



Statement to the 74th Session of the World Health Assembly, 24 May to 1 June 2021
on agenda item 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

PHM welcomes the launch of the WHO Diabetes Compact. Market oligopoly of a few pharmaceutical giants makes that insulin remains unaffordable to millions of people across the globe even 100 years after its discovery.

Price control and regulation is important to increase access to insulin. WHO must promote transparency in R&D costs, and in pricing practices of pharmaceutical companies for both originators and biosimilars. WHO must accelerate the prequalification program for biosimilar insulin to allow for entry of generic insulin manufacturers.

PHM urges WHO to address the issue of patents on glucose monitoring devices and insulin delivery devices, which restricts access to insulin therapy. WHO must promote access to innovative technologies including insulin pens, especially in humanitarian crisis settings.

Governments must regulate markups within the insulin supply chain. To ensure the last mile delivery of quality assured insulin to the most vulnerable populations, countries must strengthen cold-chain storage requirements for the insulin supply chain and strengthen public health systems, particularly in LMICs. Insulin analogs must be made affordable by including them on the Essential Medicines List and WHO must ensure that countries regularly update national EMLs as per the WHO model list of Essential Medicines.

Countries must ensure appropriate regulatory oversight for the licensing and post-marketing surveillance of similar biotherapeutics (SBP) and WHO should update SBP guidelines. To ensure availability and affordability of anti-glycemic medicines, countries must move away from partial price controls, especially in LMICs and also bring Fixed Dose Combinations under price control.

Finally, WHO must limit the influence of the food, alcohol, and pharma industry, as well as NSAs funded or supported by these industries, in advisory bodies responsible for creating policy and technical packages on diabetes prevention, control and management.