



### Occasional Information Note. Activities related to the region. August 2010

Last May 11<sup>th</sup> May [Health Action International](#) repeated the *Global Snapshot of the price of a medicine* initiative. If in 2009 the goal was to detect noticeable differences of retail prices of [Ciprofloxacin](#) on this occasion a call was made to gather information about the prices and conditions of access for 10 ml of soluble Insulin for human use making the distinction between the branded products of the [Eli Lilly](#) and [Novo Nordisk](#) in comparison with products manufactured by other companies available in surveyed pharmacies.

- The [results](#), made public on July 7th, with information collected in different locations from 60 countries showed the whole range of prices which a patient would have to pay to have access to insulin in a private establishment (without copayment or refunding schemes) on May 11th 2010. While on global scale the average prices offered by Eli Lilly and Novo Nordisk, 24USD and 21USD by vial respectively, showed no significant differences and while alternative manufacturers were reported as offering the same product at notably lower prices, 13USD, its availability was reduced to a limited set of countries. The nominal price in USD can be higher if expressed through a purchasing-power parity indicator (with NovoNordisk's 42.78 USD in Argentina exceeding the 70 US\$).
- In the case of the [Americas](#) and in comparison with the rest of regions WHO ([Africa](#), [Eastern Mediterranean](#), [Western Pacific](#), [Europe](#) and [South-East Asia](#)), the product offered by Lilly was the second highest priced with 29USD just behind Europe (32USD), while the marketed by Novo Nordisk was the highest with 25USD followed by the Western Pacific region (24USD). Taking the price offered by other producers the differences are more acute, with a price of 23USD in the Americas in comparison with 3USD in the South East Asia.
- Analyzing specifically the information provided from the Americas (with establishments surveyed in Argentina, Brazil, Canada, Costa Rica, Ecuador, El Salvador, the United States, Guatemala, Guyana, Suriname, Peru and the Dominican Republic), three distinguishable treats shall be highlighted: in the first place the almost absolute market dominance of Eli Lilly and Novo Nordisk products at the examined establishments with the presence of a single alternative product in offer (*Clonsulin Rapida* marketed by [Soperquimia](#) in El Salvador); secondly, minimum differences of price between establishments within the same country but disparities in the comparison of the same product between different countries (e.i a patient of diabetes in Westerville US, would be paying 54.49USD for the Humulin 10ml vial while another patient in Toronto, Canada would be paying 18.4 US\$ for the same product, marketed by the same company); finally it should be pointed out two products marketed by the same company under different names (Actrapid and Novolin R in Paramaribo, Suriname) are to be found in the same country (and city). **The lowest nominal prices have been reported in Toronto, Canada, Quito, Ecuador, and Lima, Peru. The higher in Newton, the United States, Heredia Costa Rica and Guatemala City, Guatemala**

#### Among the conclusions of the study we shall highlight

- There exist a very limited number of insulin producers at a worldwide scale. The market being dominated by Eli Lilly and Novo Nordisk.
- The reported prices are similar within the countries but greatly differ between countries and regions
- Prices registered in some high-income countries are lower than prices identified lower income ones (following the [classification criteria of the World Bank](#)).
- Even when the prices in countries of low or average income are lower, insulin continues to be economically inaccessible for those populations of lesser economic possibilities (at times the majority) which results in serious consequences for people affected by diabetes.
- The insulin price could be further reduced (and as a result more accessible).

Some of the conclusions coincide with situations identified and developed in the PAHO publication [Access to high cost Drugs in the Americas](#) (in Spanish). A more detailed analysis prepared by HAI is to be found [here](#).

