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NATIONAL INSULIN AND HEALTH SOVEREIGNTY

On World Diabetes Day, authors provoke: resuming local production of the hormone is a milestone, but not the end goal. In addition to meeting Brazil's demand, the public industry should become a supplier at fair prices for all of Latin America

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[Outra Saude](#).

One hundred years after the discovery of insulin, the drug that has saved millions of lives is still considered a privilege. One in two people with diabetes who depend on it to survive do not have guaranteed access.

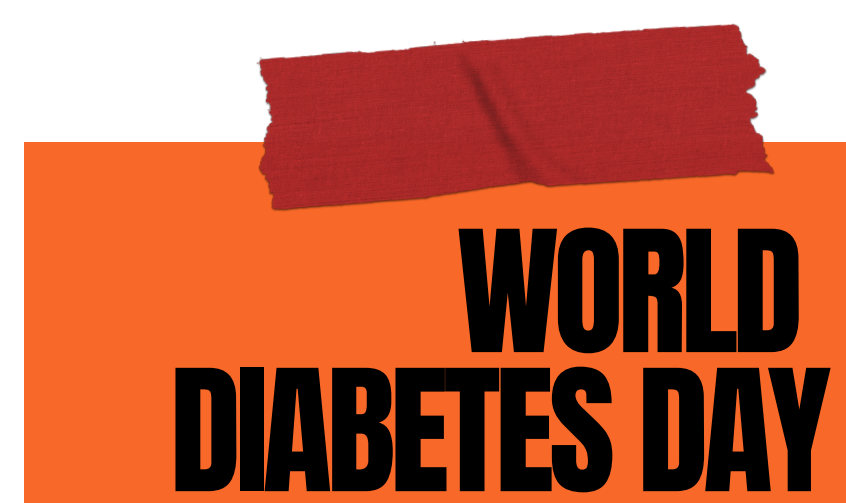
The concentration of insulin production in three transnational pharmaceutical companies, combined with health policies that deprioritize sustainable supply to health systems, means that patients must bear exorbitant costs and, in the worst cases, ration insulin to make the treatment last.

Furthermore, access to insulin is not limited to the drug itself. It means having the right device- such as pens, which are more accurate and comfortable than syringe and vials, or a continuous infusion pump- and access to therapeutic education for safe and effective use.

According to T1International's new Out-of-Pocket Expenses Survey, patients spend an average of 15% of their household income on insulin and glucose testing supplies. In low- and middle-income countries, this percentage rises to 62%. In Latin America, the figures are alarming: average expenditure reaches 36% of average income; in Guatemala, it exceeds 100%.

High costs make rationing insulin and testing supplies a common practice. Between 2018 and 2024, the global number of people who need to ration doubled. International statistics suggest that insulin is “widely accessible,” but the reality for patients shows otherwise.

In Brazil, the Unified Health System (SUS) is a fundamental tool for ensuring access to insulin. However, supply faces a number of barriers: limited access to analog insulins; bureaucratic obstacles; difficulty in purchasing insulins on the private market; decreased supply by transnational industry; and political deprioritization. These difficulties reveal the structural fragility of supply and the vulnerability of relying almost exclusively on multinationals to guarantee a vital input.





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PUBLIC PRODUCTION OF INSULIN FOR ALL

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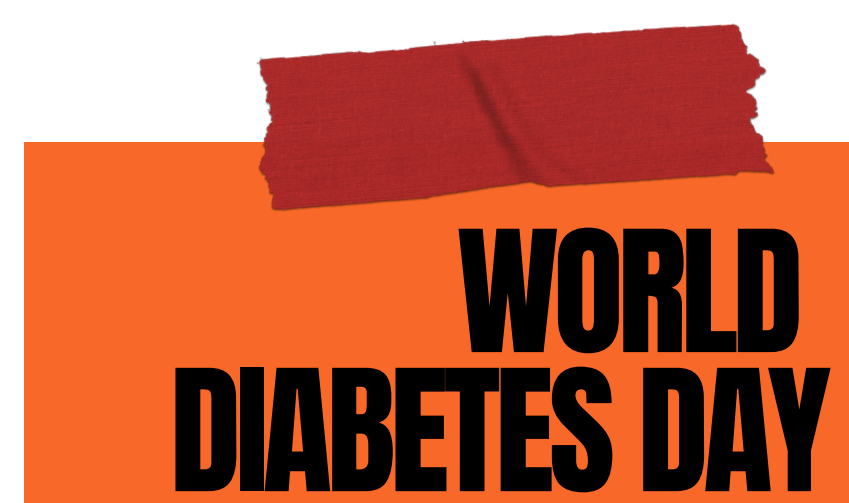
Brazil has a characteristic seen in few countries: the existence of national public manufacturing facilities for the purpose of producing medicines for the public health system. In recent years, the Brazilian biotechnology industry has returned to growth, and in 2025, Brazil will resume public production of insulin, a strategic step to address shortages, reduce dependency on the private sector, and ensure sustainable supply for health systems. The initiative is part of the new National Strategy for the Development of the Health Economic-Industrial Complex (CEIS), one of the pillars of the Nova Indústria Brasil (NIB) program, a set of measures to boost national industrial activity by 2033.

In the 1980s, Biobrás Bioquímica do Brasil, in partnership with Eli Lilly, produced most of the insulin used in the country. However, in 2001, Biobrás was sold to Novo Nordisk, and since then, Brazilian insulin has been imported.

Subsequently, Farmanguinhos/Fiocruz and Bahiafarma resumed production and distribution, still importing the active ingredient from Ukraine's Indar S.A. through Productive Development Partnerships (PDPs), agreements that seek to expand access, reduce costs, and strengthen the technological autonomy of the SUS.

In 2025, the Ministry of Health announced the first batch of 100% Brazilian insulin. The initiative is the result of a PDP between the Indian pharmaceutical company Wockhardt, the public laboratory Fundação Ezequiel Dias (Funed), and the Brazilian company Biommm. The NPH and regular insulins produced will be distributed free of charge in the SUS, within the Basic Component of Pharmaceutical Assistance.

In the same year, another partnership between Bio-Manguinhos/Fiocruz, Biommm, and the pharmaceutical company Gan & Lee was approved for the domestic manufacture of glargine insulin, with production of the active pharmaceutical ingredient (API) at the Fiocruz factory in Ceará.





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These steps signal a recovery in national production capacity and an attempt to reduce the external dependence that has marked the last two decades, ensuring health sovereignty in insulin production.

Despite the advances, significant challenges remain. It is necessary to increase investments in public production, internalize the manufacturing of Active Pharmaceutical Ingredients (APIs), and ensure sustainable resources for innovation and distribution of production.

The resumption of national production is a milestone, but it is not the end goal. National production must meet all SUS demand, include all types of insulin, and fulfill the constitutional principle of cooperation with other Latin American countries.

Building regional-scale production will require more: expanding national production capacity, strengthening regulatory dialogue, and partnerships with countries and regional organizations. This expansion should have the clear objective of reducing external dependency and creating a Latin American network for the production and supply of essential inputs.

Brazil can, and should, become a regional supplier of insulin at a fair price, contributing to health security in Latin America.

If the 20th century was the century of insulin discovery, then the challenge of the 21st century is to ensure that everyone who needs it has unobstructed and affordable access.

Brazil now has the opportunity, and the responsibility, to lead the way.

Nathália Rodrigues Alvarez. Technical Advisor to the National Health Council, Health Ministry, Brasília, DF, Brazil.

Débora Alighieri. Counselor to the Influencers Diabetes Brazil Movement, member of the Public Health, Epidemiology, Health Economics and Advocacy Department of the Brazilian Diabetes Society, author of the blog Diabetes and Democracy.

Sara Helena Gaspar. Advocacy Consultant, T1International.

Nina Tusch. Chief editor of “Glucose toujours”, communications officer of the NGO Santé Diabète, France.

Renata Borges Oliveira. Activist for the rights of people living with diabetes.

