Advocating for people with type 1 diabetes around the world

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

My name is Sara Gaspar, I work as Regional Advocacy Consultant for the Latin America Region at T1 International and I'm based in Brazil. I have worked on access to medicines and community engagement for over a decade, and I'm appalled by the level of inaccessibility to insulin that people living with type 1 diabetes face worldwide. This is especially disconcerting regarding newer, more effective types of insulin, which are often kept out of reach of those who need them most.

There is an assumption that Low and Middle Income Countries (LMIC) have limited experience successfully providing access to analogue insulins, especially rapid-acting analogue insulins, to people living with type 1 diabetes. This could not be further from the truth. Brazil, my home country and where I have lived my whole life, has a universal healthcare system renowned for its efficacy in low-resource settings. Brazil's public health system offers rapid-acting analogue insulins as part of the treatment guidelines for type 1 diabetes because it considers that rapid-acting analogue insulins are essential to promoting the best health outcomes for those living with type 1 diabetes. Brazil is also an example of how pricing should not be considered a deterrent to include rapid-acting analogue insulins to the Essential Medicines List: the public health system in Brazil has consistently paid a similar price for rapid-acting analogue insulins, human insulins, NPH insulins and long-acting analogue insulins.

Furthermore, medicines should not be included in WHO's Essential Medicines List because they are affordable, they should be made affordable because they are included in the Essential Medicines List. A key treatment tool like rapid-acting insulins cannot be kept out of reach of those in need because of cost alone. Instead, all the strategies available should be used to make sure its cost is affordable and sustainable for patients and health systems, which include adding rapid-acting insulins to the EML. As successful price negotiations for hepatitis C medicines have shown in the last decade, once the EML adds novel and more effective treatments, countries have a stronger and clearer case to make with manufacturers to bring prices down. In addition, Inclusion in the EML also helps to harmonize treatment guidelines and to generate predictable demand, which are essential steps to lower prices. A concrete example of this approach is the price journey for hepatitis C treatments. Direct-Acting Antiviral (DAA) treatments for hepatitis C were once priced at the unaffordable ninety thousand dollars price range. After DAA-based treatments were included in the EML in 2017, a concerted effort to bring prices down based on demand generation and treatment guideline harmonization have led

to DAA-based treatments being available in LMIC for as low as sixty dollars per treatment course.

Inclusion in the EML can undeniably fast-track affordability, adding to current efforts from countries, international organizations and activists to ensure that everyone should have access to the insulin that works best for them. I hope the committee takes into consideration all the positive outcomes highlighted by the application and moves forward with the inclusion of rapid acting analogue insulins to the EML to ensure that everyone living with type 1 diabetes has access to the best treatment tools available.

Sincerely,

Sara Helena Gaspar, Regional Advocacy Consultant at T1International