ACCESS TO INSULIN - WHAT YOU NEED TO KNOW AT WHA75

Today, one hundred years after its first use, insulin is still the sole treatment for type 1 diabetes and used by over 60 million people living with type 2 diabetes, with this number increasing every year. Without this medicine, people with type 1 diabetes will die, and many with type 2 diabetes will suffer life-threatening complications.

Globally, about half of the people in need of insulin do not have access. A recent study in 13 low-and middle-income countries showed the GAP target was rarely met for insulin. Availability in medicine outlets was 27–80 percent, depending on insulin type and sector. Those on a low wage having to pay for insulin out-of-pocket had to work 2.2-15.6 days to purchase 10ml (approximately one month’s supply), making it unaffordable. But access to insulin is not only a problem in low- and middle-income countries. In the United States, for example, rationing of insulin and even death due to a lack of access have recently been reported.

The 74th World Health Assembly (WHA74) resolution on diabetes helped to raise awareness and provided recommendations on actions to take to improve access to insulin. But action must still be taken to ensure the availability and affordability of insulin for those in need wherever they happen to live, and that countries can provide for treatment within their budgets. From the work that has already been done, it is clear that multiple and complex challenges through the whole supply chain, from initial research and development through to people using insulin, are impacting access to insulin in many countries. These include:

- Limited competition due to global market dominance by three manufacturers.
- Inconsistent regulatory requirements to assess insulin biosimilars, and often inadequate capacity of National Medicines Regulatory Authorities.
- Lack of clinical guidelines in some countries.
- Poor availability of insulin products in outlets, especially outside of major urban areas.
- High prices making insulin unaffordable for users and health systems (prices far exceeding the estimated cost of production).
- Lack of plans for responding to the needs of people living with diabetes in humanitarian crises.
- Lack of trained health care professionals to care for people using insulin.
- Lack of access to supplies, diagnostic and monitoring tools.

Access to insulin is the cornerstone to management of type 1 diabetes, however it is not the only element required for successful treatment. Access to supplies, diagnostic and monitoring tools, care and support are also critical. As with insulin, they are often not available and/or not affordable for people and health systems.
Recommendations for Improving Access to Insulin

Governments

• Insulin is a life-saving essential medicines therefore governments should publicly commit to providing universal access to insulin for all those in need.
• Diabetes treatment and care, including access to insulin over the life-course, should be an essential part of the national strategy on non-communicable diseases. This strategy should be created with input from key stakeholders, including people living with diabetes who use insulin, and health care providers.
• Must ensure regular and uninterrupted supplies of insulin at appropriate levels of the health sector in the public sector, and in private and other sectors where people commonly access medicines.
• Must ensure all insulin products on the market are quality-assured, meeting quality standards for biologicals required by the World Health Organization (WHO) and stringent regulatory authorities.
• Must ensure insulin is affordable for all insulin users.
• Must ensure insulin procurement mechanisms are not a barrier to competition.
• Must ensure health care professionals (clinicians, nurses etc.) are adequately trained to care for people using insulin, including post-initiation care by staff at the primary health care level.
• Should regularly monitor access to insulin and quality of care, with independent review, and take corrective action where needed.

World Health Organization

• To strengthen WHO’s human and financial resources to better support national governments in promoting universal access to insulin, including regulatory support for assuring the quality and safety of insulin products in the market.
• To promote the treatment of people living with diabetes as part of global strategies on the prevention and treatment of non-communicable diseases.
• To promote the continued production, availability and use of more affordable human insulin of assured quality, by further strengthening the current programme of prequalification and any other means.
• To submit a progress report to WHA76 in 2023.