Global South Healthcare Journal
www.gshealthjournal.com

VIEWPOINT ARTICLE
Published : 8 February 2026
Volume 1 | Issue 2 (2025)

Challenges in Patient Access to Type 2 Diabetes Care in India and Digital Solutions Deployed by Pharmaceutical Companies

Anuj Tiwari

Founder, GK WebTech; Health Technology & Public Health Expert

ABSTRACT

Undoubtedly, increased R&D spending has improved the availability of solutions, but access to these solutions remains poor. The major challenge lies in patient access. According to the IDF's Global Diabetes Atlas, over 50% of people in India with diabetes are undetected and at risk.

Medical technology companies have also developed patient education and engagement digital tools to improve patient access.

Global South Healthcare Journal (GSHJ), 2025; 1(2).
DOI: 10.61081/gshj/1v2i108

CORRESPONDING AUTHOR:
Anuj Tiwari
dranujtiwari@gmail.com

KEYWORDS:
Type 2 Diabetes Mellitus, Innovation, Medical technology

HOW TO CITE:
Tiwari A___. Challenges in Patient Access to Type 2 Diabetes Care in India and Digital Solutions Deployed by Pharmaceutical Companies. Global South Healthcare Journal. 2025;1(2):86–88

INTRODUCTION

Type 2 Diabetes Mellitus (T2DM) presents a significant global health challenge, with India facing a particularly daunting task due to its large diabetic population. India is known as the "Diabetes Capital of the World," harboring the largest number of diabetes patients worldwide—a condition exacerbated by rapid urbanization and lifestyle transitions. Diabetes is not just a single disease but a root cause of complications such as cardiovascular diseases. Notably, people with diabetes have a higher risk of heart disease and stroke. High blood sugar levels can damage blood vessels, leading to atherosclerosis (hardening of the arteries), which increases the risk of heart attacks and strokes. Other complications include diabetic neuropathy, nephropathy, diabetic retinopathy, ulcers, and infections.

Innovation

Undoubtedly with complications, the economic burden of diabetes is huge, warranting investment in diabetes care. Pharmaceutical companies like Novo Nordisk and Lilly have heavily invested in bringing novel solutions to the market. As a result, drugs such as Dulaglutide, a GLP-1 receptor agonist administered once weekly to help lower blood sugar levels, have emerged. Semaglutide is another GLP-1 receptor agonist that has gained popularity due to its efficacy in controlling blood sugar and supporting weight loss. Ertugliflozin is part of the SGLT2 inhibitors class, which works by preventing the reabsorption of glucose in the kidneys, thus helping to lower blood sugar levels. Empagliflozin/Linagliptin is a combination drug that combines an SGLT2 inhibitor with a DPP-4 inhibitor.

Medical technology companies such as Roche, Abbott, and Medtronic have also introduced solutions like Continuous Glucose Monitors (CGM), allowing users to monitor glucose levels continuously through a sensor worn on the skin, providing real-time data. Insulin subcutaneous pumps deliver constant subcutaneous insulin infusion, providing more precise control over blood glucose levels compared to multiple daily injections. Patch pumps are small, wearable devices that deliver insulin without tubes. Smart insulin pens track dosing history, help with dose calculations, and connect to apps for data storage and sharing with healthcare providers.

Access to Care

Undoubtedly, increased R&D spending has improved the availability of solutions, but access to these solutions remains poor. The major challenge lies in patient access. According to the IDF's Global Diabetes Atlas, over 50% of people in India with diabetes are undetected and at risk. Moreover, a significant number of patients struggle to access diabetes drugs due to socioeconomic issues and infrastructural limitations. Below are a few reasons for poor access:

1. High cost of screening, diagnostics, medication, and management
2. High indirect costs such as diet, travel, and loss of work
3. Low insurance coverage for diabetes management and additional co-pays
4. Low education and awareness of management and available solutions
5. Gender disparity in access to medicine
6. Poor infrastructure and facilities in rural and underserved areas
7. Limited availability of specialists and trained healthcare workers
8. Technology adaptation and integration at the patient level
9. Overburdened health system
10. Cultural and language barriers in patient education and engagement

After access, adherence to treatment and management poses extra challenge. Prolonged disease and treatment can cause depression and anxiety, and patients often experience diabetes burnout. Disturbed family life, social life, and cultural beliefs also play a negative role. Poor education leads to fear of side effects and difficulty in using solutions, which are common phenomena.

Solutions

Pharmaceutical companies are now focusing on patient access and centric solutions more than ever before. They have realized that making solutions available is not enough; accessibility is equally important. Several pharmaceutical companies have patient access programs aimed at improving the availability and affordability of medications. These programs are part of broader efforts by pharmaceutical companies to ensure patients have access to necessary medications and support, thereby enhancing diabetes management. The main approach is to subsidize costs and enhance patient engagement through education. A few examples include:

- Novo Nordisk Access to Insulin Commitment: This global initiative aims to ensure low-cost insulin availability in low- and middle-income countries. In India, similar efforts are focused on providing affordable insulin and raising awareness about diabetes care.
- Sanofi Patient Support Programs: Sanofi runs programs aimed at improving access to diabetes care through educational initiatives and support networks, often providing financial assistance or subsidized treatment options.
- Abbott's Diabetes Care Programs: Abbott runs initiatives that include educational resources and accessibility programs for devices like FreeStyle Libre, along with platforms aimed at supporting patients in effectively managing their diabetes.

Medical technology companies have also developed patient education and engagement digital tools to improve patient access. For example, Roche has implemented digital health platforms such as the "Accu-Chek Connect" app, which allows patients to track their blood glucose levels and receive personalized health advice. This app enables remote monitoring by healthcare providers, thus bridging the gap for patients residing in areas with limited access to healthcare facilities. Novo Nordisk has deployed initiatives such as the "Cities Changing Diabetes" program, which includes digital components for patient education and engagement. The program aims to create sustainable strategies for urban diabetes management using digital outreach tools and local collaborations. Novo Nordisk has also introduced telehealth services to facilitate real-time consultations between patients and healthcare professionals, reducing the need for physical travel and increasing access to expert advice.

DISCUSSION

Access to such access programs is often limited, leaving a significant number of patients out of reach. Unsurprisingly, resources available for access are low compared to business goals, as the industry's main commercial objectives naturally align with increasing availability. The high cost of

conventional and digital programs is also a limiting factor and often discourages companies from investing more in access to care. A plausible solution is to collaborate and develop common diabetes access programs by agreeing on shared goals and objectives. A coalition of key industry players could pledge their efforts and investment to meet common patient access goals. However, such collaborations have yet to occur in India, possibly delayed due to competing interests or intellectual property concerns. Nevertheless, such forums and industry collaborations are common in Western countries such as Europe and the U.S., although their health systems are not comparable to India's due to the high penetration of insurance and robust infrastructure. But, such common programs cannot be avoided for long.

Another gap exists in collaboration between pharmaceutical and medical technology access programs. A common access program will ensure that detection, medication, and management are aligned, preventing fragmented care for patients. While it may be early, a common access program is the future, and India will not be an exception. The role of public health systems is crucial, and it should increase focus on patient access. The National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) and the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) health insurance schemes are strong initiatives but need to address mentioned barriers in a multifaceted fashion. Government policy reforms should be a top priority and should pay ample attention to increase patient access through increased funding and incorporating technology.

Technology-driven solutions are promising and unique in bridging geographic and informational divides. Roche and Novo Nordisk's initiatives have demonstrated how digital platforms can improve patient engagement, self-management, and continuous monitoring, significantly enhancing the diabetes care process. Successful digital access solutions from the industry should be adapted and adopted by the health system to scale. Community health initiatives, focusing on training through digital solutions, are proving effective and should be scaled up.

CONCLUSION

Socioeconomic challenges remain a fundamental barrier to adequate Type 2 Diabetes care in India. This article underscores the urgent need for industry collaboration, coherent policy reforms, community-driven digital strategies, and the deployment of innovative digital tools to address patient access challenges. Proper implementation of technology and infrastructure improvements can significantly enhance patient access.