

Media Release: Health Action International Commend Decision By World Health Organization Not To Include Long-Acting Analogue Insulins On The Essential Medicines List

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Its inclusion would have increased pressure on national governments to purchase long-acting analogue insulins, which are seven to nine times more expensive than human insulin, while providing limited added value to users.

AMSTERDAM— Researchers conducting a global study into insulin access barriers today commended the decision made by the World Health Organization’s (WHO) Expert Committee on the Selection and Use of Essential Medicines (the ‘Expert Committee’) not to include long-acting analogue insulins on the WHO Model List of Essential Medicines (EML).

Health Action International’s Dr Margaret Ewen, co-lead of the Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study, a three-year long study into insulin access, said:

“We commend the WHO and the Expert Committee for rejecting the application. A positive decision would have encouraged national governments to buy long-acting analogue insulin – which has a median price that is seven to nine times higher than human insulin, but has limited added therapeutic value. The result would have been fewer people being treated and more deaths”

Dr David Beran, ACCISS Study co-lead from Geneva University Hospitals and the University of Geneva said that continued leadership from the WHO is critical to improving access to insulin, stating:

“Today’s decision by the WHO is an important reminder that close to 100 years after its discovery, insulin remains unaffordable to many globally. With a child born in sub-Saharan Africa with type 1 diabetes having a life expectancy of less than one year, much more needs to be done to control this treatable disease.”

Today, around 100 million people around the world need insulin, including all people living with type 1 diabetes and between 10-25 percent of people with type 2 diabetes. It is estimated that half of these people cannot access this medicine.

The ACCISS Study recently concluded research that found that long-acting analogue

insulins – glargine and detemir – were far higher priced and less affordable than human insulins. It revealed that the lowest paid unskilled government worker would have to pay, on average, 3-4 days’ wages to buy one month’s supply of human insulin, compared with more than eight days for long-acting analogue insulin. The WHO considers a medicine for non-communicable diseases to be unaffordable if it costs more than one days’ wage for a 30-day supply.

Both Dr Ewen and Dr Beran wrote submissions to the Expert Committee opposing the proposal to include long-acting analogues on the EML. You can read their letters [here](#) (Dr Ewen) and [here](#) (Dr Beran).

NOTE TO EDITORS:

- Insulin is a biological product, largely off-patent, but has only three manufacturers that dominate 90% of the market.
- There are two main types of insulin – human insulin and analogue insulin.
- The two long-acting insulins that were proposed to be added to the EML have a median government procurement price of \$43.19 and \$55.58. This compares with just \$6 for regular human insulin.
- A child born in sub-Saharan Africa with type 1 diabetes has a life expectancy of less than one year.

Background information for journalists:

The Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS), sets out to identify the causes of poor availability and high insulin prices and develop policies and interventions to improve access to this essential medicine, particularly in the world’s most under-served regions. The three-year study involves a unique group of leading international experts as members of the study’s advisory and technical groups. ACCISS is co-led by Margaret Ewen at Health Action International, David Beran from Geneva University Hospitals and the University of Geneva, and Richard Laing from Boston University School of Public Health. To learn more about our findings, please visit our website: <http://haiweb.org/what-we-do/acciss/>

For interview requests and further information, please contact:

James Still

Communications Advisor

Tel: +31 20 412 4523

Email: james@haiweb.org

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financially independent from the pharmaceutical industry.

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