



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**,

I am Ali Hisham, a person who has been living with diabetes for over a decade. I serve as the Regional Advocacy Consultant for the MENA region at T1International, and I am currently based in Egypt. I believe in a world of justice where everyone has access to their life-saving medications, including insulin and other vital diabetes-related supplies. Through this letter, I firmly advocate for the inclusion of rapid-acting insulin on the World Health Organization's Essential Medicines List (EML).

The problem lies in the injustice faced by people living with diabetes in affording insulin. Managing diabetes is akin to a full-time job that demands 24/7 attention, yet offers no vacations or salary. Instead, the individual—the person living with diabetes—must pay to manage their condition to avoid life-threatening complications.

The costs associated with this management are exorbitant and a significant burden. These include short-acting insulin, long-acting insulin, continuous glucose monitoring (CGM) devices, test strips, snacks for hypoglycemia, and other supplies, along with the necessity for regular check-ups. Such financial strains have led many to neglect their condition or ration insulin, resulting in numerous deaths. These incidents are well-documented in the US, but it is daunting to consider the potentially numerous undocumented cases in low-income and under-resourced countries where health systems are failing.

I personally know individuals who ration their insulin or miss doses because they simply cannot afford it. In a world where insulin is unavailable or unaffordable, we face a massive injustice that calls for urgent action to save the lives of millions living with diabetes. Insulin for all, and justice for all.

When I was first diagnosed with Type 1 Diabetes at the age of 17, I had no idea of the significant changes that would unfold in my life, especially in terms of spending and financial stability. A few years later, I travelled to the UK to pursue my Master's degree and was fortunate to receive insulin, CGM systems, and other diabetes supplies for free. This stark contrast triggered a deep sense of outrage within me, as I realized that insulin is not readily available or affordable everywhere.



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Upon returning to Egypt with my Master's degree, every moment of pride in my achievement was overshadowed by a bitter realization: I no longer had free access to insulin. In Egypt, the costs of short-acting and long-acting insulin, as well as CGMs, are exorbitantly high and their availability is inconsistent. I have encountered situations where pharmacies simply did not have any insulin, putting the lives of hundreds of thousands at risk.

Even as I adjust my own budget to afford insulin, I see people around me rationing their doses or skipping them entirely because they cannot afford the medication. This reignites my outrage at the injustice faced by those living with Type 1 diabetes. No one should have to choose between buying medication and buying food. No one should be forced to decide daily between affording their medication or facing death. We need insulin for all and justice for all.

The solution lies in dismantling the systemic injustices that prevent people with diabetes from accessing affordable insulin and essential diabetes supplies. **That's why adding rapid-acting analogue insulin to the World Health Organization's Essential Medicines list (EML) is imperative.** We also urgently need the following actions:

1. Implement price regulations, negotiate fair pricing with pharmaceutical companies, and establish subsidies or financial aid programs to alleviate the economic burden on individuals. No one should be forced to choose between life-saving medication and basic necessities.
2. Strengthen supply chains, diversify insulin production, and address logistical barriers that lead to shortages, particularly in low-income and under-resourced countries.
3. Make continuous glucose monitoring (CGM) devices and other advanced diabetes management tools more accessible through insurance coverage and reduced costs. These technologies empower individuals to better manage their diabetes, reducing the risk of complications and improving quality of life.
4. Advocate for policies at national and international levels that prioritize insulin access as a human right. This includes working with governments, pharmaceutical companies, and international organizations to implement sustainable solutions.

The urgency of this issue cannot be overstated. Every day, people with diabetes are forced to ration or forgo their insulin, leading to devastating health consequences and preventable deaths.



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The current situation is a gross violation of human rights and demands immediate action. We must act decisively and swiftly to ensure that everyone, regardless of their socioeconomic status or location, has access to the insulin and supplies they need to survive and thrive. Insulin for all is not just a medical necessity; it is a matter of fundamental justice.

The fight for insulin access is a fight for life, a fight for justice. As someone living with diabetes and witnessing the harsh realities of this condition, I urge the World Health Organization (WHO) to add rapid-acting insulin analogues to the Essential Medication List (EML). I also urge all stakeholders—governments, pharmaceutical companies, healthcare providers, and the global community—to take immediate and meaningful action.

The urgency for action has never been clearer. We must dismantle the barriers that stand between people with diabetes and the life-saving medication they need. Let us work together to create a world where insulin is truly accessible and affordable for all, where no one is forced to ration or forgo their treatment, and where the most vulnerable among us are not left to face death because they cannot afford to live. Insulin for all is not just a crucial healthcare demand; it is a fundamental human right, and it is time we act like it.

Sincerely,

Ali Hisham

Regional Advocacy Consultant at T1International - A person living with type 1 diabetes