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A.15 GLP-1 receptor agonists

MSF supports the proposal to include GLP-1 receptor agonists (GLP-1 RAs), specifically injectable semaglutide, on the Core List of the WHO Model List of Essential Medicines (EML) for the treatment of adults with type 2 diabetes (T2D) and established or high cardiovascular (CVD) risk factors. The addition of GLP-1 RAs to the EML -- with their demonstrated cardiovascular and metabolic benefits -- represents an important step in improving the global standard for diabetes care for patients in this priority group and can help ensure alignment with current evidence. While WHO updated guidance is pending, GLP-1 RAs are already included as standard of care in many high-income country countries' clinical guidelines for treating people with T2D.

MSF has included GLP-1 RAs in its most recent clinical guidelines, acknowledging the established benefit of these medicines and their potential value as an additional step in the treatment algorithm in settings where the addition of insulin is particularly challenging. MSF supports GLP-1 RAs use in low-resource and humanitarian settings – with measures to ensure adherence to once weekly dosing and manage cold chain requirements – for the priority patient group of people with T2D with high CVD risk. However, MSF is concerned about the lack of equitable access for people in low- and middle-income countries (LMICs) due to high prices, limited availability, and global supply insecurity.

In a 2024 JAMA study (1), the estimated sustainable cost-based price for injectable semaglutide was found to be as low as $0.89 to $4.73 per month—a fraction of current market prices of up to $350, or more. These findings reinforce MSF's ongoing advocacy on essential medicines access: it must not be blocked by monopolies, and their associated excessively high prices and corporate profits.

The inclusion of semaglutide in the EML should be a catalyst for improved access.

MSF would like to draw the attention of the Expert Committee on the following points:

- WHO should support strategies that challenge monopolies and promote generic competition, including licensing where needed. The pending expiry of key patents, especially on semaglutide, creates an opportunity to ensure improved access if governments, international agencies, people living with T2D, and manufacturers act now.
- Transparency in pricing is important. As seen in other treatment landscapes, like those for HIV and TB, price reductions and access breakthroughs can follow independent assessments of production costs, improved price transparency, and strong civil society advocacy.
- EML inclusion must be complemented with concrete efforts from WHO to address access barriers and high prices, and to help coordinate procurement efforts to better ensure affordability and availability of GLP-1 RAs across LMICs for people who need them. This must be part of a broader strategy to close the growing double-standard treatment gap for diabetes.

MSF urges WHO and its Member States to take bold steps to ensure GLP-1 RAs are available, affordable, and accessible for all who need them.

MSF urges the 25th Expert Committee on the Selection and Use of Essential Medicines to include GLP-1 receptor agonists, specifically injectable semaglutide, on the WHO Model List of Essential Medicines for the treatment of adults with type 2 diabetes with established or high cardiovascular risk factors.

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Reference:

1. Barber MJ, Gotham D, Bygrave H, Cepuch C. Estimated Sustainable Cost-Based Prices for Diabetes Medicines. *JAMA Netw Open.* 2024;7(3):e243474. doi:10.1001/jamanetworkopen.2024.3474