



# Access to Medicine Foundation: We Need More Robust Solutions for Diabetes

Anna Smith

## NAVLIN BRIEF:

- 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

## THE DETAILS

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. 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.

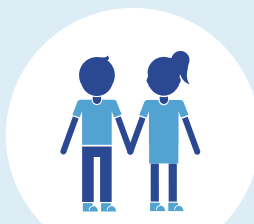
The report analyses explicitly the actions of the three largest insulin manufacturers: Eli Lilly, Novo Nordisk and Sanofi, as well as Biocon, a major manufacturer of biosimilar insulins.

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 programs alone cannot support CYP who remain in desperate need of diabetes care."



**219,000** new cases of type 1 diabetes were reported globally in individuals under the age of 20 in 2024.<sup>2a</sup>



**1.8 million** children and young people were living with type 1 diabetes in 2024.<sup>2a</sup>



In some sub-Saharan African countries, a 10-year-old with T1D **may only live until age 19**, while in high-income countries, life expectancy can exceed 75 years.<sup>4</sup>

## 5 MAIN FINDINGS

1. While over 50% of LMICs in scope are being covered by company-supported initiatives, only a limited number of CYP are being reached across these countries.
2. Three companies are taking steps to broaden the types of products they provide to initiatives, including the provision of insulin analogues and pens in certain LMICs.
3. All four companies contribute to capacity building initiatives – including educational efforts – within the CYP-focused initiatives they support.
4. All four companies provide donations to at least one of the 11 initiatives, which can pose risks to the long-term certainty of an initiative.
5. CYP's access to long-term, affordable diabetes care remains a critical challenge

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.”

- 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
- 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
- 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
- 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
- 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

### Access to Medicine Foundation says: “we need more robust solutions to save lives.”

*The following content was provided to NAVLIN Daily by Claudia Martínez, Director of Research, Access to Medicine Foundation. The views expressed in this contributed opinion piece can be attributed to Claudia Martínez and do not necessarily reflect the views of NAVLIN Daily, or EVERSANA.*



It's 2025 – more than a century since insulin was first discovered – and the global health community is still at a crossroads in the fight against type 1 diabetes (T1D).

While great progress has been made in high-income countries, where children diagnosed with T1D can expect to lead long, healthy lives, hundreds of thousands of children in low- and middle-income countries (LMICs) still struggle to access the care they need. Too often, this leads to unnecessary suffering – and in some cases, even death – from a condition that is completely manageable.

For children living with T1D in LMICs, the challenges of managing their condition start early. Many are misdiagnosed or diagnosed too late, often only after arriving at clinics with abnormally high blood sugar or a dangerous, sometimes fatal, condition called diabetic ketoacidosis.

And when children in LMICs are diagnosed, they often lack reliable access to lifesaving insulin, essential monitoring tools, and routine medical care. Without insulin, T1D is fatal, yet in some places, insulin is just not available, while in others, it costs so much that families simply cannot afford it. In addition, diabetes care products, such as syringes, glucometers, and test strips, are also often scarce or unaffordable. Medical appointments and routine check-ups can also be difficult to manage, especially for those who live in remote areas and might need to travel for hours, causing children to miss school or forego medical care, and parents to miss work.

To address this crisis, some pharmaceutical companies have stepped in. Eli Lilly and Company (Lilly), Novo Nordisk, and Sanofi, as well as biosimilar manufacturer Biocon, have launched or partnered with NGOs, international organizations and other partners to implement initiatives aimed at supporting vulnerable children and young people with T1D in LMICs. A [new report](#) from the Access to Medicine Foundation examines these efforts, highlighting 11 initiatives that today are being implemented or supported by these four companies, collectively covering 71 of the 113 LMICs analyzed in the Foundation's research.

These initiatives vary in their approach but commonly address multiple aspects of care, from providing free insulin and essential diabetes tools, to supporting education and awareness, and working to strengthen health systems by investing in infrastructure or training healthcare workers. Among them are large-scale, flagship partnership programs that operate across multiple countries, such as Novo Nordisk's Changing Diabetes® in Children, the Life for a Child initiative supported by Lilly, and the Kids and Diabetes in Schools (KiDS) program developed by Sanofi, the International Diabetes Federation, and the International Society for Pediatric and Adolescent Diabetes. There are also more regionally focused programs, particularly in Southeast Asia and India, developed alongside local organizations.

Together, these 11 initiatives are saving lives – without them, many children would have no access to care at all.

But these initiatives, while lifesaving for many, are far from enough. Collectively, they currently reach less than 10% of the estimated 825,000 children in need across the 71 countries analyzed. Most initiatives also rely heavily on direct product donations or financial support from companies. This dependence on donations is risky: if corporate priorities shift or funding stops, thousands of children could suddenly lose access to essential care. The current crisis in global health funding only underscores this vulnerability.

What's more, ten of the 11 initiatives have set end dates or specific goals, with several scheduled to conclude by or before 2030, raising concerns about their long-term continuity and offering little reassurance to the families and children who depend on them. Importantly, these programs alone cannot guarantee lifelong access to insulin and diabetes supplies, particularly as children transition into adulthood. Too often, there is a 'cliff edge' when young people age out of pediatric support, at which point access to affordable insulin and essential supplies may end, leaving young adults at risk of dangerous gaps in care.

If we are serious about saving lives, we need lasting solutions.

Pharmaceutical companies have an opportunity to build on the success of these initiatives by expanding their reach to more children in need, while working with governments as their health systems mature and become more prepared to reduce their reliance on donations. But, importantly, for the thousands of children in countries where these initiatives do not operate – and where insulin and essential supplies remain out of reach – the responsibility falls on companies to ensure their products are available and affordable. This includes offering a wider range of insulin types and delivery devices at prices that both families and governments can afford.

Governments must also act. With the UN General Assembly's High-Level Meeting on Non-Communicable Diseases (NCDs) on the horizon, there is an opportunity for governments to prioritize NCDs, including diabetes, within their national health plans, reimbursement models and procurement systems. Much more focus needs to be placed on supporting young people as they transition to adult care. Examples like Tanzania, where, since 2017, the government has progressively shifted from donations to managing insulin procurement and supply through its own national diabetes program, show how this transition can be made.

Diabetes is an escalating crisis. In 2024 alone, around 30,000 young people under the age of 19 died from causes related to T1D. Nearly 40% of these deaths happened in sub-Saharan Africa, the region that carries the heaviest burden of the disease and faces deep gaps in access to affordable insulin and diabetes care.

No child should die because they cannot access insulin or the support they need. The pharmaceutical industry, governments, and the global community must act, to make access to diabetes care a reality for every child, no matter where they live. ▀

