# **Staff Spotlight: Molly Lepeska**

Only when all pieces of a puzzle are assembled do you see a picture. The pieces come in different shapes and sizes, but each has a purpose—and missing one will leave an obvious gap. Only together do they form a greater whole.

Now and in the coming months, we'd like to introduce you to Health Action International's most precious 'puzzle pieces': Our staff. Hailing from nine different countries—and each with diverse backgrounds, skillsets and perspectives—together, they contribute to fulfilling our mission of creating healthier individuals, families and societies. This month, allow us to introduce you to Molly Lepeska.

#### What is your role at Health Action International?

I'm the technical officer for the ACCISS Study, which is a three-year study that is looking at the global barriers to insulin access. I'm here to provide support to the study from the perspective of communications, advocacy, and as a person living with diabetes.

#### What are three words to describe HAI?

Principled, pragmatic, passionate.

### What is the most interesting aspect of your field of expertise?

I think what surprises people about access to insulin is how complicated the issue is, just like diabetes itself. Although, through the study, we have identified some of the main barriers to global access, the issues vary across countries. But these various issues all lead to the same problem—a lack of access to affordable insulin.

### How do you make people interested in your topic?

I hope that the facts of the issue speak for themselves. An estimated 100 million people in the world use insulin to treat diabetes. Of this amount, it's estimated that one in two people have problems either accessing or affording insulin. Without access to insulin, people living with type 1 diabetes will die. In fact, the leading cause of death globally for a child with type 1 diabetes is a lack of insulin. Many of those living with type 2 rely on insulin to avoid life-threatening and costly complications. This past year, it's been great to see there has been a lot of coverage around the high prices of insulin in the United States (US). It's a great first step. I think our goal is to make sure that this awareness expands to issues of access around the world—and when I say access, I mean not just price, but also insulin availability and reliability.

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### What do you wish people would be more aware of?

I think for the diabetes communities, I'd like people to be more aware of how different

access to diabetes treatment can be based solely on the country you're born in. For example, people living with type 1 diabetes, like me, in Europe or in the US (who have good health insurance) can look forward to a life expectancy that is nearly the same as the rest of the population. But for those living in some countries in sub-Saharan Africa, life expectancy with type 1 diabetes can be as low as one year. This is unacceptable. The issue of access to insulin is an opportunity for those living with type 1 and type 2 diabetes to come together and unite as a community for one common cause. And my hope is that insulin can be used as an entry point to helping improve all aspects of care for people living with diabetes—from access to test strips to education and support. Because insulin alone is not enough for good diabetes management.

## What do you like most about working at Health Action International, and what have you gained from working here?

I think it's been great to see such a grounded and kind group of people who really are truly committed to issues of access to medicines. That has been a real breath of fresh air.

# If you could choose one policy recommendation to be accepted and turned into undisputed policy tomorrow, what would it be?

Prices continue to rise on so many medicines, not just insulin, but no one seems to offer a real explanation beyond pointing fingers. I would like to see real price transparency for medicines—from both governments and manufacturers.

Want to find out more about Molly? Take a look at our staff site!