to support those most in need. Inspired by the vision that “No child should die of diabetes,” LFAC has been saving the lives of an increasing number of children and young adults with type 1 diabetes in the developing world. In 2013 LFAC witnessed further expansion with the number of children supported approaching 14,000 and two new countries joining, increasing the total to 43. Life for a Child is making a difference where it counts.

The Annual Report 2013 is testimony to the commitment and dedication of a growing network of individuals and organisations across the world that have been crucial to the expansion of LFAC to meet the multiple needs of the children and young adults that it supports. Along with the essential medicines and supplies provided to over 25 countries, LFAC was able to strengthen professional connections between the developed and developing world through mentoring, workshops and building the knowledge base and skills fundamental to the effective management of diabetes in children. Life for a Child also continued to develop and disseminate education materials that increase awareness of diabetes among health professionals and help ensure a timely and accurate diagnosis.

The achievements highlighted in this report were made possible thanks to the outstanding support provided by LFAC partners, major contributors and a growing base of individual donors. We estimate that up to 80,000 children with diabetes are in need of assistance so I look forward to seeing LFAC grow further, reach deeper and help ensure children and youths achieve the healthy future they so rightfully deserve.
2013 HIGHLIGHTS

Building on the milestone year of 2012, Life for a Child stepped up its efforts to address the multiple needs of children with type 1 diabetes in developing countries. By increasing the strength and number of connections in the diabetes community, Life for a Child has been able to further improve outcomes for children and youth cared for in the 64 centres in 43 countries now involved in the Programme.

2013 saw a deepening of relationships with respected international organisations such as ISPAD, whom LFAC collaborated with in producing the first Pocketbook for Management of Diabetes in Childhood and Adolescence in Under-Resourced Countries (see page 15), and a continued fostering of professional connections between the developed and developing world. Excellent examples of this were joint workshops for health professionals held in Azerbaijan and Nepal, which brought together national and international experts in an interactive teaching format (see page 17).

International fundraising for the Programme prospered in 2013, exemplified by the imaginative “Spare a Rose, Save a Child” Valentine’s Day campaign. Dreamt up and run by over 30 members of the Diabetes Online Community, the campaign raised US$3,000 in the two weeks around Valentine’s Day. The initiative was important in ways other than financial – its advocacy on behalf of the Programme to the general public was extremely valuable in raising awareness, and it effectively demonstrated how social media can make a positive difference in the lives of people with diabetes.

Industry support also substantially developed in 2013, with some existing donors extending their in-kind or financial support and new companies in the diabetes field also beginning to help.

International recognition of the programme increased, highlighted by the American Diabetes Association awarding Dr Graham Ogle the Harold Rifkin Award for Distinguished International Service in the Cause of Diabetes.

At the end of 2013, Life for a Child was supporting 13,778 children and youth in 43 countries.
Countries supported by the Life for a Child Programme

Countries joining the Programme in 2013
FIGURE 2
NUMBER OF COUNTRIES AND NUMBER OF CHILDREN/YOUTH ASSISTED BY LFAC, 2001-2013
## TABLE 1
COUNTRIES IN WHICH LFAC CENTERS OPERATE AND THE NUMBER OF CHILDREN CURRENTLY RECEIVING ASSISTANCE

<table>
<thead>
<tr>
<th>Country</th>
<th>Sites</th>
<th>NR of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papua New Guinea</td>
<td>Whole country</td>
<td>1</td>
</tr>
<tr>
<td>Fiji</td>
<td>Whole country</td>
<td>20</td>
</tr>
<tr>
<td>Philippines</td>
<td>Manila and surrounds</td>
<td>70</td>
</tr>
<tr>
<td>India</td>
<td>Gujurat, Haridwar, Nagpur, Vellore, Belgaum &amp; Bangalore</td>
<td>1,100</td>
</tr>
<tr>
<td>Bolivia</td>
<td>Whole country</td>
<td>160</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Whole country</td>
<td>153</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Colombo and surrounds</td>
<td>200</td>
</tr>
<tr>
<td>Dem. Rep. of Congo</td>
<td>Kinshasa and surrounds, Goma</td>
<td>214</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Whole country</td>
<td>800</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Dar-es-Salaam and surrounds</td>
<td>558</td>
</tr>
<tr>
<td>Nepal</td>
<td>Patan, Kanti and surrounds</td>
<td>98</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lagos and surrounds</td>
<td>120</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>Tashkent, Samarkand, Andijan and Bukhara</td>
<td>400</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Harare and other areas</td>
<td>400</td>
</tr>
<tr>
<td>Mali</td>
<td>Bamako, Sikasso, Tomboucto</td>
<td>188</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Guayaquil, Quito and surrounds</td>
<td>160</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Honiara and surrounds</td>
<td>0</td>
</tr>
<tr>
<td>Morocco</td>
<td>Rabat and surrounds</td>
<td>35</td>
</tr>
<tr>
<td>Sudan</td>
<td>Gezira, Khartoum and surrounds</td>
<td>650</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Ho Chi Minh City and surrounds; Hue</td>
<td>90</td>
</tr>
<tr>
<td>Maldives</td>
<td>Whole country</td>
<td>35</td>
</tr>
<tr>
<td>Jamaica</td>
<td>Whole country</td>
<td>300</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Dhaka</td>
<td>1,835</td>
</tr>
<tr>
<td>Uganda</td>
<td>Kampala and surrounds</td>
<td>30</td>
</tr>
<tr>
<td>Dominican Rep.</td>
<td>Santo Domingo</td>
<td>250</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Guatemala City</td>
<td>138</td>
</tr>
<tr>
<td>Haiti</td>
<td>Port-au-Prince and surrounds</td>
<td>80</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Addis Ababa</td>
<td>1,375</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>Whole country</td>
<td>20</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Asmara</td>
<td>800</td>
</tr>
<tr>
<td>Liberia</td>
<td>Ganta and Monrovia</td>
<td>50</td>
</tr>
<tr>
<td>Guyana</td>
<td>Whole country</td>
<td>30</td>
</tr>
<tr>
<td>Togo</td>
<td>Whole country</td>
<td>70</td>
</tr>
<tr>
<td>Kenya</td>
<td>Nairobi</td>
<td>125</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Karachi</td>
<td>1,424</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>Dushanbe and surrounds</td>
<td>350</td>
</tr>
<tr>
<td>Ghana</td>
<td>Accra and surrounds, and Kumasi</td>
<td>690</td>
</tr>
<tr>
<td>Iraq (Kurdistan)</td>
<td>Erbil</td>
<td>200</td>
</tr>
<tr>
<td>Mexico</td>
<td>Guadalajara, Guanajuato, Merida, Mexico City</td>
<td>170</td>
</tr>
<tr>
<td>Burundi</td>
<td>Bujumbura</td>
<td>200</td>
</tr>
<tr>
<td>Rep. of Congo</td>
<td>Brazzaville and Pointe Noire</td>
<td>114</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Ouagadougou</td>
<td>30</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Nouakchott and surrounds</td>
<td>45</td>
</tr>
</tbody>
</table>

**Total: 13,778**
COUNTRY OUTCOMES

The total number of countries increased to 43 early in 2013 when health services in Burkina Faso and Mauritania joined the programme. In December, new centres in India and the Philippines signed on, bringing the total number of centres to 64.

Across the programme, almost 2,000 new children and youth with diabetes began receiving assistance in 2013.

AFRICA (19)

- Burkina Faso
- Burundi
- Democratic Republic of Congo
- Eritrea
- Ethiopia
- Ghana
- Kenya
- Liberia
- Mali
- Nigeria
- Mauritania
- Morocco
- Republic of Congo
- Rwanda
- Sudan
- Tanzania
- Togo
- Uganda
- Zimbabwe

With the addition of Burkina Faso and Mauritania, programme support in Africa increased to 19 countries – covering over 30% of the 55 countries within Africa. In Mauritania, the initial need for just 23 youth with diabetes increased to over 40 before the end of the year, as news of the Programme circulated and children outside of the capital Nouakchott sought enrolment.

Long-standing alliances with organisations in Mali [Santé Diabète], Rwanda [Association Rwandaise des Diabetiques], and Zimbabwe [Zimbabwe Diabetes Association], saw steady growth in the number of children receiving programme assistance. In Ghana, support doubled to over 600 as care spread further around the country thanks to the combined efforts of the Ghana National Diabetes Association, under the guidance of Mrs Elizabeth Denyoh, and Dr Emmanuel Ameyaw at Komfe Anokye Teaching Hospital, Kumasi.
September saw a successful first shipment of resources to Iraq, with much needed blood glucose self-monitoring equipment for 210 children shipped from Fort Lauderdale, Florida, to Erbil in Kurdistan.

In Azerbaijan, in-country diabetes services for children continued to develop, championed by Dr Gunduz Ahmadov and others in the Government health service.

LFAC works in partnership with a number of active organisations within the diabetes communities of the Caribbean, North, Central and South America. All strive passionately on behalf of youth with diabetes, seeking to raise awareness of diabetes and offering education and care to those in need. An example is Vivir con Diabetes in Cochabamba, Bolivia, which has been with the programme since 2002, and is an outstanding multidisciplinary clinic recognised as an IDF Centre of Education.
SOUTH ASIA (6)

- Bangladesh
- India
- Maldives
- Nepal
- Pakistan
- Sri Lanka

Two new centres in Belgaum and Bangalore increased the number of children in India receiving LFAC support to over 1,150. This makes India the third country in the region, after Bangladesh and Pakistan, with over 1,000 children/youth in its care assisted by the programme.

WESTERN PACIFIC (5)

- Fiji
- Papua New Guinea
- Philippines
- Solomon Islands
- Vietnam

In July, Hue Central Hospital in Central Vietnam became the second LFAC centre in the South-East Asian country, and in December, the Philippine Society for Endocrinology and Metabolism (PSEM) became the fourth centre within the Philippines to sign up to the Programme. These two new centres, and their colleagues throughout the Western Pacific Region, provide a crucial channel of support to children with type 1 diabetes and their families.
INSULIN

Over the year, LFAC facilitated donated insulin for 29 countries (27 Lilly, 2 Insulin for Life), and in an additional three countries (Nigeria, India, Philippines) insulin was purchased in-country with LFAC funds. Government support covers the remaining countries.

BLOOD GLUCOSE METERS AND TEST STRIPS

Several high-profile Industry partners enabled LFAC to provide blood glucose self-monitoring equipment to children and youth with diabetes in need. 26 countries received donated resources in 2013.

HBA1C TESTING

The measurement of glycosylated haemoglobin (HbA1c) is a critical component of the standard diabetes care package, and can be tested quickly and accurately using a point-of-care analyser and a finger prick blood sample. In around half the 43 countries supported, LFAC assisted with HbA1c point of care testing, and this proportion is increasing. In some cases, this is already covered by the Government.

DIABETES EDUCATION

This aspect of the programme continues to develop strongly, aligning with the differing education needs of youth with diabetes, their families, and the multi-disciplinary health professionals providing clinical care. Quality materials are freely available online in the LFAC education resources section, and the addition of a range of resources in three new languages – Azeri, Urdu, and Sindhi – expanded the number of languages to ten.

2013 saw a continuation of the diabetic ketoacidosis (DKA) poster campaign, and nine new posters were produced and distributed locally during the year. Reflecting the programme’s global coverage, these cover a very diverse range of languages and spread the message about the warning signs of diabetes in children across seven countries.

- Azerbaijan (Azeri)
- Ethiopia (English/Amharic)
- Haiti (French/Creole)
- Mali (French/Bambara)
- Nepal (Nepali)
- Nigeria (English/Hausa/Igbo/Yoruba)
- Rwanda (French/Kinyarwanda)

The posters are available for free download from the programme’s website.

General resources are often a valuable addition to clinical care, and Life for a Child seeks to provide an assortment of engaging, educational tools across a number of languages.
These include:

- Professor Bumblebee DVDs (English, French, Spanish, Tagalog, Vietnamese)
- Changing Diabetes in Children (CDiC) Guidelines (English, French)
- “Caring for diabetes in children and adolescents: a parent’s manual” (2nd Ed) (English, Vietnamese)
- “Type 1 diabetes in children, adolescents and young adults” (3rd Ed) (English, Spanish)
- "Mosekə” comic book (English, French)
- "Understanding Diabetes” manual (“Pink Panther”) (English, Spanish)

11 countries received a selection of the above general resources, including first shipments to Burkina Faso and Mauritania.

Life for a Child fosters local vocational education and training (VET) and microfinance initiatives where possible. Needs are addressed on a centre-by-centre basis as assistance is not always required. Currently, Bangladesh, Nagpur (India), Rwanda, and Tanzania all have active VET and/or microfinance programmes, run internally and relevant to the local context.

**POCKETBOOK GUIDELINES**

Launched in December at the IDF World Diabetes Congress, Melbourne, the *Pocketbook for Management of Diabetes in Childhood and Adolescence in Under-Resourced Countries* is a practical, pocket-sized manual created specifically for health professionals in under-resourced countries. Its content addresses the diagnosis and management of diabetes in young people in resource-poor settings, and is designed to be a functional reference for less experienced doctors working in paediatric emergency situations, to recognise the signs and symptoms of type 1 diabetes and provide swift appropriate management to save lives. The guide-lines will also assist health professionals in clinics to develop expertise in caring for children and young people with diabetes.

The book is the first adaptation of comprehensive guidelines developed by the International Society for Pediatric and Adolescent Diabetes (ISPAD, 2009), IDF/ISPAD (2011), and *Diabetes in Children and Adolescents, Basic Training Manual for Healthcare professionals in Developing Countries* in collaboration with ISPAD and Novo Nordisk (2011), with additional material drawn from the Australian Parent Manual, *Caring for Diabetes in Children and Adolescents* (2010). The Pocketbook marks the continued collaboration between the IDF Life for a Child Programme and ISPAD.

**VOCATIONAL TRAINING**

One of the main challenges the Programme faces is developing the self-sufficiency of youth before they turn 26 and are no longer eligible for Programme support. After this time, diabetes supplies such as insulin, blood glucose monitoring equipment, and HbA1c testing costs, must come either from another source or be purchased from their own pocket. Given resources can total US$50-80 per month, this is a real and significant life-issue for those affected.

Life for a Child fosters local vocational education and training (VET) and microfinance initiatives where possible. Needs are addressed on a centre-by-centre basis as assistance is not always required. Currently, Bangladesh, Nagpur (India), Rwanda, and Tanzania all have active VET and/or microfinance programmes, run internally and relevant to the local context.
SITE VISITS & MENTORING

The benefits of site visits grow more evident to the Programme every year. There are numerous complexities to managing diabetes in children and youth, and in many countries where LFAC assists, specialised knowledge is limited either in availability or scope. Site visits and mentoring encourage synergistic efforts to diabetes care, connecting professionals from different countries to share collaboratively and build skills. They also allow for direct feedback on programme progress and needs to the management team in Sydney.

The following site visits were carried out in 2013:

- Azerbaijan (Baku) – Kenneth Robertson (Glasgow, Scotland)
- Dominican Republic (Santo Domingo) – Dr Nick Cutriss (Florida, USA & AYUDA)
- Ecuador (Guayaquil, Quito) – Dr Henry Rodriguez (Florida, USA)
- Sri Lanka (Colombo) – Angie Middlehurst (Sydney, Australia)
- Ghana (Accra, Kumasi) – Dr Declan Cody & Mr Vincent McDarby (Dublin, Ireland)
- Kenya (Nairobi) – Professor John Gregory (Cardiff, Wales)
- Mexico (Merida) – Emma Naughton (Minneapolis, USA)
- Nepal – Dr Per Winterdijk and colleagues (Rotterdam, Netherlands); Dr Holley Allen and colleagues (Massachusetts, USA)
- Tajikistan (Dushanbe) – Dr Gunduz Ahmadov (Baku, Azerbaijan)
- Uganda (Kasese) – Dr Jason Baker (New York, USA)

Site visit feedback has been overwhelmingly positive, from both host centres and guests. In Sri Lanka, Diabetes Sri Lanka’s, Hon. Secretary, Dr Mahen Wijesuriya, commented on Angie Middlehurst’s visit:

“Angie was marvellous with the kids, children and parents… we have come across many educators in the past but we were most impressed with her style as we ourselves learnt so much from her.”

Dr Henry Rodriguez wrote of his visit to Ecuador:

“I was truly humbled and impressed by the hospitality and gratitude expressed by the staff, children, and parents that I had the opportunity to assist.”
LFAC/ISPAD WORKSHOPS

BAKU, AZERBAIJAN

In February, Life for a Child’s partner centre in Baku, the Endocrine Centre, hosted a two-day ISPAD workshop entitled “Diabetes mellitus in children and adolescents”. Facilitated by Life for a Child, the event was organised by Dr Gunduz Ahmadov and sponsored by NovoNordisk Azerbaijan and ISPAD. 30 health professionals from across the country participated alongside visiting faculty members Dr. Kenneth J Robertson (UK), Professor Przemyslawa Jarosz-Chobot (Poland) and Dr Scott Williamson (UK). The programme mixed lectures, case studies and workshops, featuring topics such as diagnosis and early management, diabetes in children under three and screening and management of diabetes complications.

KATHMANDU, NEPAL

In October, another successful two-day ‘Diabetes in Children’ workshop was held in Kathmandu for Nepali health professionals. Dr Buddhi Paudyal at Patan Hospital coordinated local specialists and international experts from Diabeter NL (Netherlands) and Baystate Health (Massachusetts, USA) including:

- Dr. Holley Allen
- Asha Bhattarai, RN
- Professor G. Jan Bruining
- Sarah Coors, BSN, DO
- Michelle Fitzgerald, MSN, FNP
- Simone Huijbers, RN
- Dr. Prerana Kansakar, MD
- Dr. Subhana Karki, MD
- Dr. Shrijana Shrestha, MBBS
- Dr. Per Winterdijk

The rich programme covered issues such as challenges in clinical management of type 1 diabetes, and treatment in low resource settings, and featured round table discussions on complicated cases.

Following the workshop, the Dutch and US teams conducted site visits to hospitals in the three key regional cities, with the ultimate aim of setting up in-country expert diabetes care accessible to all Nepalese children with diabetes.
Held over five days, this popular biennial event hosted 10,300 participants from 170 countries in the Melbourne Convention and Exhibition Centre, Melbourne, Australia.

The LFAC Management Team & Steering Committee attended and utilised the opportunity to hold a group workshop and meetings with representatives from over 30 LFAC countries who attended. Programme Partners and Major Contributors were updated on progress since June, and 2014 objectives.

Prior to the Congress, Angie participated in the IDF Young Leaders in Diabetes Meeting, also held in Melbourne. As a faculty member for the Youth Programme, Angie mentored a group of Young Leaders, and presented with Professor Fran Kaufman on “How to Manage your Diabetes and How to help Others do the same”. Dr Ogle visited the group and introduced the IDF Young Leaders to Life for a Child.

Professor Martin Silink, Dr Graham Ogle and Angie Middlehurst each gave a number of oral presentations, including a poster on the LFAC Diabetes Care Index. The IDF/ISPAD Pocketbook Guidelines for Management of Diabetes in Childhood and Adolescence in Under-Resourced Countries was also launched.
PARTNERS AND MAJOR CONTRIBUTORS

AUSTRALIAN DIABETES COUNCIL

The Australian Diabetes Council continues its work as a founding partner of the Programme by hosting all LFAC staff, providing financial, marketing and fundraising expertise, contributing to oversight of Programme activities, and providing access to diabetes education materials.

In October, Nicola Stokes resigned her position at Australian Diabetes Council to become Chief Executive Officer (CEO) at Special Olympics Australia. Over the past four and a half years, Nicola’s business prowess and unwavering support greatly benefitted the programme, and her contribution deserves our acknowledgement and thanks. We wish her every success. LFAC welcomes Australian Diabetes Council’s new CEO Mr Sturt Eastwood, who will serve as Co-chair on the programme’s Steering Committee.

HOPE WORLDWIDE

As another founding partner, HOPE worldwide continues to provide assistance by filtering tax-deductible donations for the Programme in the USA and UK. Affiliate organisations provide in-country oversight in Fiji, Papua New Guinea, and the Philippines.

INSULIN FOR LIFE (IFL)

IFL’s long-standing partnership with LFAC operates on a number of levels: from the provision of insulin to Ecuador and the Maldives, to referral of enquiries and advice. LFAC also directs donated surplus diabetes supplies from the general public and ADC to IFL offices in Australia and the United States.

INTERNATIONAL SOCIETY FOR PAEDIATRIC AND ADOLESCENT DIABETES (ISPAD)

ISPAD’s global membership network facilitates the Programme clinically and professionally, collaborating on the development of guidelines, training workshops for health professionals, mentoring, site visits and advocacy.

LILLY DIABETES & LILLY FOUNDATION

LFAC were delighted by the Eli Lilly Foundation and Lilly Diabetes’ 2013 decision to renew their commitment to provide free insulin to LFAC. Support has been extended for a further two years, a very generous statement from the organisation who was the first major contributor to the Programme. Lilly’s backing is vital to LFAC’s
success, and the thousands of diabetes-affected families unable to afford insulin for their children. In 2013, 187,833 vials were distributed to 10,306 children across 27 countries.

THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST

A private United States Trust, Helmsley selected LFAC as beneficiary of a substantial two-year grant in 2011. This substantial donation facilitated the maintenance and further development of the programme in 2013, with an increase in education, training and research activities, and contribution to the expansion of blood glucose self-monitoring.

FONDATION DE L’ORANGERIE FOR INDIVIDUAL PHILANTHROPY

In May 2012 the Fondation exceptionally renewed its grant to Life for a Child, extending it for a further two years. As with the Helmsley Trust donation, the Fondation’s generous contribution has underpinned the Programme’s work, assisting progress in the introduction and training of blood glucose self-monitoring for thousands of children and youth.

NIPRO DIAGNOSTICS, INC.

Entering their seventh year of supporting LFAC, Nipro continued their 2012 commitment offering blood glucose monitoring equipment at a markedly reduced rate. 22 shipments were distributed in 2013, of which 15 (68%) were first time deliveries, helping thousands of children who had never previously self-monitored. Across 18 countries, 3,870 children in 27 centres received a blood glucose meter, test strips and lancets. A total of 2,928,000 strips were distributed.

LIFESCAN

An ongoing Programme supporter, LifeScan continued their commitment to provide blood glucose monitoring equipment to LFAC, and in 2013 a total of 1,288 blood glucose meters and 999,750 test strips were delivered to LFAC partner centres in seven countries across Central and South America, South Asia, and sub-Saharan Africa. The supplies allow the young recipients to play an active role in managing their diabetes and nurturing their health.
OTHER SUPPORTERS

NON-GOVERNMENT ORGANISATIONS

- Associazione Medici Diabetologi (AMD)
- Barbara Davis Center for Childhood Diabetes (BDC)
- Caring & Living as Neighbours (CLAN)
- Crumlin Diabetes Centre Parents Group
- Diabeter-Center for Pediatric and Adolescent Diabetes Care and Research, the Netherlands
- Diabetes Hands Foundation
- Diasend
- Direct Relief International
- Dutch Diabetes Association (Dutch-vereniging Nederland)
- Foundation of European Nurses in Diabetes (FEND)
- Luxembourg Diabetes Association (Association Luxembourgeoise de Diabète)
- Marjorie’s Fund
- Rotary International
- Stichting Sugarfriends
- T1D Exchange
- Young Diabetes Sweden (Ung Diabetes), part of the Swedish Diabetes Association (Svenska Diabetesförbundet)

INDUSTRY

- ACON
- Becton Dickinson
- Boehringer Ingelheim
- Diasend
- Eastman Kodak
- Gattorna Alignment
- Health Nuts Media
- Landmark Group
- Sanofi Diabetes
- Takeda
- Timesulin
- UTi Pharma

SPORTS

- Team Novo Nordisk

FOUNDATIONS

- Charles Evans Hughes Memorial Foundation
NO CHILD SHOULD DIE OF DIABETES