OTHER

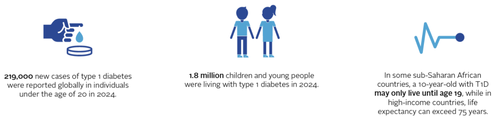
Published: May 13, 2025

Report Calls for Improved Access to Type 1 Diabetes Care in LMICs

- A recent report from the Access to Medicine Foundation finds that Eli Lilly, Novo Nordisk, and Sanofi are providing critical diabetes care products in underserved regions; despite these efforts, sometimes less than 10% of children and young people in need are being reached in low- and middle-income countries
- The report suggests five measures for pharma companies to improve access to diabetes care. These include scaling initiatives, broadening the range of products, improving the sustainability of care, addressing affordability gaps, and strengthening data-driven approaches to policy and access
- Long-term access to affordable diabetes care is still a "critical challenge" in these regions. While current initiatives have ongoing impact, the Foundation emphasizes that these programs alone aren't enough for those, particularly children, in need of diabetes care

GENEVA, Switzerland—A new report from the Access to Medicine Foundation analyzes the pharmaceutical industry's efforts to provide access to critical type 1 diabetes (T1D) care products in underserved regions.

The report found that companies like Eli Lilly, Novo Nordisk and Sanofi donate insulin, delivery devices and financial contributions, for initiatives that operate in more than 50% of the low- and middle-income countries (LMICs) covered in the report. However, only a small fraction of children and young people (CYP) in these regions are being reached.



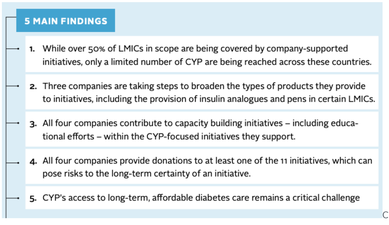
Courtesy of the Access to Medicines Foundation

For example, less than 10% of the estimated 833,000 CYP in need of T1D care living in the 71 LMICs collectively covered by the initiatives were reached in 2023.

The report analyses explicitly the actions of the three largest insulin manufacturers: Eli Lilly, Novo Nordisk and Sanofi, as well as Biocon, a major manufacturer of biosimilar insulins.

Biocon, Lilly and Novo Nordisk now provide insulin analogues as well as insulin pens through at least one CYP-focused initiative. However, these changes are still relatively new and diabetes care initiatives in LMICs have historically focused on providing human insulin in vials.

Access to long-term, affordable diabetes care remains a "critical challenge," the Foundation notes, as "despite their meaningful impact, the reality is that these programmes alone cannot support CYP who remain in desperate need of diabetes care."



Courtesy of the Access to Medicines Foundation

The report lays out five recommendations for companies, urging that they "must move beyond the donation-based models that largely define diabetes care access efforts focused on CYP in LMICs."

1. Scale existing initiatives strategically to reach more CYP in need: Companies should work closely with partners to scale up initiatives for CYP beyond the 8% currently reached and expand access to underserved regions
2. Ensure choice and access to a broader range of products: Companies should broaden the range of insulin products and delivery devices supplied in LMICs to meet the diverse needs of CYP living with T1D and ensure they receive the same standard of care as those in high-income countries
3. Improve the sustainability of T1D care for CYP: To improve the sustainability and continuity of diabetes care for CYP living with T1D, companies should be clear about how long their support will last, setting clear commitments, to help governments plan and allocate resources effectively
4. Address the availability and affordability gap beyond CYP-focused initiatives: To improve the availability of lifesaving products, insulin manufacturing companies, including biosimilar manufacturers, should expand product registration with national regulatory authorities and engage with frameworks like World Health Organization (WHO) prequalification for eligible products to speed up this process
5. Strengthen data-driven approaches for T1D access and policy: Companies should continue to make collecting on-the-ground data a priority, working with local partners who play a crucial role in capturing, collating and reporting this information

RELATED ARTICLES

PRICING & REIMBURSEMENT

WHO Could Endorse GLP-1s for Adults with Obesity

- The World Health Organization (WHO) is set to endorse the use of weight-loss drugs for treating obesity in adults, according to a draft memo reviewed by Reuters
- The move signals a U-turn for the Agency, which previously rejected GLP-1 receptor agonists like Wegovy (semaglutide) and Ozempic (semaglutide) in its Essential Medicines List (EML), citing "uncertain long-term clinical benefit and safety"
- WHO has cautioned about potential affordability and access inequality to the drugs, advocating for novel strategies such as "tiered pricing or pooled procurement" models, similar to those used in far-reaching medicine access programs

HTA

Swiss Approval Process Hampered by Delays, High Price Demands & Poor Use of Early Access

- The Swiss Federal Office of Public Health (BAG) has raised concerns over the country's sluggish drug approval process, highlighting delays caused by late submissions, excessive price demands, and the pharmaceutical industry's poor use of the newly introduced Early Access procedure
- In 2024, only 43% of drug applications submitted to the BAG were processed within the 60-day target following Swissmedic's preliminary approval. While this marks a slight improvement from 34% in 2023, it still falls short of the 54% achieved in 2021
- Additionally, while the BAG introduced the Early Access procedure in 2024 to speed up access to crucial medications, it has seen low engagement from pharmaceutical companies. Only one application was submitted through Early Access, Merck Sharp & Dohme's (Known as MSD outside of the U.S. and Canada) Winrevair (sotatercept), a treatment for pulmonary arterial hypertension

REGULATION

IGBA Warns Patent Evergreening Hinders Access to Affordable Medicines

- The International Generic and Biosimilar Medicines Association (IGBA) has released a report, warning that pharmaceutical companies are engaging in "evergreening" strategies that extend patent monopolies and hinder patient access to affordable medicines
- "This report shows that no region is immune to practices delaying the launch of safe, effective, cost-effective, and quality-assured medicines. Practices previously seen in the U.S. and Europe are increasingly being observed in emerging markets. This leads to lost savings and jeopardizes future investments in medicine development.", indicated Archana Jatkar, Chair of the IGBA International Trade and IP Committee
- To address the issues, the group proposes measures such as ensuring competition authorities proactively intervene to prevent anti-competitive patent strategies, and establishing formal international cooperation between patent offices and competition regulators to counter systemic evergreening practices

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Swiss BAG Temporarily Includes Takeda's Fruzaqla for Reimbursement in Metastatic Colorectal Cancer Treatment

- The Swiss Federal Office of Public Health (BAG) has temporarily included Takeda's Fruzaqla (fruquintinib) in the Specialties List (SL) for treating adult patients with metastatic colorectal cancer (mCRC) who have progressed after standard therapies
- Fruzaqla demonstrated significant improvements in overall survival (OS) and progression-free survival (PFS) compared to placebo, with median OS extended by 2.6 months and PFS by nearly 2 months, primarily through disease stabilization
- Fruzaqla's listing is valid until December 31, 2027, with reimbursement contingent on prior approval and specific criteria, including ECOG 0-1 performance status