

T1International's statement to add rapid-acting insulin analogues to the WHO Essential Medicines List

Hello everyone. My name is Chris Toavs and I am speaking on behalf of T1International to present our application to include rapid-acting insulin analogues to the WHO Essential Medicines List. We are a global advocacy organization focused on patient-led diabetes access.

I not only stand before you as the author of this application but as a person with type 1 diabetes and lived experience. My commitment is to my fellow patients in changing policies that highly improve the lives of all who rely on insulin to live. That's why I'm joined by over 1,000 people who signed this petition calling for the addition of rapid-acting insulin to the Essential Medicines List because living with diabetes is hard. But access to insulin shouldn't be.

Everyday millions of people living with diabetes must fight to survive; must carefully balance their blood glucose levels, administer insulin, and perform endless calculations to eat, sleep, and breathe. This disease is 24/7 there are no breaks, no holidays, no overtime compensation. Just you, your unpredictable blood sugars, and the heavy responsibility that one misstep, one miscalculation, one missed insulin dose could end it all.

Now imagine how the weight of that burden grows when you can't access the medicine you need to sustain your body. This is the reality that far too many people across the globe face. Who are these individuals? They include Janice in South Africa who spent much of her 43 years with diabetes in the hospital mingling with death because she didn't have access to insulin analogues until later in her adult years. They are people like Iqra in Pakistan who almost died when she was forced to use human insulin which couldn't stabilize her blood glucose properly. Like Rwothomio in Uganda who couldn't afford rapid-acting insulin analogues and stopped injecting himself trading hypoglycemia for diabetic ketoacidosis.

Failing to add rapid-acting insulin analogues would worsen global health inequities, particularly for people with diabetes living in low- and middle-income countries. Moreover, this failure would represent a serious human rights violation we must not allow to continue. Physiology does not change across borders. Every patient, regardless of income or geography, deserves access to the best available treatment.

Rapid-acting insulin analogues offer a critical advantage: they mimic natural insulin secretion, reduce dangerous hypoglycemia, improve post meal blood sugar control, and make self-management more realistic. Rapid-acting analogues are crucial in a basal-bolus insulin regimen. Thus it is both logical and necessary to add rapid-acting analogues following the inclusion of their long-acting counterparts in 2021.

The expert committee claimed their approval to add long-acting analogues to the EML was in efforts "to make insulin more affordable by promoting more insulin alternatives." We urge you to commit to this declaration. Listen to our voices, uphold equitable health access, and see the patients behind this decision.

