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Re: A.18 Insulin, analogue-rapid acting – diabetes mellitus

Writing in Unequivocal Support of T1International's Application to Add Rapid Acting Insulin Analogues to the WHO Essential Medicines List

Dear WHO Essential Medicines List team,

I write in a personal capacity as a mental health professional with expertise in public health and advocacy, and as a person living with type 1 diabetes (T1D) for the past 19 years, to convey my strongest support for T1International's Application to Add Rapid Acting Insulin Analogues to the WHO Essential Medicines List. As others have described, the addition of rapid-acting insulin analogues is essential to promote global equity in health outcomes for people with T1D. Moreover, it is a step forward in ensuring all people with T1D have the right to choose the insulin regimen that best suits their needs and affords the greatest quality of life possible.

As James Elliott notes in his letter, when a child is diagnosed with T1D in a high-income country like Switzerland or the United States, it would be almost unimaginable that they would be sent home with a prescription for regular human insulin. When I was diagnosed with T1D in 2005 in the United States, I was prescribed daily injections of Novolog and Lantus and told by doctors that people with T1D could live "a normal life." While there may be studies that demonstrate similar A1C outcomes across people using regular human insulin and rapid-acting insulin analogues, what those studies do not delineate are the limitations to quality of life imposed by the regimented routine regular insulin demands. Without access to rapid-acting insulin analogues, I feel certain I could not have completed the education I have pursued with the goal of improving life for people living with type 1 diabetes. Including rapid-acting insulin analogues in the WHO EML is literally investing in the potential of people with T1D and their ability to pursue fulfilling lives as unrestricted by diabetes as possible. I believe that this investment will benefit the diabetes community as a whole and improve global health. No more evidence is needed for this than the pages of signatures from people living with diabetes in support of T1International's application.

I had the privilege of working as the Global Advocacy Consultant with T1International during the proposal for the addition of long-acting insulin analogues to the

WHO EML and heard from advocates living with T1D around the world about the immense benefit to blood sugar management, wellbeing, and overall sense of safety this would mean. The addition of rapid-acting insulin analogues is a logical next step that necessitates solutions to enable efficient and affordable procurement, such as those laid out by Dr. Gene Bukhman and others. These advances will benefit the ability of healthcare systems to better serve people living with diabetes and the population overall. Cost should never be a reason to stop advancing care or abandon equity – it should rather be a motivator to advocate for fair pricing and public health systems improvements. The addition of rapid-acting insulin analogues to the WHO EML is a powerful step towards ensuring people with T1D are able to realize the dream of "a normal life" no matter their country or circumstances.

Sincerely,

Katherine J. Souris, MS, MPH, LCMHC-A