



An institutional analysis of changing diabetes in children (CDIC)

Westh Olsen, Anne Sofie; Gundelach, Henrik; Hedegaard, Michael

Publication date:
2023

Document Version
Publisher's PDF, also known as Version of record

[Link back to DTU Orbit](#)

Citation (APA):

Westh Olsen, A. S., Gundelach, H., & Hedegaard, M. (2023). *An institutional analysis of changing diabetes in children (CDIC)*. Poster session presented at 49th Annual ISPAD Conference, Rotterdam, Netherlands.

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An institutional analysis of Changing Diabetes in Children (CDiC)

1

Introduction

CDiC is an access-to-medicine program created in 2009 as a charitable partnership led by Novo Nordisk (NN) in collaboration with Roche, WDF, ISPAD, and local implementation partners. The study analyses the opportunities and challenges emanating from operating a charitable initiative within a for-profit multinational corporation.

2

Objectives

To critically assess the strengths, weaknesses, and long-term sustainability of the CDiC program from an institutional perspective.

3

Methods

Institutional theory (Scott, 1995; Westney, 1993) and MNC integration theory (Meyer & Su, 2015). The analysis is based on interviews with NN functional teams, staff, and implementing partners in Tunisia and Bangladesh as well as quantitative data from CDiC.

4

Results

The study identified some tensions inherent to the CDiC program: First, embedding this charitable activity in NN's line organization allows CDiC to scale up rapidly, leveraging affiliate staff's knowledge of diabetes care delivery and insulin portfolios. Yet, the embeddedness also creates communication and program identity challenges. Second, CDiC encounters a high degree of institutional variability that exacerbates the already complex coordination challenges of adaption to 26 national contexts while securing efficiency, scale, and synergies. Third, in the absence of market responses, CDiC, like most charitable activities, faces challenges of measuring impact and social return on investment.

5

Conclusion

CDiC has produced noteworthy results, yet, the institutional analysis demonstrated several tensions and challenges that CDiC faces going forward.