

OUR APPROACH TO ACCESSIBLE AND AFFORDABLE DIABETES CARE



Strategic Plan
2026-2030



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Letter from the Executive Director

Twelve years ago, Elizabeth Pfiester started T1International as a blog to amplify the voices of people living with type 1 diabetes across the globe. What began as a small platform quickly grew into an organization rooted in the leadership of those most impacted. From the start, T1International has combined storytelling, knowledge-building, collaborative research, and grassroots advocacy to confront the insulin price crisis. Our commitment to authentic relationships, solidarity across borders, and our refusal to take money from pharmaceutical corporations has guided us every step of the way.

In 2019, we created our first long-term strategic plan. Since then, our community has grown exponentially, with over 200,000 people engaging in our campaigns each year and our work reaching global audiences through roughly 3,000 media hits. The COVID-19 pandemic disrupted in-person demonstrations and advocacy, and our staff team shifted and shrank as funding declined and political priorities diverted attention from the urgent insulin price crisis.

Last year, I stepped into the role of Executive Director, succeeding our founder. I spent this past year listening closely to grassroots volunteer leaders, advocates in the diabetes and access-to-medicines communities, and others to understand what the future of T1International must hold.

Today, T1International has grown into a global movement demanding real change: accessible and affordable insulin, equitable care, and an end to a system that treats health as a commodity and our bodies as broken. When systems fail and challenges grow, grassroots leaders rise, turning their lived experience and expertise into powerful action. Our community is the heart of our movement and the force that drives change.

Our new strategic plan builds on this foundation. It focuses on three core goals: **Access**, **Affordability**, and **Care**. We will pursue these through interconnected strategies: informing the public about the diabetes crisis, reforming laws and policies, confronting the root causes of inequity, and transforming systems so everyone can access the medicines and supplies they need. To make this possible, we will invest in grassroots strategy, people, operations, infrastructure, and financial sustainability.

This work is powered by the thousands of people from more than 150 countries who make up T1International's global community, and by all of our funders and donors who sustain our mission.

As we move forward, we invite you to join us. Together, we will turn these commitments into real, lasting change for people with diabetes everywhere.

With gratitude and determination,



Shaina Kasper • she/her
Executive Director
T1International

About T1International



About

We are a non-profit led by people with and impacted by diabetes, for people with diabetes, fighting for global healthcare equity.



Our Mission

We support local communities by giving them the training, tools, community, and networks they need to stand up for their rights so that access to insulin and diabetes supplies becomes a reality for all.



Our Vision

We believe in a world where everyone with diabetes, no matter where they live, has everything they need to survive and achieve their dreams.

Note on language: While we are founded by people with type 1 diabetes, and initially focused on the unique needs of this smaller subgroup in the diabetes community, we welcome and fight for the needs of all people living with any type of diabetes.



Photo: Dani holds up an insulin pen, pump, and syringe in 2021 photo in Costa Rica; Photo provided by Dani



Photo: #insulin4all protest in New York, United States, 2019; Photo provided by T1International

Our values

Patient-led:

We amplify patient voices, and we give people living with diabetes a direct role in organizational decision-making to ensure T1International and the #insulin4all movement keeps patient voices prominent. Our messaging, focus, and mindset are led by people with diabetes.

Independent:

We do not accept funding from the pharmaceutical industry or any entity that we believe would compromise our independence, integrity or ability to speak out freely.

Transparent:

We strive to conduct ourselves with clarity, respect, and directness, so that others will always know where we stand. This includes thoughtful and proactive information sharing, in addition to financial and organizational transparency.

Inclusive:

Our work, our values, our team, and our community reflect patients and a range of allies, from caregivers, to parents, to partners, to those committed to health equity and justice work. We acknowledge and seek to address the harm caused by systems of oppression and unnecessary hierarchies. We aim to share power with each other and our community and to be inclusive of people across lines of difference including race, gender, geographic location, language, literacy, economic status, type of diabetes, and more.

Bold:

We believe our mission is possible and that we must challenge those in power to ensure the rights of people with diabetes are upheld. We welcome hard conversations, relying on each other to find solutions. We seek to transform the underlying structures that result in inequity and injustice.

Hopeful:

We share a profound belief in the people and places with which we work. Our optimism about the possibility of change is rooted in our sense of hope and a determination to persist as a community, despite and because so many have faced unimaginable challenges.

Why we exist

Approximately one in nine adults worldwide, 589 million people, are living with diabetes.¹ Around the world, about 9.5 million people live with type 1 diabetes.² Four in five of these adults with diabetes live in low- and middle-income countries.¹ With access to the right care, these chronic conditions can be effectively managed.³ However, without access to essential care, many are experiencing adverse health outcomes.¹

Everyone with diabetes needs quality health care. Everyone with diabetes needs to regularly test their glucose levels.⁴ Everyone with type 1 diabetes, and many people with other types of diabetes need regular injected insulin to survive.¹ For these reasons, access to insulin and access to health care are human rights.⁵



Photo: Janice, South Africa #insulin4all Chapter Leader protests at World Diabetes Day protest in Johannesburg, 2024; Photo provided by Janice

However, corporate greed and government inaction has led to lack of affordable access to quality care, glucose self-monitoring supplies, and insulin.

The insulin and glucose self-monitoring supplies markets are incredibly consolidated, perpetuated further by lack of government accountability and monopolistic patent tricks:⁶

- Only three insulin manufacturers produce 90%+ of the world's insulin.⁷
- Only four test strip manufacturers make 70%+ of the world's glucose blood testing supplies.⁸
- Only two continuous glucose manufactures make 90%+ of the world's continuous glucose monitors.⁹

This monopoly in the market has caused high prices that have led to rationing, disproportionately affecting individuals in low-income and middle-income countries¹⁰ and those with lower incomes in high-income countries:¹¹

- In 2024, survey respondents spent on average \$131.10 each month on insulin,¹¹ more than the annual estimated cost of production for analogue insulins.¹² This has led to one in three survey respondents (37.22%) with type 1 diabetes reporting having rationed insulin.¹¹
- In 2024, survey respondents with type 1 diabetes spent \$167.37 on glucose self-monitoring supplies.¹¹ One in two patients rationed glucose-self-monitoring supplies (55.42%).¹¹
- An estimated one in two people who need insulin cannot access it.¹⁴

Why we exist

There have also been significant **access issues**:

- Almost **80%** of survey respondents with type 1 diabetes reported difficulty accessing insulin and glucose self-monitoring supplies.¹¹
- Insulins are still not on many countries' Essential Medicines Lists.¹⁴ Rapid-acting analogue insulins were only added to the World Health Organization's Essential Medicines List in 2025 and long-acting analogue insulins were only added in 2021.¹²

And these access issues have **meaningful impacts on people's health**:

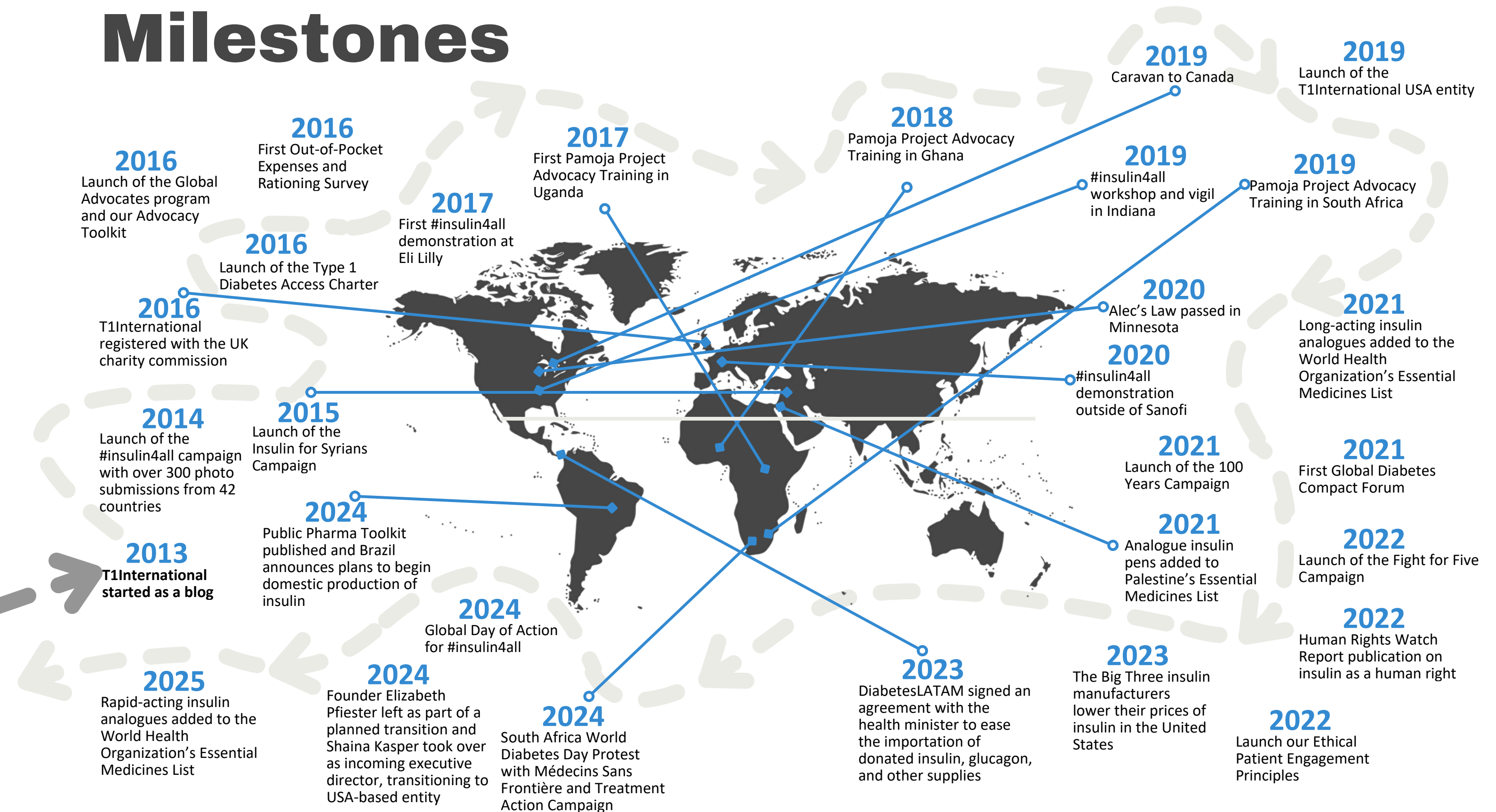
- An estimated **4.1 million people** should be alive today with type 1 diabetes and are not because of lack of appropriate medicine, tools, and care.¹
- **Where you are born can often determine whether you live or die**: the estimated remaining life expectancy of a ten-year-old child diagnosed with type 1 diabetes in 2025 varies between countries from 6 to 66 years.¹
- Diabetes was responsible for an estimated **\$1.015 trillion** in global health expenditure in 2024, a 338% increase over the past 17 years.¹
- Diabetes caused 3.4 million deaths in 2024 – one every six seconds.¹

Big Pharma is not filling the need:

- Company-supported donations only reach a small fraction (less than 10%) of the need in low- and middle-income countries where donation initiatives exist.¹⁶
- Standard of care is evolving to insulin pens and analog basal-bolus insulin regimens. Most company-funded diabetes care initiatives only offer human insulin vials.¹⁶
- Meanwhile, commonly used insulins are being discontinued and phased out including Novo Nordisk's phase-out of human insulin pens, forcing patients on to less user-friendly options such as vials and syringes.¹⁷ Novo Nordisk also discontinued Levemir.¹⁸

Note on data: Diabetes statistics can vary across sources because of differences in methodology, which makes them difficult to reconcile — especially for advocacy. For example, much of the data in the International Diabetes Federation's Diabetes Atlas (source 1) is modeled and extrapolated, rather than drawn from comprehensive local studies, and may not fully reflect on-the-ground realities; there is no data available for 119 countries. In addition, some of the data cited in this section comes from organizations that receive funding from pharmaceutical companies (see citations on page 28).

Milestones



The Process to Develop the 2026-2030 Strategy

More than 100 people shaped this plan. They included T1International leaders, volunteers, staff, partners, and people outside of our immediate network to bring important perspectives from our wider community.

We began with seven focus groups, bringing together: The T1International Team, Our Board of Trustees, Members of the Fight for Five Working Group and Global Advocacy Network, the USA Federal Working Group, Families United for Affordable Insulin, and USA Chapter Leaders. The focus groups helped us name our strengths, weaknesses and challenges to develop and share a survey with our working groups, volunteers, board, staff, contractors, consultants and partners. From the over 50 survey responses, we identified follow-up questions to ask during 31 stakeholder interviews. We carefully considered the wide range of thoughtful feedback from our iterative process of focus groups, survey, and interviews in drafting our strategic plan. The draft was shared back with the focus groups for group discussion and review. After we made changes based on their feedback, the Board of Trustees approved the plan in September 2025.



Photo: #insulin4all advocates make signs in Indiana, United States, ahead of a protest at the Eli Lilly Headquarters, 2022; Photo credit: Erin Lubin

Our Response to Present Challenges

In 2013, T1International began as a blog, sharing the lived realities of people with type 1 diabetes across the globe in their own voices. From the very beginning, our work has been led by those most impacted — focusing on sharing real stories, building knowledge about the insulin price crisis, collecting and analyzing data together, and organizing grassroots advocacy and campaigning. Relationships, solidarity, and our refusal to take money from pharmaceutical corporations have defined us since day one.

Twelve years later, that foundation has grown into a powerful global movement for insulin access and affordability, led by ordinary people thrust into extraordinary situations — our grassroots leaders — on nearly every continent. While the challenges we face have evolved, our commitment to people-centered, boldly independent advocacy remains constant. To succeed, we must keep learning, growing, and adapting, always staying true to the values that make T1International unique.



Photo: Dr. AJ, an Indiana #insulin4all advocate, speaks at a demonstration at the Eli Lilly Headquarters, 2022; Photo credit: Erin Lubin

What We're Up Against

We're fighting in a world where profit and power are systematically prioritized over people's lives. We face:

- **Growing inequity**, that leaves marginalized peoples bearing the highest costs (both literally and figuratively).
- **Public programs are shrinking**, privatization is expanding, and more people are forced to rely on out-of-pocket payments, personal fundraising campaigns, mutual aid, or charitable handouts just to stay alive. Healthcare systems that once provided a baseline of support are being dismantled or underfunded.
- **Humanitarian crises** including armed conflict, climate change, and forced displacement further disrupt supply chains and healthcare systems, leaving people without reliable access to life-sustaining insulin and supplies.
- **There is a growing double standard in diabetes care.** Rapid advances in diabetes technology serve the privileged. Meanwhile, millions of others are left behind, unable to access such technology because it is unavailable or unaffordable. The promise of innovation is insincere when basic access to insulin is not even guaranteed.
- **There is a shrinking civic space.** Across the globe, authoritarian regimes and nationalist movements are rising, stifling dissent. Freedom of expression is increasingly restrictive and those challenging corporate power are often the first to be silenced or surveilled. This environment makes it harder and riskier to organize, especially for those already facing marginalization, and leads to inequitable conditions for advocacy where actors palatable to governments and corporations dominate the conversation.

- **We live in an ableist world.** People with diabetes live in a world that treats chronic illness as weakness, disability as failure, and care as a luxury. Whether or not someone identifies as disabled, ableism fuels stigma, denies accommodations, and frames survival as an individual burden rather than a collective responsibility.
- **Limited resources** restrict the capacity of our Team, even as the urgency of the crisis grows. The urgency of the insulin crisis is clear, but the issue is often overshadowed by more conventional or technocratic health solutions. Meanwhile, our network of volunteers, many of whom are living with diabetes themselves, have insufficient resources, working unpaid or underpaid while navigating their own health, care, and survival. When we talk about capacity, we're talking about justice: the right of people most affected to lead and be fully resourced to do so.



Photo: Families United for Affordable Insulin member Jazmine speaks at a vigil in Indiana, United States, recognizing her younger sister who lost her life after not being able to afford her insulin in 2019; Photo provided by T1International

Our Response: People Power

We know that the solutions we need won't come from the top down. Real change comes from those most impacted getting together and demanding more. T1International is powered by a global network of grassroots volunteer leaders and campaigners. These are people living with and affected by diabetes who are leading local movements, challenging harmful systems, and building a future where everyone can afford to survive and achieve their dreams.

We don't wait for permission. We don't rely on charity. Our independence is our strength. T1International remains free from pharmaceutical funding and corporate influence as a policy and as a principle. That means we can speak the truth about what's causing this crisis and who profits from it. Our work is rooted in our shared humanity, our right to health, and a deep commitment to disability justice. We believe in centering those most excluded from current systems.

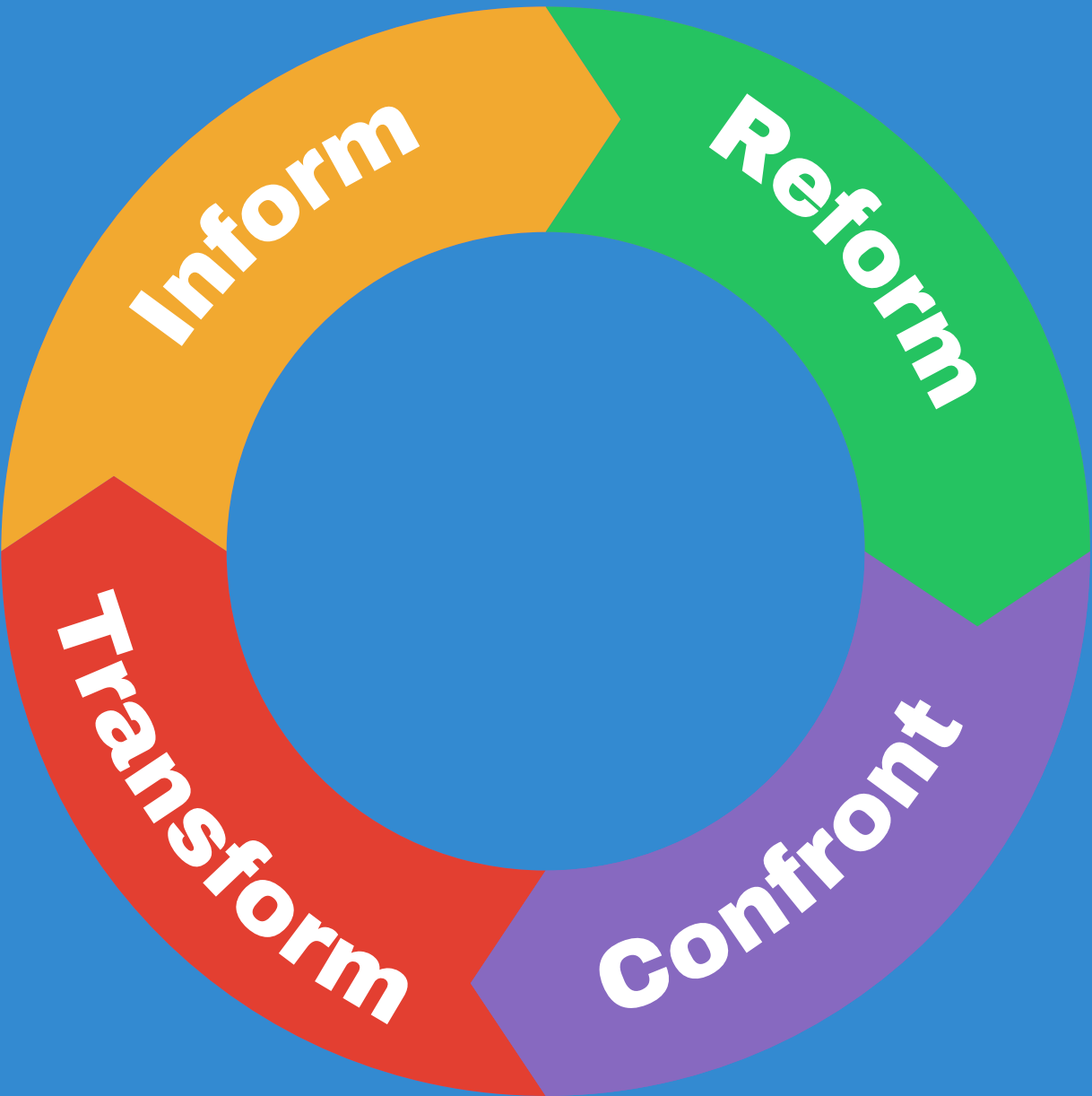
Photo: Global Advocacy Partner and National Coordinator of the Network of Persons Living with Diabetes in Nigeria, Bernard, speaks at a press event in Calabar, Nigeria in 2024, calling for insulin availability, accessibility, and affordability to Prince Bassey Otu, the executive governor of Cross River State; Photo provided by Bernard

How we make change

We work to ensure that everyone with diabetes has dignity and that no one has to rely on unpredictable and unstable donations of insulin or diabetes supplies.

At T1International, we know that meaningful, lasting change happens by using multiple different, interconnected strategies. Change is collective, layered, and ongoing. Our theory of change is grounded in the understanding that no single action or pathway is enough to dismantle the systems of oppression that uphold the ableism, colonialism, and racism, and other oppressions that make diabetes care unaffordable and inaccessible. When our work to create change and achieve our necessary impact using one strategy fails, we can shift to another. The process of creating change requires persistence, as well as iterative and independent action.

We also recognize that everyone has a role in the movement and every role is powerful. We need all of us doing what we can to achieve our goals.



HOW WE MAKE CHANGE



Inform:

We uncover the truth about the diabetes crisis by collecting and amplifying the real experiences of people affected by high costs, systemic neglect and corporate greed. We educate policymakers and the public about diabetes care gaps:

- We conduct and publish a global survey on insulin price and rationing of essential medicines.
- We center testimonies of people most affected by inaccessibility and elevate stories of people living with diabetes with different identities and in different contexts by empowering storytellers.
- We expose pharmaceutical influence and tokenistic industry partnerships.



Photo: Global Advocacy Partner Diabetes Fighters Trust's Sukhman tests her blood sugar at Diwali in Ludhiana, India in 2024; Photo provided by Sukhman



Reform:

We advocate for improving laws, policies, and institutions that make diabetes care affordable:

- We put pressure on governments to regulate pharmaceutical monopolies and to change pharmaceutical pricing laws.
- We engage directly with pharmaceutical companies when it can advance accountability and access, always maintaining our independence and centering the voices of those most affected.
- We implement and enforce laws to hold companies and the government accountable through judicial and administrative systems.



Photo: Federal Working Group co-lead Kristen attends the State of the Union in Washington, D.C., United States as a guest of Representative DeLauro, seen here with Representative Schiff in 2020; Photo provided by Kristen

HOW WE MAKE CHANGE



Confront:

We tackle the root cause of inequity in diabetes care by holding corporations and the government accountable for their greed and policies that endanger lives. We publicly challenge exploitative pharma narratives:

- We demonstrate and protest directly against corporate greed and government inaction, bot in person and online, collectively mobilizing for global solidarity for action at all scales.
- We call out Big Pharma’s influence in global health forums.



*Photo: T1International ambassador Nicole gets arrested outside of Eli Lilly’s headquarters in Indiana, United States, at the Families United for Affordable Insulin vigil remembering those lost due to rationing insulin due to cost 2019, including her son Alec;
Photo Credit: Bob White*



Transform:

We envision a world where people are valued over profits. We imagine and work to build new systems and structures where access to essential medicines like insulin are human rights and where everyone can access the care, medicines, and supplies they need. We support policies that move us to our transformational vision and that value a disability justice framework and grassroots people power:

- We support public production of insulin and other drugs, and public manufacturing systems.
- When the cure to diabetes comes, we will work to make it accessible to all.



*Photo: Participants in the Pamoja advocacy training program in collaboration with Sonia Nabeta Foundation in South Africa in 2019;
Photo credit: Ophelia Photography*

Impact Goals

To achieve our vision and mission, by 2030, we plan to win at least ten substantial victories on our goals on:

Affordability
Accessibility
Care

Using the interconnected theories of change of inform, reform, confront, and transform.

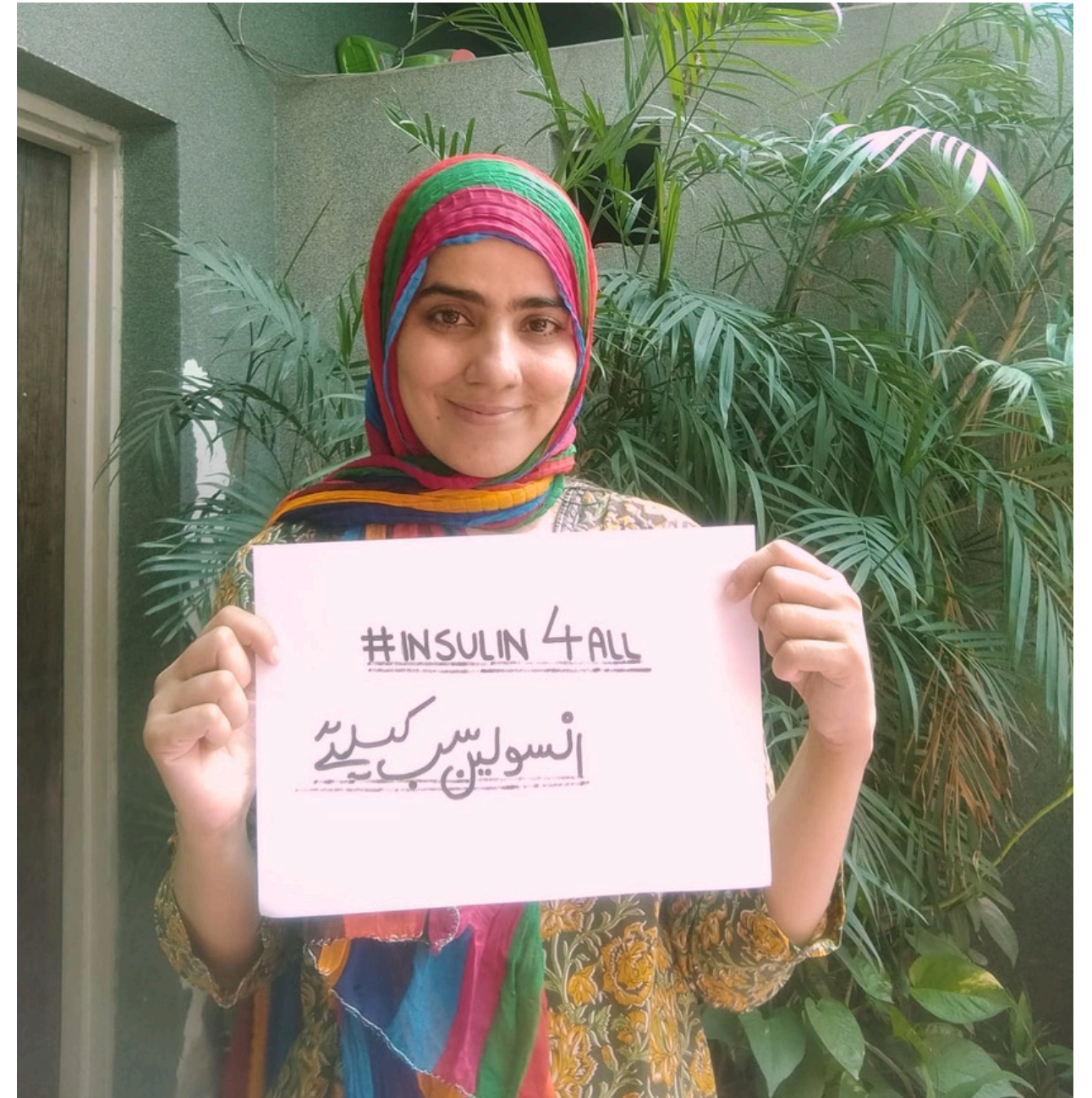


Photo: #insulin4all advocate Iqra holds a sign in Pakistan; Photo provided by Iqra

Affordability

People with diabetes should never be forced to choose between insulin and other necessities. We work to ensure that insulin and diabetes supplies are free or fairly priced and affordable for everyone, everywhere.

Global and International action: Global institutions like the World Health Organization must enforce bold targets such as its Global Diabetes Coverage Target. This target requires that, by 2030, the combined out-of-pocket cost for insulin and glucose self-monitoring supplies combined with the national poverty line should not exceed the monthly salary of the lowest-paid government sector worker in any country.

Corporate action: Multinational corporations must set fair pricing models in line with the World Health Organization's affordability targets, and make their medicines and supplies more affordable for patients including providing appropriate cost-plus prices.

National action and country-level policy-setting and enforcement: Governments must lead strong negotiations for the procurement of insulin and supplies, using policy tools to regulate pricing and ensure affordability for all residents. We call on governments to implement the goals in the Global Diabetes Compact and the World Health Organization's Essential Medicines and Diagnostics Lists.



Photo: Grassroots volunteers from T1International, Médecins Sans Frontières (MSF), and Treatment Action Coalition (TAC) demonstrate in Johannesburg, South Africa for World Diabetes Day 2024; Photo provided by MSF

Accessibility

People living with diabetes should have access to the medications and supplies that work best for their bodies. We dismantle systemic barriers to access, including monopolies, gaps in manufacturing, and disruptions in the supply chain.

Global and international action: Global institutions like the World Health Organization must enforce bold targets such as its Global Diabetes Coverage Targets to ensure 100% access to affordable insulin and glucose self-monitoring supplies. Global institutions must monitor and act on disruptions to access and discontinuation of essential medicines to ensure product continuity. Global institutions must take leadership in humanitarian crises.

Corporate Action: Pharmaceutical companies must ensure continuity by practicing consistent manufacturing and distribution of all insulin formulations, and expand access through equitable pricing and licensing agreements. Corporations hold responsibility for last-mile delivery and access.

National action and country-level action: Governments must ensure access to essential and life-sustaining insulin and other medicines and supplies through strong policies, oversight of distribution and last-mile access, including strengthening local manufacturing.

Governments must protect their residents by promoting a robust and resilient supply chain. Governments must support manufacturers and expand access through stopping patent evergreening, encouraging local manufacturing by competitive manufacturers, and supporting public pharmaceutical manufacturing and distribution. Governments must implement the goals in the Global Diabetes Compact and the World Health Organization's Essential Medicines and Diagnostics Lists. Governments must fund full implementation of last-mile accessibility of medications and supplies through expanding emergency access provisions and pharmacist scope of practice.



Photo: Grassroots Advocacy Partner Meethi Zindagi hosted a roundtable for Global Day of Action for #insulin4all in Islamabad, Pakistan in 2024; Photo provided by Meethi Zindagi

Impact Goals

Care

Affordability and access are only meaningful when coupled with high-quality and equitable health care systems that center the needs of people with diabetes, including mental health care.

Global and International Action: Global institutions must end the double standard of diabetes care between the Global North and the Global South by investing in dignified diabetes care.

Corporate Action: Corporations must put people over profits by grounding their communications and advocacy in evidence, real-world realities, and human rights principles. Corporations must practice responsible advocacy for equitable and affordable access to medicines, ensure transparency, and engage patients meaningfully.

National action and country-level policy-setting and enforcement:

Governments must deliver universal health care to their residents including diabetes education, care, medicines, and supplies. Governments must deliver care systems and diabetes education that is inclusive, culturally responsive, intersectional, and rooted in equity, and they must adequately fund this care. Governments must implement the goals in the Global Diabetes Compact. Local governments and institutions must remove administrative barriers and geographic inequities in care.



Photo: Nurses with Global Advocacy Partners Help Madina and We Care Sierra Leone hold an event at a school in Makeni, Sierra Leone in 2024; Photo credit: Apex Multimedia

To achieve T1International’s vision of affordability, access, and quality care, we must secure meaningful victories by informing policymakers and the public, reforming laws and policies, addressing the root causes of inequity, and transforming systems.

Strategic Pathways

To do this, we must build the following:



STRATEGIC PATHWAYS



We take action together

We know that people want to take action but have limited time and capacity to best leverage their power. We do the behind-the-scenes work to elevate our grassroots leadership by supporting campaign development and evaluation to have people take meaningful action to demand better, together. We activate our Chapters, email lists, and social media networks through thoughtful, targeted, and strategic campaigns. These actions are designed to meet people where they are and offer ways to engage at multiple levels of our theory of change and for our different impact goals.



We team up for greater impact

We build strong and supportive connections and collaborations with researchers, think tanks, supportive advocacy organizations, and grassroots groups. Together, we collect and share data in community-led research, offer reliable information to the public and to decision makers, and strengthen the evidence behind our advocacy. These partnerships give us sustained strategic counsel, help us document and disseminate strategic lessons learned, and inform the public and decision-makers with the insight and credibility that comes from working in deep collaboration.

“
I believe there is
strength in numbers.
”
T1International #insulin4all Chapter Leader from
the United States in a survey response

STRATEGIC PATHWAYS



We build community strength

We believe that when people come together, form groups, and get our voices heard, that is how we win. We help build community power by training and supporting strong groups to develop and implement strategic campaigns to achieve policy objectives tailored to their own context. We foster leadership through authentic relationships, build supportive networks for people most impacted by unaffordable and inaccessible diabetes medicines and supplies, and provide guidance on group development. We build community to support emotional and mental well-being and to combat grief and burnout.

“
T1International provides fishing rods, not just fish.
”
Working Group input into the strategic plan from a T1International #insulin4all Chapter Leader



We develop leaders

We recognize lived experience as essential to leadership. That’s why we prioritize leadership development among those most impacted by the insulin price and access crisis, at every level of our work. From campaign planning and organizational leadership, to media storytelling and global advocacy, we ensure that people with lived experience are leading. Our work elevates the voices of those most impacted, especially persons with intersectional identities. Our training equips relationally skilled people with the information, strategy, and tools to drive change. We encourage all actors, from individuals to institutions, to engage meaningfully with the global diabetes community and to follow ethical patient engagement principles when doing so.



FILM NEGATIVE

Photo: Metro D.C. #insulin4all advocates paint a banner ahead of the Global Day of Action for #insulin4all, 2024; Photo provided by T1International



FILM NEGATIVE

Photo: Angela, a grassroots volunteer from Kentucky, United States, speaks at an #insulin4all action 2018. Photo provided by T1International

To achieve T1International's vision and goals of affordability, access, and care, we inform policymakers and the public, reform laws and policies, confront the root causes of inequity, and build new systems. This work depends on a strong and resilient organization to enable our strategic pathways.

What Makes it Possible:

1. Grassroots Strategy Development
2. Powerful People
3. Operations and Infrastructure
4. Financial Sustainability

WHAT MAKES IT POSSIBLE

Grassroots Strategy Development

We believe that how change happens is just as important as the outcome. Success is measured by outputs and by how change is achieved: with collaboration, communication, participation, and transparency.



Photo: Participants in the Pamoja advocacy training program in collaboration with Sonia Nabeta Foundation in South Africa in 2019; Photo credit: Ophelia Photography

- **We believe in radical inclusion.** We work to remove access barriers to ensure that those most affected by intersecting identities can participate and lead. We follow ethical patient engagement principles and ethical collaboration principles in all of our work, using our processes to build trust, culture, and long-term adaptability.
- **We prioritize leadership from the grassroots.** Our most active and experienced volunteers shape our strategy through meaningful collaboration and engagement.
- **We guide, not decide.** Chapters and Partners have the freedom to work on campaigns that make the biggest impact in their local context, and our work is unified by our collective vision. T1International's team provides guidance on strategy development but does not make decisions while ensuring that all work aligns with our ethics and values.
- **We train for leadership.** We are committed to developing new leaders by supporting people who may not yet identify as activists or advocates to step into these roles and make impactful interventions. By equipping and mentoring new voices globally, we expand the movement and ensure its sustainability and influence.
- **We regularly evaluate our impact,** learn from experience, and adjust course to stay effective and aligned.

WHAT MAKES IT POSSIBLE

Powerful People

The delivery of our mission depends on the strength and sustainability of our team. We create an inclusive environment where staff, consultants, and volunteers can grow and thrive, focused on reaching clear goals with specific outcomes.

- **We invest in people** with shared values and with lived experience and provide the guidance, tools, training, and community needed for success.
- **We intentionally build a culture** grounded in equity, inclusion, and transparency to support sustainability of the work.
- **We recognize wholeness** and value and evaluate performance competency through a disability-justice framework. We recognize that fluctuating health conditions require flexibility and practice a culture and schedule that prioritizes personal health. Sustainable teams are built on rest and we pace ourselves to see our team retained and succeed in the long term.
- **We share leadership** and collaborate, leveraging our skills and our individual plans to cohesively work together on achieving our shared goals.
- **We value intersectionality** and work to build leadership of people with intersecting social and political identities including ability, race, gender, class, sexual orientation, and geography.



Photo: Global Advocacy Partner *Diabète et Méchant* grassroots volunteer leader Bertrand protests in Paris, France with the Global Day of Action for #insulin4all 2024;
Photo credit: Aguéline Zar for Gonzai magazine

WHAT MAKES IT POSSIBLE

Operations and Infrastructure

We maintain effective, compliant, and strategic internal systems to enable us to operate with effective integrity.



Photo: Justice, leader with Global Advocacy Partner [We Care Sierra Leone](#), speaks at a battery-powered film screening at Makeni Regional Hospital in Makeni, Sierra Leone, 2024; Photo provided by We Care Sierra Leone

- **We invest in infrastructure** that is accessible and supports long-term organizational resilience.
- **We protect confidential information**, whether internal strategies or personal stories, because we know the power dynamics we’re up against. We maintain best practices for organizational and digital security.
- **We maintain rigorous operational management**, including financial reporting and review, conflict-of-interest disclosures, advocacy and lobbying reporting, and annual audited financial statements, ensuring that all are transparent, clear, accountable, and aligned to T1International’s values.

“ We are fixing access to insulin and diabetes supplies for future generations. ”

Survey respondent for the strategic plan from a T1International Global Advocate

WHAT MAKES IT POSSIBLE

Financial Sustainability

Our ability to create change depends on securing the resources to sustain and scale our work, without compromising our values.



Photo: T1International Trustee Melissa speaks at the United Nations High Level Meeting on Universal Health Coverage in 2023; Photo provided by Melissa.

- **We maintain a diverse funding base**, including grassroots donations, major donors, and institutional grants.
- **We are accountable stewards of every contribution**, committed to thoughtful and strategic decisions about how resources are used to achieve our goals.
- **We uphold our ethical fundraising promise**: we do not accept funding from any entity that we believe would compromise our independence, integrity or ability to speak out freely
- **We are committed to full transparency** of donors and funding sources.
- **We prioritize long-term sustainability**, ensuring our funding model supports our mission, maintaining reserves and establishing an administrative fund.

“ In not taking funding from pharma, ... the organization has continued to attract very strong and powerful advocates... ”

Interviewee for the strategic plan from a person familiar with T1International from roles in International Non Governmental Organizations and global institutions

Conclusion

At T1International, our fight for affordable insulin, equitable access, and dignified care is bigger than any single policy victory or campaign. This strategic plan lays out how we inform, reform, confront, and transform the systems that put profit over people’s lives. It also shows what makes our work possible: grassroots strategy, people power, strong operations, and sustained funding. We know that solutions will not come from the top down and that real and lasting change is built when those most impacted come together and demand more.

Our global network of grassroots volunteers and campaign leaders living with and affected by diabetes are the foundation of everything we do. They lead local movements, challenge harmful systems and imagine a future where everyone has everything they need to not only survive but to achieve their dreams. We are endlessly grateful to our global network of volunteers and collaborators for supporting the development of this plan, and to Amina Taguirov, Lea Pruvot, Aude Bandini, Lucía Feito Allonca, and Anne Durieux for their translation volunteer work to ensure these materials are available in English, French, and Spanish.

Our independence is our strength. By rejecting pharmaceutical funding and corporate influence, we can speak the truth about who causes and profits from this crisis. By centering those most excluded from our current systems, we build a movement rooted in justice, equity and hope. See our funding sources [here](#) and [support T1International financially with a donation today](#).

This plan is our roadmap for winning substantial victories by 2030 and beyond. It reflects our belief that change is collective, layered and ongoing, and that every role in this movement matters. Together we are building a world where insulin and diabetes care are human rights and where everyone, everywhere can live with dignity.

Sincerely,

T1International’s 2025 Board of Trustees

- | | |
|-----------------------------|----------------|
| Melissa Passarelli, Chair | Kendall Dallas |
| Heather Robinson, Treasurer | Matthew Dinger |
| Olamide Adejumo | David Fraser |
| Lucía Feito Allonca | Cameron Hall |
| Justin Cikomola | Nkiruka Okoro |



Glossary

- **Basal-bolus regimen:** A method of insulin therapy that combines long-acting (basal) insulin to keep blood glucose levels stable throughout the day and night with rapid- or short-acting (bolus) insulin taken at mealtimes to manage the rise in blood glucose from food.
- **The Big Three:** Eli Lilly, Novo Nordisk, and Sanofi are the three insulin manufacturers that control more than 90% of the global insulin market
- **Continuous glucose monitoring:** a type of glucose self-monitoring system that uses a small sensor placed under the skin to track glucose levels in real time, day and night. The sensor sends information to a device or smartphone, helping people with diabetes see patterns and trends, and make decisions about insulin, food, and activity
- **Diabetes supplies:** Syringes, needles, lancets, testing strips and solutions, calibration strips, continuous glucose monitors, insulin pump supplies, and more that are used to monitor and manage blood glucose for people with diabetes.
- **Disability Justice:** A movement and framework led by disabled people of color that goes beyond disability rights to address the ways ableism intersects with racism, sexism, classism, and other forms of oppression. It emphasizes leadership of those most impacted, collective access, interdependence, and cross-movement solidarity. For more, see: <https://sinsinvalid.org/10-principles-of-disability-justice/>
- **Emergency Access to insulin laws, Alec’s Laws:** Alec’s Laws are a package of emergency access reforms to provide insulin at a set price regardless of insurance status. They are named after Alec Smith-Holt who died due to rationing his insulin due to cost
- **Essential Medicines List (EML):** A list published by the World Health Organization (WHO) that identifies the most important medicines needed for a basic health system. These medicines are chosen for their safety, effectiveness, and importance in meeting the most common healthcare needs worldwide.
- **Expanding Pharmacist Scope of Practice Laws, Kevin’s Laws:** Laws or regulations that allow pharmacists to provide more services beyond dispensing medications, such as prescribing certain medications like insulin. They are named after Kevin Houdeshell who died due to not being able to get a prescription filled over a long weekend.
- **Glucose self-monitoring supplies:** Tools that people with diabetes use to check their own blood glucose levels. These include blood glucose meters, test strips, lancets, continuous glucose monitors, and related items that support daily management of diabetes.
- **Global Diabetes Coverage Target:** was set by the World Health Organization (WHO) as part of its global diabetes framework. It aims for 80% of people with diabetes to be diagnosed, and for 80% of those diagnosed to have good control of their blood glucose and blood pressure, by 2030.
- **Healthcare infrastructure:** The systems, facilities, people, and equipment needed to deliver healthcare services. This includes hospitals, clinics, supply chains, trained health workers, medicines, and technologies that make it possible for people to access and receive care.
- **Humanitarian crises:** Emergencies caused by conflict, natural disasters, epidemics, or other major events that threaten people’s health, safety, and well-being. These situations often disrupt access to essential needs like food, water, shelter, and healthcare, including medicines such as insulin.



Glossary

- **Insulin:** Analog insulins are laboratory-grown but genetically altered to create either a more rapid-acting or more uniformly-acting form of insulin. This can have advantages for blood sugar management. Common brands of rapid-acting analog insulins include aspart insulins (NovoLog, Fiasp), glulisine (Apidra), lispro (Humalog, Admelog, Lyumjev), and an inhalable powder (Afrezza). Common brands of long-acting analog insulins include detemir (Levemir) glargine (Lantus, Basaglar, Semglee, Toujeo), and degludec (Tresiba). They are available in several strengths and sizes, as well as different dosage types including insulin pens. Human insulin is a synthetic insulin and made in a laboratory to be like insulin made in the body and examples include Regular (short-acting): Humulin S, Actrapid, Insuman Rapid; NPH (intermediate-acting): Humulin I, Insumanbasal, Insulatard; Premixed: Humulin M2, M3, and M5, Insuman Comb 15, 25 and 50). Other insulins include animal insulins. Insulin in vials is drawn out by a needle before injected. Insulin in pens is pushed out from a needle directly for injection. Vials and pens can come in different quantities.
- **Last-mile delivery:** The final stage of getting medicines and supplies to the people who need them, often in remote or hard-to-reach areas.
- **Monopoly:** A situation where a single company or a very small number of companies control the entire supply of a product or service, limiting competition and driving up the price of essential medicines like insulin and restricting access for patients.
- **Out-of-pocket costs** are expenses that people pay directly for healthcare, rather than being covered by insurance or government programs.
- **Patent evergreening:** A patent is a government authority or license for a sole right to exclude others from making, using, or selling the drug for a set period. Patent evergreening are strategies by which producers extend their patents over products that are about to expire to retain royalties from them, by either taking out new patents or by buying out or frustrating competitors, for longer periods than would normally be permissible under the law.
- **Patient:** At T1International, we refer to patients as interchangeable with 'person living with diabetes', 'person with diabetes' (also seen as 'PWD'), 'person living with type 1 diabetes' (also seen as 'T1D'), 'person living with type 2 diabetes' (also seen as 'T2D') or 'person with lived experience with diabetes.' Some may find the term patient to be patronizing, but many others find older terms such as 'diabetes sufferer' to be more harmful. We believe patients have power and therefore want to reclaim the term.
- **Prescription**, also called scripts, or Rx, are a formal authorization to dispense a specific prescription drug to a specific patient.
- **Public production or public manufacturing** is the manufacture of medications by the government to offer a better price for public use.
- **Rationing** is limiting or restricting access to essential medicines or healthcare, often because supplies are scarce or too expensive. In diabetes care, rationing can mean people use less insulin than they need, skip doses, or share insulin to make it last.
- **Type of diabetes:** Different forms of diabetes that affect how the body regulates blood glucose. For example: Type 1 diabetes is where the body does not produce insulin and requires insulin therapy; Type 2 diabetes is where the body does not use insulin properly, and treatment may include lifestyle changes, oral medications, or insulin; Gestational diabetes is a form of diabetes that develops during pregnancy and usually goes away after birth, though it increases risk for future diabetes; LADA (Latent Autoimmune Diabetes in Adults); MODY (Maturity Onset Diabetes of the Young); as well as other types include secondary diabetes caused by medical conditions, medications, or genetic syndromes



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