Statement to the WHO Expert Committee on Selection and Use of Essential Medicines

Statement to the 21st meeting of the WHO Expert Committee on Selection and Use of Essential Medicines | 27 March 2017 | Download

Presented by Dr. Marg Ewen on 27 March 2017

HAI has been working in partnership with WHO on access to medicine issues for a very long time. This includes working to improve medicine availability and affordability, medicine transparency initiatives, combating unethical drug promotion, and other areas of common concern. We fully support WHO's work to improve access to NCD medicines, including the GAP target of 80% availability of affordable essential medicines.

In the context of the GAP target, HAI commenced the *Addressing the Challenge and Constraints of Insulin Sources and Supply* (ACCISS) Study, with the University of Geneva, Boston University School of Public Health, and a large number of international experts (including WHO), to improve access to insulin. Over the last two years we have collected comprehensive evidence on the global insulin market.

Insulin has been used to treat diabetes for nearly 100 years, yet today access remains despairingly low; for example, a child born in sub-Saharan Africa with type 1 diabetes has a life-expectancy of less than 1 year. This is an unacceptable situation that cannot continue.

Insulin is an example of a medicine that responds to a life or death need for those with type 1 diabetes, and is increasingly needed to manage type 2 diabetes. Insulin is a biological product, largely off-patent, with only three manufacturers dominating 90% of the market, and with two main types –human insulin and analogue insulin.

The selection of insulin type is critical for both health systems and for individuals. Our recent multi-country study found analogues were far higher-priced, and less affordable, than human insulins. Median government procurement prices of analogues were 6 times higher than human insulin. For individuals, differences in affordability were striking. The lowest paid unskilled government worker would have to pay, on average, 3-4 days' wages to buy a month's supply of human insulin, but 8-10 days' wages to buy analogues depending on whether purchased in the public or private sector. Moreover, there is scant evidence that analogues provide any added therapeutic advantage over human insulin.

Increased use of analogues will put an even greater strain on all national pharmaceutical budgets, but in particular in resource-constrained settings. If governments switch to purchasing analogues within existing budgets, there will be less insulin available in public sector facilities and prices will be higher for those paying OOP, resulting in the treatment of fewer people. Additionally, and of serious concern, it might encourage companies to abandon the production of human insulin.

A recent Lancet editorial concluded that access to human insulin is still ‘despairingly low’ for many populations across the world. Our data supports this conclusion. Increased efforts are needed by all to improve access insulin and in particular ensure that it is financially affordable.

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