

# HAI Launches Innovative Global Study to Improve Access to Insulin

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The global need for insulin, a hormone that converts sugar, starches and other food into needed energy for everyday activities, is immense. An estimated 100 million people with diabetes need it. This includes all with type 1 diabetes, plus 20 to 30 per cent of people with type 2 diabetes. Without access to insulin, people with type 1 diabetes will die and people with type 2 are at increased risk of blindness, amputation and kidney failure—even premature death. The sad reality, however, is that more than half of those who need insulin cannot access or afford it. And as the global diabetes disease burden continues to worsen year over year, the problem will only increase if not immediately addressed.

Studies in low- and middle-income countries have shown that various health system factors, such as poor purchasing practices, distribution channel problems and irrational use, have led to poor insulin availability and high prices. But problems accessing insulin also exist in more unexpected places. Patients in poorer communities in the United States have reported eking out their insulin supplies due to high insulin costs.

A new study, called “Addressing the Challenge and Constraints of Insulin Sources and Supply” (or, for short, the ACCISS Study) is now underway. It is being funded by a US\$1.25 million grant from The Leona M. and Harry B. Helmsley Charitable Trust. To start, our team of researchers, led by me at Health Action International, David Beran from Geneva University Hospitals and the University of Geneva and Richard Laing from Boston University, will map the global insulin market from different angles. Insulin manufacturers, volumes, prices, intellectual property issues, regulatory barriers and other barriers will be examined, plus existing initiatives to improve insulin access.

In the second phase, our experts will visit insulin manufacturers to assess their market reach, quality assurance standards and the types of insulin that they produce. We will also assess national insulin supply chains to measure ‘add-on’ costs such as duties, value-added and other taxes, mark-ups, rebates and discounts.

And, very importantly, in the third phase of our study, the results from the previous phases will be used to develop innovative insulin supply models, policies and interventions to break down barriers to insulin access. We’ll use a multi-stakeholder consultation in the development of these interventions, including input from diabetes patients, donors, third-party payers, regulators and representatives from low- and middle-income countries, the World Health Organization, the pharmaceutical industry and diabetes organisations. This will help ensure the interventions meet real on-the-ground needs and have greater ownership.

This study into the inequities and inefficiencies in the global insulin market is both extremely important and long-overdue. We hope that the results—as well as the interventions that we put forward to eliminate barriers to accessing insulin—will result in more people with diabetes living longer, healthier lives.

For more information on the ACCISS Study, visit our [website](#).