

Subject: A Personal and Urgent Appeal to Include Rapid-Acting Insulin Analogues in the Essential Medicines List

Dear Respected Stakeholders, Policy-Makers, and WHO Representatives,

My name is Lucy Johnbosco. I live in Dar es Salaam, Tanzania, and I have lived with Type 1 Diabetes for over 20 years. This letter comes from the heart not just as a diabetes advocate and educator but as someone whose survival depends on daily access to insulin.

I am writing to respectfully and urgently request that **rapid-acting insulin analogues** be included in the **World Health Organization's Model List of Essential Medicines**, and in **Tanzania's national essential medicines list**.

1. The Reality of Cost

Yes, insulin analogues are more expensive than human insulin. But we cannot only weigh their price in shillings. We must weigh it against the **cost of complications, frequent hospital visits, and the emotional toll** carried by people who live in fear of unpredictable lows.

Many families in Tanzania especially in rural areas like Bagamoyo, Newala, and Kisarawe struggle to afford insulin even once a week. And yet, they try. Because without insulin, we die.

2. Why Analogues Matter

Living with Type 1 Diabetes is like walking a tightrope. Insulin analogues like NovoRapid or Humalog give us the ability to **adjust to life** to eat at flexible times, to avoid life-threatening hypoglycemia, and to manage blood sugars with dignity.

For children in school or young adults working long hours, these analogues **allow for a normal life**.

As someone who has lived with this condition for over two decades, I know firsthand that rapid-acting analogues are not a luxury they are a lifeline.

3. Availability vs. Importance

Some argue that since analogues aren't widely available, they don't qualify as "essential." But essential medicines should reflect **what is medically needed**, not just what's already in stock.

We have seen before especially with HIV treatment that once a medicine is added to the essential list, **momentum builds to make it more available and affordable**.

4. Equity and Justice

In my work through DICOCO, I meet children and youth from all corners of Tanzania some using analogues bought with great sacrifice, others stuck on rigid regimens that don't fit their daily lives.

Why should the quality of one's diabetes care depend on where you live or how much money your parents make?

A child in Newala should have the same chance at a healthy future as a child in Dar es Salaam.

5. What We Urge WHO to Do

- Include rapid-acting insulin analogues in the WHO Model List of Essential Medicines.
- Support low- and middle-income countries (LMICs) in making analogues accessible through public supply chains.
- Encourage pricing models that make these insulins affordable.
- Empower patient voices like mine to shape decisions based on lived experience, not just cost analysis.

References Supporting Clinical Benefit

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In Closing

I have lived with Type 1 Diabetes for over 20 years. I know the fear of a delayed meal. I know the exhaustion of trying to match my life to a strict insulin schedule. I know the burden families carry when they cannot afford better insulin.

But I also know the hope that comes when your medication matches your life—not the other way around.

Rapid-acting insulin analogues save lives. They reduce suffering. And they restore freedom and dignity to millions like me.

Please hear this not as a complaint, but as a call for change—from someone still standing, still fighting, and still hoping.

Sincerely,

Lucy Johnbosco

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