

EDITORIAL

Inauguration of another pyramid: the Sudan Childhood Diabetes Center

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Authors from five countries belonging to three continents (Africa, Asia and Europe) contributed articles to this issue of the Sudanese Journal of Paediatrics (SJP). These articles cover the fields of nutrition, infectious and respiratory diseases, neonatology, nephrology, haematology and endocrine and metabolic disorders.

The Cover highlights the inauguration of another pyramid in Sudan ‘the Sudan Childhood Diabetes Center’ which took place during the celebration of the World Diabetes Day (WDD, November 14, 2019, Figure 1). The Centre is considered as the largest of its kind in Africa, serving 3,000 children in Khartoum State and supervising 25 diabetes clinics in other states of Sudan [1]. This qualifies for a monumental achievement given the growing global concerns about the rising health threat posed by diabetes.

The incidence of childhood onset diabetes is increasing in many parts of the world, including Sudan [2–4], and type 1 diabetes requires intensive on-going management which is difficult to provide in resource-limited countries. Type 2 diabetes is also increasing in the childhood age group, and has partially been ascribed to the pandemic of obesity [5,6]. This

dictates an economic burden on families having an affected child [7], as well as health authorities and countries dealing with the potentially serious complications of diabetes in childhood [8].

Children have a higher risk of a dramatic and rapid development of diabetic ketoacidosis



Figure 1. A happy Sudanese girl poses for a photo taken during the inauguration ceremony of the Sudan Childhood Diabetes Center on November 14, 2019 during the celebration of WDD.

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(DKA) since they are more sensitive to lack of insulin than adults. Especially, in young children, episodes of severe ketoacidosis or hypoglycaemia can lead to impaired cognition and structural brain abnormalities [5]. In Europe, one-third of deaths in a cohort of type 1 diabetes were directly attributable to diabetes, mainly from DKA [8]. In Sudan, an annual DKA recurrence rate of 40% has been reported in children with diabetes. Non-availability of insulin accounted for 34% of episodes and errors of treatment for 25% [9].

Establishing the Sudan Childhood Diabetes Center evolved through tremendous efforts, guided by Professor Mohamed Ahmed Abdullah [10], Ex-President of the Sudan Association of Paediatricians (SAP) and Member, Editorial Board of SJP. He capitalized on the engraved old heritage of the Sudanese to help the needy [11] to establish multidisciplinary team approach in diabetes care for children. This started by upgrading facilities for childhood diabetes care at Jabir Abualiz Diabetic Centre (JDC) and transforming it into a national centre of excellence and central referral clinic for childhood diabetes [12]. It was also accompanied by establishing 25 diabetes clinics in all states of Sudan, training specialized cadres (paediatricians, nurse educators, dieticians and social workers) and providing medication for free.

Although the alliance of national civil societies active in the field of diabetes, Khartoum State Government and Ministry of Health, Federal Ministry of Health, charitable companies and individuals in Sudan and abroad, the World Health Organization, and international professional

societies dealing with diabetes, a four story building came to reality after more than a decade of hard work (Figure 2).

The Sudan Childhood Diabetes Center is expected to expand on the work which has been taking place at JDC. This includes providing a complete service for diabetic children through comprehensive medical care, education and social support. It will also include organising training courses and seminars for doctors, diabetes educators and dieticians, and providing educational books and leaflets. Development of treatment protocols in collaboration with the National Diabetes Program will also be expanded together with research projects in the field of diabetes [13].

The celebration of WDD witnessed activities in other states of Sudan where childhood diabetes clinics are supported by the Sudan Childhood Diabetes Center. A training camp was arranged for children (9–12-year old) with diabetes at Abdalla Mohamed Salih Specialized Health Center in Kosti (which serves the White Nile State) during the period 28–30 November 2019. The camp educated the children regarding diabetes, insulin administration, diet, and recognition of symptoms of hyperglycaemia and hypoglycaemia. Screening for vision, family support and sport activities were also incorporated (Figure 3).

In El-Obeid, the capital of the state of North Kurdufan, the WDD was celebrated by Kurdufan Childhood Diabetes Center on December 5, 2019 under the emblem “Diabetes and the Family” (Figure 4).



Figure 2. Professor Mohamed Ahmed Abdullah (left), President of Sudan Childhood Diabetes Association, Ex-President of the SAP and Member, Editorial Board of SJP overseeing the foundations of the Sudan Childhood Diabetes Center (right).



Figure 3. Teaching class during a training camp arranged for children (9–12-year old) with diabetes at Abdalla Mohamed Salih Specialized Health Center in Kosti (which serves the White Nile State) during the period 28–30 November 2019.



Figure 4. Inaugurating the celebration of the World Diabetes Day by Kurdufan Childhood Diabetes Center in El-Obeid, the capital of the state of North Kurdufan.

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