



*International Office*

*140 Route de Ferney, Case Postale 1224*

*CH-1211 Geneva 1, SWITZERLAND*

*Phone: +41 (0)22 849 84 00*

*Fax: +41 (0)22 849 84 88*

*[www.msf.org](http://www.msf.org)*

## **A.18 Glucagon-like peptide-1 receptor agonists**

- **Indication weight loss in obesity**
- **Addendum indication for glucagon-like peptide-1 receptor agonists (GLP-1 RAs) for people living with diabetes including in populations with or at high risk of cardiovascular disease**

MSF welcomes the consideration of GLP-1 RAs by the Expert Committee on the Selection and Use of Essential Medicines for both the indication of diabetes and obesity. Based on current evidence and clear cardiovascular benefits, MSF has incorporated GLP-1 RAs into their 2023 treatment guidelines for type 2 diabetes mellitus (T2DM) and strongly supports this indication. Inclusion in the WHO Model List of Essential Medicines (EML) historically has supported the path to equitable global access.

### **GLP-1 receptor agonists for T2DM**

Insulin use in the management of T2DMs in low- and middle-income settings is a challenge. Patients and health care workers are often reluctant to start insulin due to fears around hypoglycaemia and stigma. For people living with type 2 diabetes, transition to an insulin-inclusive regimen requires labour intensive patient education on the part of the staff and is a significant burden on the daily life of the patient. Therefore, a once weekly injectable GLP-1 agonist which does not require regular self-blood glucose monitoring could provide a more acceptable and effective add-on therapy, particularly in challenging humanitarian and low-resource settings. Programmatic experience is needed to demonstrate this “insulin sparing” potential of GLP-1 agonists in these settings.

Cardiovascular benefits of this drug class are also a clear reason for its earlier use in people living with diabetes, particularly in low-resource settings where management of complications may be more limited.

For those GLP-1 RAs with the dual indication for T2DM and obesity, different doses are listed and therefore this needs to be carefully reflected in the presentations selected for the EML.

Future development of GLP-1 RA that do not require cold chain or as oral agents provide similar efficacy should continue to be investigated.

### **GLP-1 receptor agonists for obesity**

The current licensed indications for use in obesity, for example for one of the selected GLP-1 RAs, liraglutide includes, in supplement to lifestyle modifications including a decrease in caloric intake and an increase in exercise, adults with obesity (BMI >30.00) or who are overweight (BMI >27.00) with a

weight-related comorbidity. Weight related comorbidities include dyslipidaemia, T2DM, and hypertension.

Inclusion of GLP-1 receptor agonists for these same indications would result in the need for millions of additional patients for whom this currently high-cost medication is clinically indicated. In part due to this reason some national guidelines, when considering cost effectiveness, have narrowed this indication and proposed a maximum duration of use (e.g UK NICE guidance). Consensus around indications to restart a GLP-1 if weight is gained after stopping is also not clear. Use of GLP-1 RAs for obesity will need to be carefully considered in the context of cost efficacy and the broader health system in LMICS.

**Liraglutide is likely not the preferred agent for this class of medications.**

Liraglutide is a once daily injection compared to, for example, semaglutide which is a once weekly injection. For diabetes management, selection of a GLP-1 RA which is once weekly and has demonstrated cardiovascular benefits would be the priority. Preliminary cost of production estimates (in process for publication) also suggests liraglutide may be the most expensive GLP-1 RA to produce, assessing cost per patient per month. Further analysis of the patent barriers across this class of medicines, including patents on the devices is required.

MSF strongly supports the application for this class of medications to the EML for the management of diabetes. MSF welcomes the consideration of obesity management therapeutics by the the Expert Committee on the Selection and Use of Essential Medicines but have concerns if the GLP-1 agonists are not also to be included for the management of people living with diabetes. With both indications listed, countries can then assess priority needs and cost effectiveness, considering the benefit of this class of medicines across populations.



**Dr. Daniela Belen Garone**

Infectious Diseases specialist and DTM&H  
International Medical Coordinator

**Médecins Sans Frontières | International Office**