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 Boitumelo, and I am a T1International #insulin4all advocate in South Africa. I believe in a world where everyone who needs insulin, no matter their location or circumstance, should have access to it.

Access to insulin is a fundamental human right, yet millions of people living with diabetes around the world continue to face barriers to obtaining this life-saving medication. All over the world, people cannot afford this life-sustaining medication. I have been one of those people. In South Africa, the production of insulin pens was discontinued by Novo Nordisk, leaving people disadvantaged and vulnerable to health restrictions and complications nationwide. Public hospitals are also at a disadvantage as Novo Nordisk is discontinuing some of the few insulins found in those hospitals, causing a drastic change for patients to now use insulin vials and syringes.

As a 23-year-old living with type 1 diabetes for 18 years, my body no longer produces insulin, a hormone essential for regulating blood glucose levels. Short-acting insulin plays a critical role in managing my condition, especially around mealtimes when blood sugar levels can spike rapidly. This type of insulin works quickly to mimic the body's natural insulin response, helping to prevent hyperglycemia and maintain better glycemic control. Without short-acting insulin, I would be at risk of serious complications such as diabetic ketoacidosis, nerve damage, and other long-term health issues. It is an essential part of my daily treatment plan, enabling me to lead a healthier and more balanced life.

I was diagnosed with type 1 diabetes at the age of five and was initially treated with a dual-acting insulin. Unfortunately, this approach led to severe complications, including frequent hypoglycemic episodes and persistent stomach issues, which resulted in numerous hospital admissions. The unpredictable nature of the dual-acting insulin made it difficult to manage my blood sugar effectively, severely impacting my quality of life. After several challenging months, my treatment plan was changed to a combination of long-acting and short-acting insulin. This adjustment allowed for much more precise control of my blood glucose levels and significantly reduced the frequency and severity of my hypoglycemias. This change marked a turning point in my diabetes management and overall well-being.

Adding rapid-acting analogue insulin to the World Health Organization's Essential Medicines: Why?

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**1. Improved Glycemic Control = Reduced Complications**

**Why :** Rapid-acting insulin analogues work faster and more predictably than regular human insulin, allowing for tighter post-meal blood glucose control.
**Solution:** Adding them to the WHO Essential Medicines List will ensure more people worldwide can access this life-saving therapy, reducing the risk of short- and long-term complications like hypoglycemia, nerve damage, blindness, kidney failure, and early death.

**2. Better Hypoglycemia Management, Especially in Children**

**Why:** Children and young people are especially vulnerable to the dangers of hypoglycemia. Rapid-acting analogues reduce the risk of severe lows compared to older insulin types.
**Solution:** Including them in the EML would prioritize safe, child-friendly treatment and reduce hospitalizations from hypo-related emergencies, especially in low- and middle-income countries where access to advanced care is limited.

**3. Equity in Access to Modern, Effective Treatment**

**Why:** In many parts of the world, rapid-acting analogues are only available to those who can afford them, creating a huge treatment gap.
**Solution:** Adding these insulins to the EML would promote global health equity by encouraging governments and health systems to prioritize coverage and pricing, making this standard of care accessible for all—not just the privileged few.

**4. Clinical Evidence Supports Their Effectiveness and Safety**

**Why:** Decades of clinical use and research show that rapid-acting insulin analogues are effective, safe, and superior in many cases to older formulations.
**Solution:** Including them in the WHO's EML is backed by robust medical evidence and aligns with modern treatment guidelines from global diabetes associations—helping patients live longer, healthier lives.

Rapid-acting insulin analogues are a critical part of effective diabetes treatment, offering faster action and better blood sugar control—especially for those living with type 1 diabetes. They help prevent dangerous low blood sugar episodes and significantly improve daily life. For people like me, they've become an essential, non-negotiable part of care. Including them on the WHO Essential Medicines List would support equal access to modern, reliable insulin therapy worldwide, reduce preventable health issues, and move global healthcare one step closer to fairness and progress.

Sincerely,
Boitumelo Molema

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Person living with type 1 diabetes
T1International #insulin4all Advocate in South Africa