



To: Joan Tubau, Executive Director Access Campaign,
Médecins Sans Frontières

Cc: Lars Fruergaard Jørgensen, President and Chief Executive Officer (CEO), Novo Nordisk
Mads Krogsgaard Thomsen, CEO, Novo Nordisk Foundation
Nicolai Haugaard, Vice President, Global Health Equity
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Novo Nordisk response to MSF's letter from 23rd September 2024 regarding the access to diabetes medicines for people living with diabetes in humanitarian and resource-poor settings

Dear Mr Tubau

Thank you for contacting us on behalf of Médecins Sans Frontières (MSF).

Novo Nordisk recognises the growing global burden of diabetes. We are committed to playing our part in addressing it, as we have done for more than 100 years. This means both ensuring patients can access the life-saving treatment they depend on and working with health systems to strengthen focus on prevention. However, we realise our actions alone will not suffice. We appreciate MSF's efforts in advocating for people living with diabetes in Low and Middle-Income Countries and welcome the chance to be part of the dialogue with other global businesses focused on treatment innovation or the generic production of insulin.

To address your concerns regarding Novo Nordisk's current approach to the supply and pricing of diabetes medicines, we would like to highlight the following points in writing below and will also be organising a call between our teams for further discussion.

Access and affordability

Huh? Insulin pens have been around since the 1980s

The availability, affordability, and reliable supply of innovative medicines and treatments are vital to ensuring equitable access to quality healthcare for all patients.

What about insulin in pens? #DoubleStandard

We have a long-standing public commitment to support access to insulin in LMICs, called the **Access to Insulin Commitment**, which was established in 2001. Through this commitment, we guarantee that we will provide low-priced human **insulin in vials** in 77 Least Developed Countries as defined by the United Nations, other low-income economies as defined by the World Bank, and middle-income countries where large low-income populations lack sufficient health coverage, as well as selected organizations providing relief in humanitarian settings. Our guarantee entails that we will provide human insulin in vials at a set ceiling price. The ceiling price from 1 August 2020 is set at USD 3.00 per vial and **USD 2.00 per vial** for organizations providing relief in humanitarian settings, including MSF. On that note, we welcome MSF's collaborative approach to finding solutions that support the ongoing supply of Novo Nordisk medicines contracted under our long-term agreement.

\$1/pen, please!

**Drop your
patents
& allow
generics**

Still, we recognize there is more to be done to support increased access and affordability of diabetes products in LMICs, and we remain committed to **exploring alternative business models that would enable equitable access** to our newer generation of insulins and GLP-1 RA group of medicines.

**Optimal for whom? Drop the double standard
of pens for the rich, vials for the poor**

Insulin supply

Novo Nordisk is committed to delivering medicines that will best serve the greatest number of patients globally. Due to the increasing number of people living with serious chronic diseases and our need to better meet patient demand with a stable product supply, Novo Nordisk must make balanced decisions about the number of treatments we offer, considering the availability of viable alternatives and the **most optimal use** of our current production capacity. In the longer term, this will enable us to reach more patients with our portfolio, but we recognise the impact these decisions will have on patients today.

Regarding the situation in South Africa, we have previously discussed in depth with your team the specific dynamics of the market, our active engagement with local health authorities to maintain continuity of care, and our active exploration of strategies to make newer diabetes medications available and more affordable. We look forward to keeping you updated as discussions progress.

Local manufacturing partnerships

Recognising the complexity of pharmaceutical production, our approach to local manufacturing partnerships is tailored based on the projections of local and global demand versus our own manufacturing capacity and the locally available infrastructure.

To deliver our life-saving insulins to patients in Africa, we are expanding our production of human insulin, focusing on Sub-Saharan Africa. Last year, we established a new partnership with Aspen Pharmacare in South Africa to **expand the production of human insulin**. Today, Novo Nordisk is reaching more than 500,000 people with diabetes across Sub-Saharan Africa.

But this is only in vials. People in Africa also want pens.

With the new partnership, we aim to reach over 4 million people living with type 1 and type 2 diabetes across the African continent by 2026. This is just one example of the partnerships we have forged to support local manufacturing capacity in LMICS. Additionally, we are investing heavily in building and expanding our global manufacturing capacity to meet the growing patient demand with a stable product supply. Since 2023, we have committed to investing at least 30 billion USD in production capacity expansion.

Intellectual Property

We disagree. IP without access hurts patients.

We believe that strong and predictable intellectual property (IP) rights are essential for stimulating innovation and ensuring patients can access breakthrough treatments and medicines. IP in the pharmaceutical industry has resulted in several inventions reaching those in need at scale.

Our IP approach is differentiated and considers access and affordability parameters; we neither engage in patenting activities in the least developed countries (as defined by the United Nations) or low-income countries (as defined by the World Bank) nor enforce patents in these countries. This includes patents both for our medicines and our delivery devices.

Our core contribution to the world remains scientific innovations to defeat serious chronic diseases. However, we recognize that this alone will not be enough to tackle the growing burden of diabetes in low—and middle-income settings.

We have a long history of partnering, and we welcome conversations with policymakers, innovative and generic pharmaceutical companies, and other relevant stakeholders to help develop solutions to ensure broad, affordable access and greater health equity for those in need of diabetes treatment and care.

*Patients should be first in this list—
they want insulin pens as well*

Kind Regards

Carissa Vados
Head of Diabetes Health Equity
Novo Nordisk A/S