

Sfax, 15.04.2025

To the Members of the WHO Expert Committee on the Selection and Use of Essential Medicines,

I am writing to respectfully urge you to add rapid-acting insulin analogues to the WHO Model List of Essential Medicines.

I have lived with type 1 diabetes since 2006, and my younger brother was diagnosed 14 years earlier, at the age of three. We grew up in Tunisia and Egypt and began our treatment with human insulins (Actrapid and Insulatard). Around 2008, we transitioned to Lantus and NovoRapid—and the impact was immediate and life-changing.

With analog insulins, I only needed one long-acting injection per day instead of two. We no longer had to pre-bolus an hour before meals, nor live in constant fear of late-onset hypoglycemia—especially overnight. For my brother, who suffers from epileptic seizures triggered by low blood sugar, the switch drastically reduced these frightening episodes. It meant fewer ambulance calls, fewer missed school days, and fewer long-term health repercussions. It meant a more stable life for our entire family.

Now working in the diabetes field, I am aware that most studies show only marginal differences in HbA1c between human and analog insulins. However, these studies often overlook the lived experience of diabetes. They do not reflect the midnight emergencies, the long recoveries, or the daily anxiety that can be eased by access to better tools.

Over the past 17 years, I've had to navigate the healthcare systems in Egypt, Tunisia, and Germany. While many factors affect quality of care, one fact remains clear: people with diabetes are responsible for managing their condition 24/7. When given effective tools, they learn to use them wisely.

I also understand concerns about cost. However, at the recent International Diabetes Federation Congress, a session on human rights and access to care in LMICs highlighted how the inclusion of long-acting analogs on the WHO list helped local advocates work with their governments to improve access. Including rapid-acting analogs could have a similar effect—contributing to broader access and potentially helping to lower costs, not raise them.

Thank you for considering this perspective. I hope it contributes meaningfully to your deliberations.

Sincerely,

Amin Zayani

Person living with T1 diabetes

A handwritten signature in black ink, appearing to read 'Amin Zayani', with a stylized flourish at the end.