WHO includes drugs for diabetes and weight loss in essential medicines list

Listing a medicine on the EML is one step in a series of actions that can lead to lower costs, better affordability, and greater access

According to the WHO, the rationale for including these drugs is very clear: diabetes and obesity are two of the most urgent health challenges facing the world today. Image for representation only.

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With the World Health Organization (WHO) updating its Model Lists of Essential Medicines (EML) to add the GLP-1 class of drugs for diabetes with associated comorbidities such as obesity, access to these drugs might just become easier. Listing a medicine on the EML is one step in a series of actions that can lead to lower costs, better affordability, and greater access.

The 25th meeting of the WHO Expert Committee on the Selection and Use of Essential Medicines was held from May 5 to 9, 2025. It reviewed scientific evidence showing that a group of medicines called glucagon-like peptide-1 (GLP-1) receptor agonists can help people with type 2 diabetes — especially those who also have heart or kidney disease — and concluded that semaglutide, dulaglutide, liraglutide, and tirzepatide would be added to the EML. These drugs are used as glucose-lowering therapy for adults with type 2 diabetes mellitus and cardiovascular disease or chronic kidney disease and obesity.

High price

According to the WHO, the rationale for including these drugs is very clear: diabetes and obesity are two of the most urgent health challenges facing the world today. According to statistics from 2022, over 800 million people live with diabetes, with half going untreated. At the same time, more than one billion people worldwide are affected by obesity, and rates are rising fast especially in low- and middle-income countries.

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The prices of these drugs are so high that access is limited. "A large share of out-of-pocket spending on noncommunicable diseases goes toward medicines, including those classified as essential and that, in principle, should be financially accessible to everyone," Deusdedit Mubangizi, WHO Director of Policy and Standards for Medicines and Health Products, says.

Good step forward

While appreciating the move, Anoop Mishra, head, Fortis C-DOC Hospital for Diabetes and Allied Sciences, New Delhi, lends a reality check: "It is a good move; however, in India these types of drugs will benefit only a small number of people, while other life-saving, low-cost essential medicines for diabetes, hypertension, and heart disease, applicable to a large number of people, remain largely unavailable."

On the other hand, V. Mohan, chairman, Dr. Mohan's Diabetes Specialties Centre (DMDSC), provides an energetic response: "I'm very happy that the WHO has included the GLP-1 class of drugs. The fact that even a conservative organisation like the WHO has included these rather expensive drugs in their EML, shows how compelling the evidence is. Apart from the glucose lowering effect, they have tremendous effect on weight reduction and obesity management." He points out that, recently, injectible semaglutide has been approved for metabolic dysfunction-associated steatotic liver disease, associated with weight, and for improving cardio-metabolic health.

R.M. Anjana, managing director, DMDSC, says: "It will definitely help improve access and affordability. But will it be useful as a first line drug? This maybe not for everyone...as there are various subtypes of diabetes. But for those in whom it is indicated, it's a good step forward."

The Model Lists are updated every two years by an Expert Committee, made up of recognised specialists from academia, research, and the medical and pharmaceutical professions, to address new health challenges, prioritise highly effective therapeutics, and improve affordable access.

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