T1INTERNATIONAL
Advocating for people with type 1 diabetes around the world

To the Expert Committee at the World Health Organization regarding the application for **A.18 Insulin, analogue rapid-acting – diabetes mellitus**,

My name is Stephanie and I am a volunteer #insulin4all advocate with T1International located in the United States. I want to live in a world where everyone with diabetes, regardless of type or where they are from, has the insulin they need, not just to survive, but to thrive. I am writing in support of the addition of rapid-acting insulin analogues to the WHO Model List of Essential Medicines for the treatment of children and adults with type 1 and type 2 diabetes mellitus and for gestational diabetes.

In the United States having access to many types of insulin is not an issue. However, that is not the case in all countries throughout the world. Too many outside the United States are forced to use outdated forms of insulin to manage their diabetes. This leads to substandard care and causes harm to patients in a variety of ways. It has been shown, for example, that use of older insulins can cause more severe hypoglycemia, which is immediately life threatening. Besides worse clinical outcomes, it puts unnecessary constraints on the lives of individuals with diabetes. Leading those without access to newer insulins to make choices that serve only their disease and not their lives.

The benefit of choice in regards to insulin is important to me as a person living with type one diabetes for the last 40 years. Since I have had diabetes for so long I have used older styles of insulin and so I know the effects of those insulins compared to the newer rapid-acting insulin analogues. During the years of my childhood, I struggled to manage my blood sugar. I experienced severe hyperglycemia almost constantly. And, on the rare occasion when my blood sugar was not high, I experienced scary shaking and sweating low blood sugars. When I look back on that time now I am astonished that I did not die. When my doctor switched me to rapid-acting insulin analogues it was an almost immediate change. My blood sugars dropped substantially, without me doing anything else differently. And, I felt better. The constant thirst I had had abated, I had more energy, and I felt for the first time in my life that I might not die before I reached the age of 30.

In 2014 I married a fellow type one diabetic. The next year we had our only child, a son. I was 36 when I gave birth and at that point had clocked 30 years of life with diabetes. I had an uneventful pregnancy and a healthy baby and I believe that is due to the ability I had to choose the best insulins for me. My son is 10 now and he also has type one diabetes. That leaves me with the privileged vantage point of being able to see how insulin affects our blood sugars individually. At various points we have all taken the same insulins and, at other times, disparate ones. Being able to witness how each of us responds has continued to drive home to me the importance of choice for those of us with diabetes. My family of three illustrates that though we may share the same disease, we do not share the same outcomes and therefore should not be forced to share the exact same insulins. We are all unique people with unique needs. Having options means we can experience our lives in ways that are meaningful and fulfilling without the spectre of disease overshadowing us at every step.

Adding rapid-acting insulin analogues to the Essential Medicines List will literally save lives. It has been proven that insulin analogues have better safety profiles. It will also improve the quality of life for so many. Rapid-acting insulin analogues allow people with diabetes more flexibility which leads to more dynamic lives. All people deserve to experience their best life possible and that includes those of us with diabetes no matter where we live.

I urge the World Health Organization to recognize that every form of insulin, including rapid-acting analogues, is essential for survival. No one should be left behind. Access to insulin is a right, not a privilege.

Sincerely,
Stephanie Arceneaux
Person living with type one diabetes
T1International #insulin4all Advocate in the United States