

Novo Nordisk is changing diabetes in the US

Being the preferred partner in diabetes care isn't just about having competitive products. For Novo Nordisk, the real competitive edge comes from the company's commitment to changing diabetes. Perhaps nowhere is this more evident than in the US, which is facing an explosive rise in diabetes.

Dr Francine Kaufman is a leading paediatric endocrinologist in the US. Too often, she says, the children that she treats are not in optimal control of their diabetes. This has a direct impact on their quality of life and can raise the risk of developing serious complications in the long term.

"The challenges faced by children – and adults – with diabetes are immense," says Dr Kaufman, professor of Pediatrics at the Keck School of Medicine and head of the diabetes programme at Children's Hospital, Los Angeles. "They are never free of their diabetes."

Dr Kaufman's experience underlines the fact that it takes more than good products to treat diabetes. Such a complex disease demands a high level of self-management and an individualised treatment approach not always possible for overwhelmed physicians and a healthcare system oriented towards acute rather than chronic care.

"We need to get people to confront the fact that we have a system that is fundamentally unable to deal with diabetes as a chronic disease," she adds.

Catalyst for change

Dr Kaufman is one of many key opinion leaders in the diabetes field who are supporting the National Changing Diabetes Program, a programme launched by Novo Nordisk in 2005 to help bring about meaningful change and foster collaboration among all parties in the healthcare system.

"We want to be a catalyst for changing diabetes," says Martin Soeters, president, Novo Nordisk in the US. "That means better serving the needs of the 21 million Americans with diabetes. A third of these don't even know they have diabetes, and two thirds of those being treated are not in good control. Healthcare professionals today have little time for anything other than keeping up with their patients' needs. It is understandable that they have only a little time available for pharmaceutical industry representatives. The time we are allowed with the diabetes specialists is therefore used to not only inform about our products, but also to discuss how we can work together – even if the shared mission is something as ambitious as facilitating change in the healthcare system. We try to engage as partners with one shared goal – the well-being and health outcomes of people with diabetes."

Novo Nordisk is making a multi-million dollar commitment to the National Changing Diabetes Program over the next five years. It will work to remove barriers to chronic disease management, create new incentives for better diabetes care, enhance medical training for diabetes and chronic care, and help people

We have achieved our goal when all Americans with diabetes are in good control.

Martin Soeters
president,
Novo Nordisk in the US

with diabetes manage their condition more effectively. The programme was launched in November 2005 in Washington, DC, with a diabetes forum attended by around 200 people involved in diabetes in the US, from policy-makers and patient organisations to physicians, nurses and diabetes educators. For many, it was the first time that all the relevant stakeholders were gathered in the same room.

"Our vision and our commitment to social responsibility compel us to pursue a National Changing Diabetes Program because of the very poor state of diabetes control in this country," says Andrew Purcell, vice president, Strategic Business Development in the US.

A report published in 2005 by Yale University Schools of Public Health and Medicine with the Institute for Alternative Futures and sponsored by Novo Nordisk predicted that if the system remains unchanged, by 2025 an estimated 50 million people (15% of the population) will develop diabetes, more than double the current number. It will also cost America 351 billion dollars (298 billion euros) in direct medical and indirect societal costs, more than double the amount currently spent.

A different approach

Novo Nordisk is working for change through its Government Affairs office in Washington, DC. Its goal is to increase patient focus and resources for changing diabetes care in the US by working together with Congress and the Federal Government. One result of this effort is that insulin devices are now covered under Medicare, the government assistance programme for people over age 65; another achievement is that Medicare recipients now qualify for preventive services that can help detect diabetes.



Dr Francine Kaufman is a supporter of the National Changing Diabetes Program.



Martin Soeters kicks off the National Changing Diabetes Program, to better serve the 21 million Americans with diabetes.

"Our approach is very different, and that's what gets us heard in Washington," says Michael Mawby, chief government affairs officer for Novo Nordisk.

Great place to work

Based on the belief that people come first in building a successful business, Novo Nordisk in the US has worked to create a 'my company' culture among its more than 2,300 employees. The company culture is very important to the US affiliate, which has experienced annual growth in sales of 30% over a period of five years.

"The Novo Nordisk approach to business has played a big part in how we attract and retain people," says Jeff Frazier, vice president of Human Resources for Novo Nordisk in the US.

"The values, the access to top management and the feeling of contributing to the company's mission of helping people with diabetes and other serious health needs are all highly motivating. This is borne out by annual

surveys on the work climate and by a retention rate for top performers that is significantly higher than for the industry as a whole," says Jeff Frazier. The company earned recognition as an employer in 2005 when it was named the best place to work among large companies in New Jersey by *NJBIZ* magazine and The Best Companies Group.

The way forward

In 2005, Novo Nordisk achieved for the first time the largest insulin market share in the US by volume at 39%, edging out long-established, much larger competitors. The US is the company's fastest-growing market. While still small in comparison with its competitors, the company's sales force of 1,200 has grown six-fold since 2001. Novo Nordisk is building its US market through a strategic approach that includes several elements: expanding the sales force, attracting and retaining talented people, increasing market penetration for the company's insulin analogue portfolio and working

together with key stakeholders to make positive changes in the healthcare system that will benefit people with diabetes.

While Martin Soeters is pleased with Novo Nordisk's growth in the US, there is a lot more work ahead as it faces growing competition. His next goal is to continue and accelerate the growth of the company's insulin analogue portfolio. To accomplish this, Novo Nordisk is preparing to launch Levemir®, the newest addition to the family of insulin analogues.

"The US represents 50% of the world's global sales of pharmaceutical products. There is no reason Novo Nordisk's sales shouldn't reflect that. This will happen not just because of our products, but because of our focus on people with diabetes, employees and society. That is the only way to build a sustainable business," concludes Martin Soeters.



See more about Novo Nordisk in the US at novonordisk.com/annual-report
Click: How we work

Changing diabetes demands new approaches

Curbing the unfolding epidemic of diabetes requires a focused business strategy that takes into account the need to get more people into better control of the condition.

Diabetes is a major global public health problem. In 2003, 194 million people worldwide had diabetes, according to the International Diabetes Federation. That number is expected to reach 333 million by 2025. Moreover, diabetes is associated with long-term complications such as heart disease and stroke, blindness, kidney failure, foot complications, nerve damage and amputations. The human and socio-economic costs associated with diabetes are exorbitant. In the US alone, total healthcare costs were estimated at 132 billion US dollars (112 billion euros) in 2002. There is clearly scope for disease management strategies that will help to reduce this burden.

Reducing complications

Improved blood sugar control is at the core of preventing or delaying complications, and this

is where Novo Nordisk is targeting its efforts.

The level of haemoglobin A1c shows the average amount of sugar in the blood over the previous two to three months and is the best way to find out if the blood sugar is under control. Recommendations are that HbA1c should be below 6.5%. Lowering HbA1c has been shown to have a significant impact on the risk of late-stage complications. People with diabetes in very poor control run a significant risk of developing late-stage complications. Lowering the HbA1c level by just 1% can achieve significant benefits.

"Novo Nordisk has a vision of being the world's leading diabetes care company. This is an ambitious goal and one that we approach by way of our full portfolio of insulin analogues. Our message is that control matters. Strict blood sugar control is the key to successful management of diabetes," says Jakob Riis, senior vice president of International Marketing.

With the new insulin preparations that more closely mimic physiological insulin secretion, blood sugar levels can be better controlled and an acceptable HbA1c level can be achieved. Achieving near-normal blood glu-

cose has been an elusive goal for many people with diabetes and one that has often been associated with the increased risk of hypoglycaemic events and weight gain. With the new insulin analogues it is however possible to reap the benefits of tight control without the increased risk of hypoglycaemia and unnecessary weight gain.

While this is a significant step towards an optimal disease management strategy, Jakob Riis also recognises that not all people with diabetes can deal with this level of rigorous self-management.

Individually tailored treatment

Acknowledging that people are different and that optimal control is achieved by understanding the people behind the disease is a firm conviction of Novo Nordisk. Novo Nordisk's DAWN programme builds on the findings of a breakthrough study conducted by Novo Nordisk into the attitudes, wishes and needs of people with diabetes and diabetes healthcare professionals. The study has created a platform for working with other stakeholders to better understand what it takes to



Harmut Kraft of Germany has had type 2 diabetes for 34 of his 69 years. After struggling with oral therapy for over 30 years, he wanted to put an end to the diabetes complications that were beginning to rule his life. "I wanted a normal life, one I can enjoy. Switching from tablets to insulin really changed my life. I am my old self again. I always tell myself I wish I had listened to my doctor's advice and started on insulin years ago," he says.

4th

main cause of death in most developed countries is diabetes.

50%

of all people with diabetes are unaware of their condition. In some countries this figure may be as high as 80%.

19,000

people will develop diabetes every day for the next 20 years.

25%

of the world's nations have not made any specific provision for diabetes care in national health plans.

help people with diabetes achieve better control of their diabetes. It starts by understanding the person behind the disease.

"People with a high level of support from family and friends, and people who cope actively have different treatment preferences from people who feel overwhelmed by the condition and have poor social support. A person who leads a highly active lifestyle with variable mealtimes and a high level of physical activity needs a very different insulin regimen from a retired person living a quieter lifestyle with regular meals and long-established habits. Tailoring therapies to fit each person's needs may be key to improving treatment outcomes in diabetes in the future," says Søren Skovlund, manager of the DAWN programme.

"The great thing about the new insulin analogues is that we can customise treatments to the patient's preferred lifestyle. Previously,

people with diabetes and their families had to adhere to a rigid meal plan that evolved around the insulin dose. Now the insulin dose evolves around people's preferred lifestyles. So modern diabetes therapy has provided both health and lifestyle benefits," says Jakob Riis.

"For people who grew up with diabetes from early childhood or adolescence, diabetes often becomes a part of life; it is something you just deal with," he continues.

"For many adults with type 2 diabetes, there is a need for a more convenient insulin regimen. Our premixed insulins are good 'starter insulins' that give

good physiological coverage and can be intensified over time if the need for more intensive therapy arises," concludes Jakob Riis.

Earlier diagnosis

One area that Novo Nordisk feels strongly about is the need for earlier diagnosis of dia-

There is no shortage of experts and statistics sounding the alarm about the diabetes epidemic but it is still not ranked high enough on the global agenda.

Lise Kingo
executive vice president for
people, reputation and relations,
Novo Nordisk

betes and, once people have been diagnosed, faster insulin initiation.

"We know that this could prevent a lot of hardship among those affected in terms of fewer late-stage complications and better quality of life. It would also carry significant socio-economic benefits. With the National Diabetes Programme, Novo Nordisk works to influence change in healthcare systems; in the way physicians and people with diabetes approach treatment; and a renewed commitment towards prevention and early detection," says Peter Gerhardsson, vice president of Corporate Health Partnerships. "This is a partnership effort requiring the active participation of stakeholders from many sectors including patient associations, healthcare professionals, health policy-makers and others."

For more on improving diabetes care, see pp 22–23. To date, 267 national diabetes programmes have been established worldwide.



See more about Novo Nordisk's changing diabetes at novonordisk.com/about_us/changing-diabetes

Range of options for best treatment outcome

The Novo Nordisk approach to diabetes treatment is based on the company's recognition that people with diabetes have differing needs and requirements for treatment, which may change over time. By choosing the treatment best suited to the individual, there is a greater chance of an optimal treatment outcome.

A tailored diabetes strategy

The company's insulin portfolio is built on the knowledge that to effectively control blood glucose it is important to address both fasting blood glucose (in between mealtimes) and post-prandial glucose (after mealtimes). Therefore, the Novo Nordisk product range includes both fast-acting and long-acting insulin analogues. A full range of insulin analogues accommodates the need for people with diabetes to intensify insulin treatment over time

in order to reach optimal blood glucose levels and avoid serious complications.

Insulin analogues are designed to mimic more closely the body's own physiological insulin regulation of blood glucose levels than human insulin, and offer better mealtime glucose control, less hypoglycaemia and increased convenience for all types of people with diabetes.

Levemir® brings new benefits

Levemir®, the latest of the insulin analogues developed by Novo Nordisk, is a long-acting insulin that provides more consistent day-to-day control of blood glucose levels than conventional human insulins. Among the benefits for people with diabetes is that it has been demonstrated that Levemir® reduces the fasting blood glucose with a low risk of hypoglycaemia.

In addition, studies have shown that people using Levemir® may not experience the signifi-

cant weight gain often associated with conventional insulin preparations.

Other insulin analogues marketed by Novo Nordisk include:

- NovoRapid® (NovoLog® in the US), which gives tighter blood glucose control at mealtimes without increased risk of hypoglycaemia
- NovoMix® 30 (NovoLog® Mix 70/30 in the US and NovoRapid® 30 Mix in Japan), a dual-release insulin analogue, which covers both mealtime and basal requirements.

Injection devices that offer convenience and discretion are also part of improved control of diabetes and better quality of life. Novo Nordisk produces a range of devices for insulin therapy. These include FlexPen®, an easy-to-use prefilled injection pen, and NovoPen® 4, just launched in 2005. NovoPen® 4 is the advanced new successor to the world's best-selling durable insulin device, NovoPen® 3.

60%

of all deaths are due to chronic diseases.

35

million people die from chronic diseases every year.

Prevention of chronic diseases is hope for the future

Diabetes is among the epidemic chronic diseases that are costing too many people their health and lives. Prevention is the most effective weapon in this fight, especially if young people lead the change towards healthier lifestyles.

Diabetes and three other epidemic chronic diseases – cardiovascular disease, chronic lung disease and some types of cancer – account for more than 50% of deaths globally. These diseases are linked to three risk factors: tobacco, unhealthy diets with too much fat and sugar and too little physical exercise. Eighty percent of these deaths occur in low- and middle-income countries, according to the World Health Organization (WHO).

“This is not tomorrow’s epidemic, this is today’s epidemic,” says Derek Yach, head of the

Global Health Division at Yale University and former chronic disease expert with the WHO.

Prevention is key to halting the course of epidemic chronic diseases, but raising awareness, changing behaviour and reorienting healthcare systems to meet this challenge are a huge undertaking. That is the goal of the Oxford Health Alliance, a broad stakeholder initiative launched by Novo Nordisk and the University of Oxford to focus attention on the importance of preventing chronic diseases.

Raising the level of urgency

In 2004, Novo Nordisk, which is represented on the board of trustees, committed 3 million British pounds (4.4 million euros) over three years to support the Alliance. In 2005, it became an independent non-profit foundation, which allows the group to attract a wider range of partners and funding than would be possible

if it were solely a Novo Nordisk initiative. Through the Oxford Health Alliance, based in London, experts and activists from different backgrounds collaborate to raise awareness and change behaviours, policies and perspectives at every level of society.

About 170 experts from 35 countries gathered for three days at the third annual meeting of the Alliance at Yale University in New Haven, Connecticut, US, in 2005. Through CAPCoD (Community Action to Prevent Chronic Disease), the Alliance is supporting local examples of best practice in 18 mostly developing countries and six locations in the US.

For Lars Rebien Sørensen, president and CEO of Novo Nordisk, there is clearly a business rationale behind the company’s involvement in the Alliance.

“Moving diabetes and other chronic diseases higher up on public health agendas will

Young attendees at a conference about prevention presented ways to mobilise their generation.



80%

of chronic disease deaths occur in low- and middle-income countries.

1

billion people are overweight.

388

million people will die in the next 10 years of a chronic disease, if action is not taken.

33%

of all American children born today will develop diabetes over the course of their lifetime.

50%

of the world's population do not reach recommended levels of physical activity.

inevitably lead to more and better treatment, and probably lead to greater use of our products. But that is not the main reason we are involved," he says. "Our vision is to defeat diabetes, and that is only possible if the world finds better ways to prevent diabetes. Part of our success as a company is due to the dialogue and relations we have with people who in one way or another form public opinion. Through the Alliance we meet with, learn from and have the opportunity to work with some of the people who will shape health policies over the next decade. We benefit by being part of an initiative that will lead to new ways of thinking about healthcare, spur our own ideas about what role private industry can play and create solutions for tomorrow."

Everyone has a role to play

The experts gathered at Yale University all agreed that action must start at the grassroots level but that global coordination is key. A major challenge is changing healthcare systems to deal with the complex nature of chronic diseases.

Bernard Lown, Nobel prize-winning director of the Lown Cardiovascular Center and

Research Foundation, said that a decisive factor in better treatment outcomes for the people treated at his centre is that "we spend time with the patient – as much time as it takes. We do as much *for* the patient and as little as possible *to* the patient."

In Alaska, that philosophy is taking hold in one of the CAPCoD projects. Native Alaskan-Americans, experiencing a much higher incidence of diabetes than the non-native Alaskan population, are finding that lifestyle coaches – government-paid community health workers – are giving them

the tools they need to adopt healthier lifestyles through basic health information, community advocacy and learning how to teach others.

"I've learned that a few people can make a profound difference – but not alone, only together with others," said Bernard Lown.

"We have spent three days agreeing that something has to be done to deal with this global health problem," said Lise Kingo, executive vice president for people, reputation and relations, who represented Novo Nordisk at the meeting. "Now is the time to take action.

The bullet-proof vest of epidemic chronic disease has to be prevention.

Stig Pramming
executive director of the
Oxford Health Alliance



"Changing the mindset about diabetes has to start with young people," says Hala Khalaf, author of *Young Voices*, produced by Novo Nordisk. Proceeds from the book are donated to the World Diabetes Foundation to benefit diabetes care for young people in the developing world.

It has been a welcome challenge to have young people represented at this meeting. They've been reminding us that problems are not solved simply by getting a group of experts together in dialogue. I think we have enough knowledge now to simply get going." The young people are representatives of Novo Nordisk's Youth Panel who, together with a group of young journalists, participated to offer recommendations for how their generation can be mobilised to adopt healthier lifestyles.

See more about Novo Nordisk changing diabetes at novonordisk.com/about_us/changing-diabetes

Reaching young people: what will it take?

One in three children born in the US today will develop diabetes during their lifetime, according to the US Centers for Disease Control. Due to rising rates of obesity and a less active lifestyle, children and young people are developing type 2 diabetes, once only found in adults. In addition, many children with type 1 diabetes are in poor control of their condition.

In 2005, Novo Nordisk set up a panel of young people from countries like China, the US, Jordan, Denmark and the UK, some with diabetes, who all want to help prevent chronic disease. They are helping Novo Nordisk and its partners to better understand how it is possible to engage young people in taking active responsibility for their own health.

"If we want to defeat diabetes, we have to

make an impact before problems have become irreversible. That is why we focus on improving control among young people with diabetes – to prevent complications; and why we work to encourage healthy lifestyles among young people – to prevent diabetes in their lifetime," says Lise Kingo. "This is an undertaking that requires us to rethink the way we communicate health messages. It also requires a whole new way of engaging stakeholders in the needs of young people."

Here, five young people answer the question: What is the single most important message to young people about the importance of a healthier lifestyle to avoid chronic diseases?

Take responsibility for yourself and for future generations.

Joanna Matthews, 22, UK

Communicate in a language we care about. Then we will be compelled to act.

Erik Dunham, 21, US, type 2 diabetes

It's possible to enjoy life without the threat of chronic disease hanging over your head.

Ronald Cummings-John, 18, UK

We think we're immortal. We know the risks, but we don't want to change. Find out what motivates us to change. That's the only way to get the message through.

Anja Østergren Nielsen, 21, Denmark, type 1 diabetes

Look out for your own fitness, diet and health. No one is going to do it for you. It's in your hands.

Hala Khalaf, 24, Jordan



Jaya Vandhana Naidu has type 2 diabetes and lives in Lautoka, Fiji.

Li Guang Jun has type 2 diabetes and lives in Beijing, China.

Spotlight on access to health

THE BIG PICTURE

The right to basic healthcare services

Historically, people have had implicit trust in their doctors, and have felt they could relegate responsibility for their care to the medical profession.

Today however, healthcare systems face economic pressure and doctors are overburdened. Healthcare is being rationed, worsening already existing inequities. People no longer feel comfortable relinquishing control of their healthcare, sparking a growing patient rights' movement around the world.

But, while richer and more educated patients are adept at placing demands on the system, poorer and disenfranchised groups are less able to fight for their rights. Yet those who don't get access to care quickly enough get sicker, and become a greater burden on society.

Politicians are aware of the need for a patient-centred approach to healthcare; some even believe this could help reduce

healthcare bills. But, governments' approaches – such as Patient Charters – have had little impact, as they are poorly implemented. What is having an effect are grassroots movements among patients and civic groups. These groups realise that the public must take charge of the management of their own healthcare, especially in matters of prevention.

Prevention is key to addressing chronic diseases. However, if patients are to take greater responsibility for managing their own care, they must be afforded the rights to do so. The big challenge for the next decade will be equitable health reform. Without placing the ultimate users of the healthcare system – the public – at the centre, it is difficult to see how governments will ever achieve the cost reductions they seek, while still fulfilling their responsibility to ensure fair and adequate access to healthcare for their citizens.

Alexandra Wyke
Founder and CEO of PatientView

Alexandra Wyke was invited by Novo Nordisk to provide a perspective on the hot topic of access to health and to outline some of the issues currently under debate.

THE NOVO NORDISK APPROACH

Partnerships can bridge gap in access to care

It wasn't until he ended up in hospital that Li Guang Jun discovered that he had type 2 diabetes. Recently retired at the age of 63, he was ready to devote himself to his passion for calligraphy. Instead, he had to learn to live a different sort of life. Today, Li Guang Jun, 74, is in control of his diabetes through medicine, diet, exercise (his faithful morning tai chi) and constant monitoring of his blood sugar.

"By understanding, accepting and having the right attitude about my diabetes, I am able to rise above it and control it," he says.

Li Guang Jun is lucky. He has access to doctors, medicine and the other support he needs to manage his chronic condition. That is not the case for many others, in both the developed and developing world, who lack access to nurses, doctors, clinics or hospitals or the knowledge and awareness to manage their health.

Pressing need for new solutions

Novo Nordisk is committed to ensuring greater access to health. The company's approach is built on the four priorities (see model on opposite page) of the World Health Organization (WHO). The aim is to partner with key stakeholders to develop entirely new strategies and solutions for how to better meet the needs of people with or at risk of developing diabetes.



Abdalla M Abeid has type 2 diabetes and lives in Dar es Salaam, Tanzania.



Punithevel Thanikachalam has type 2 diabetes and lives in Chennai, India.

The economic burden of diabetes, already huge, will increase in the future if nothing is done. As part of its strategy for access to health, Novo Nordisk undertakes socio-economic studies to better understand what it takes to change societies and how the company can contribute to such change.

Novo Nordisk's studies show that poor control of diabetes translates into lost lives, lost quality of life and lost national productivity. With proper treatment, people with diabetes can lead an almost normal life and reduce the risk of disabilities and premature death. But proper treatment of diabetes is far from universal, even in the developed world, due to lack of awareness. In the developing world the problem is made worse by too few economic resources and inadequate healthcare infrastructure.

National Diabetes Programme in China

In 2003, a National Diabetes Management Programme was set up jointly by Novo Nordisk, the World Diabetes Foundation and the Chinese Ministry of Health. This five-year programme, supported with 18 million Danish kroner (2.4 million euros), aims to prevent, de-

tect and treat diabetes, and thereby reduce the burden of diabetes on Chinese society.

The total number of people with diabetes in China is currently estimated to be in excess of 30 million and continuing to grow.

Project activities will cover an area with a population of around 500 million people, including 20 million people with diabetes. The aim is to introduce systematic diabetes education for doctors and nurses. Fifty thousand doctors and nurses will be trained in diabetes care and management through seminars and on-the-job training. The first national training programme, with approximately 3,500 participants in 33 cities, has now finished.

In addition, Novo Nordisk is working with partners in seven developing countries to improve diabetes care through activities such as establishing diabetes clinics, training doctors and nurses, and working with governments to set up national diabetes programmes. These countries are Bangladesh, Costa Rica, El Salvador, India, Malaysia, Tanzania and Zambia.

Focus on low-income minorities

Access to diabetes care is also an issue in the developed world. Some groups of people, due to their ethnic background and genetic predisposition, experience a higher incidence of diabetes; some of them also experience inequities in access to care. In 2005, Novo Nordisk's initiatives to better serve the needs of low-income minority populations included:

- The Changing Diabetes Dialogue series, aimed at working with partners to identify barriers to care for low-income minorities. Dialogues so far have looked at communities in Greece and the Netherlands. The goal is to gather examples of best practice and make these available to those who work with diabetes worldwide

- A three-year project with the University of California at Irvine in the US to identify improvement in quality of care and cultural beliefs about diabetes among Vietnamese living in California. A 'coaching' technique is being tested, in which people with diabetes coach one another, as such an approach may be effective in close-knit communities to improve treatment outcomes.

Best possible pricing

Novo Nordisk offers human insulin to the public health systems in the 50 Least Developed Countries (LDCs), as defined by the UN, at prices not to exceed 20% of the average price in North America, Europe and Japan. For 2005, Novo Nordisk offered this pricing policy to all 50 countries and sold human insulin in a total of 32 countries at or below this price, compared with 33 in 2004.

Reaching the poorest nations

The World Diabetes Foundation (WDF) was launched by Novo Nordisk in 2001 as an independent non-profit organisation with a grant of 500 million Danish kroner (about 67 million euros) to be spent over 10 years to improve diabetes care and prevention in the world's poorest countries. Funding goes towards sustainable projects in education and awareness programmes, and assistance in building healthcare capacity. Today the WDF is supporting 57 ongoing projects with an estimated direct impact on 24 million people in more than 65 countries in the developing world.

Strategies for access to health

WHO priorities	Novo Nordisk response
Development of national healthcare strategies	National Diabetes Programme
Development of healthcare capacity	National Diabetes Programme
Best possible pricing	Best possible pricing scheme in LDCs
Additional funding	World Diabetes Foundation

Novo Nordisk has built its strategy for improved access to diabetes care on WHO recommendations.

See performance data on access to health at novonordisk.com/annual-report
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