

It's Time Everyone Knows about Price Inequities in Insulin

by JENNY HIRST

As someone living in the United Kingdom (UK) whose daughter has had type 1 diabetes for over 40 years, I find it heartbreaking to know that globally, a lack of insulin is the main cause of death in children living with this condition. Even with this critical fact, there is still an apparent lack of awareness amongst the public, many health professionals and politicians that the issue of 'access to insulin' even exists.

Insulin, which is the only effective medicine used to treat type 1 diabetes, is up to 74 percent higher-priced than other treatments for non-communicable diseases. Little is known as to why the price of insulin is so high, but it is thought to be a result of the global market domination by three multi-national pharmaceutical companies that control 99 percent of the global insulin market.

As a result of this, over the years, we have witnessed the withdrawals of various insulin formulations for commercial reasons. We have also seen a dramatic increase in the more expensive analogue insulins, which even the pharmaceutical companies have described as 'non-inferior' to their predecessors.

For example, in the UK, insulin is provided free-of-charge to patients through the National Health Service (NHS), but the NHS is paying increasingly higher prices for insulin following the introduction of insulin analogues. The NHS is in debt and severe cuts have been made in many areas of healthcare, yet high-priced analogue insulins are still being prescribed for 85 percent of patients in need. This has pushed up the UK's total annual pharmaceutical spending to \$US 4.1 billion.

In many low-income countries, neither human nor analogue insulin is reliably available and/or affordable to those in need. According to data from the mid-2000s, in several developing countries the cost of purchasing insulin for health services represented an average of 40 times the annual public sector pharmaceutical expenditure per person. High prices can mean that insulin is simply not available in the public sector—and too expensive for people who are then forced to buy in the private sector. In Zambia, for example, the price of insulin is US\$18.20 per vial in the private sector—almost 10 times the price of insulin in the public sector.

Examining shifts in the global market, as well as their trickle-down effect on national health systems, is the key to unlocking some of the answers as to why the price of insulin has remained so high and out of reach to so many in need. Through our work on the [ACCISS Study](#), I am looking forward to discovering some of these answers and ensuring insulin access for all.

For more information about the barriers to insulin access and how it impacts the lives of people living with diabetes, please read the ACCISS Study fact sheet, [Inequities and Inefficiencies in the Global Insulin Market](#).

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