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Availability and use of long-acting insulin analogues across Africa including biosimilars; current situation and implications

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Background: Prevalence rates of diabetes mellitus are growing, and likely reach 34.2 million people in sub-Saharan Africa by 2040. This has significant implications on morbidity, mortality, and costs exacerbated by complications. Complications in patients requiring insulins enhanced by hypoglycaemia. Long-acting insulin analogues can reduce hypoglycaemia and improve patient compliance. However, typically appreciably more expensive than other insulins, limiting their listing on national essential medicine lists (EMLs). Biosimilars may help reduce prices and enhance listing.

Objectives: Assess current listing and funding for insulins including long-acting insulin analogues across Africa. **Methods:** Mixed methods approach including documentation of utilisation patterns and prices nationally as well as from hospitals, ambulatory care, wholesalers and pharmacies among a range of African countries. Input from senior level government, academic, and healthcare professionals on the current situation with long-acting insulin analogues and potential changes needed to enhance future funding of biosimilar long-acting insulins. **Results:** Variable listing of long-acting insulin analogues on national EMLs across Africa due to high prices and issues of affordability. Even when listed in EMLs, utilisation in public healthcare systems is limited due to similar issues including affordability. Appreciably lowering the prices of long-acting insulin analogues via biosimilars should enhance future listing on EMLs and use accompanied by educational and other initiatives. However to date, limited price reductions for biosimilars versus originators across Europe and Asia.

Conclusion: There are concerns with funding long-acting insulin analogues across Africa including biosimilars. A number of activities have been identified to improve future listing on EMLs and subsequent use.