



2019

UNITED NATIONS HIGH LEVEL
MEETING ON UNIVERSAL
HEALTH COVERAGE

**MOVING
TOGETHER
TO BUILD
KIDNEY HEALTH
WORLDWIDE**



Kidney disease: the burden¹

- Approximately 850 million people worldwide live with some form of kidney disease (KD).
- Chronic kidney disease (CKD) is projected to become the 5th most common cause of years of life lost globally by 2040.²
- The burden of KD is disproportionately greater, and is expected to grow faster, in low and middle income countries (LMICs).
- At least 2 million people with kidney diseases die every year because of lack of access to treatment.
- Dialysis and transplantation consume disproportionately large segments of the health-care budget in countries where these are subsidized and provided under UHC.
- Every year, about 188 million people in LMICs suffer catastrophic personal/family expenditure as a result of kidney disease, higher than any other disease group.³

I THE CHALLENGES

Kidney Disease & Universal Health Coverage (UHC):

“Successfully achieving Universal Health Coverage promises significant benefits to the global population; however, there are numerous challenges that need to be overcome if it is to be achieved”.³

1 CHRONIC

Most KDs are chronic, requiring long term reliable and equitable access to quality care for timely diagnosis and treatment over extended periods, creating risks of dropping out of care and/or financial ruin.³

2 CO-MORBIDITIES

Most people with KDs suffer from other co-morbidities including both non-communicable and communicable diseases, which leads to cumulative incidence of grave disease progression and reduced life expectancy as well as cumulative costs of isolated health care interventions.⁴

3 LIFECOURSE

The risks of KDs begin in utero and accrue throughout the life course. Important augmentors of risk include overweight, obesity and unhealthy life-style.⁴

4 MULTISECTORAL

CKD and acute kidney injuries often arise from the social conditions in which people are born, grow, live, work and age including poverty, gender discrimination, lack of education, occupational hazards and pollution among others.^{5,8}

I THE SOLUTIONS

Key policies to advance UHC for kidney disease:

“UHC represents an opportunity for substantial gains to patients living with (or at risk of) kidney diseases with a view to implement appropriate care patterns to ensure best-practice care and treatment for kidney diseases”.³

Priority actions

1

FINANCIAL PROTECTION (especially for end-stage kidney disease)

- Development of innovative public and/or private funding to cover out-of-pocket costs for treatment including ancillary costs such as spending on transport, loss of income and caregiving.
- Increased efforts towards affordable dialysis technologies and equitable access to organ transplantation.

2

COMPREHENSIVENESS AND INTEGRATED SERVICES

- Need for continuum of care that spans from health promotion and prevention to screening, diagnosis, treatment, rehabilitation and palliative care.⁶
- Given the mutual influences and synergies between KD and other NCDs such as cardiovascular diseases, hypertension and diabetes, as well as other conditions such as HIV, integrated prevention and disease management programs are essential to improving the early detection, treatment and tracking of NCDs at country level.¹

3

IMPROVED FOCUS ON EARLY PREVENTION

- Population-based approaches to manage key known risks for KD, such as blood pressure control and effective management of obesity and diabetes.
- Implementation of WHO 'Best Buys': including screening of at-risk populations, universal access to essential diagnostics, increased use of generics, availability of affordable basic technologies & essential medicines and task shifting from doctors to front-line healthcare workers.³

4

WHOLE-OF-GOVERNMENT, WHOLE-OF-SOCIETY, HEALTH IN ALL POLICIES, MULTISECTORAL COLLABORATION

- Access to healthy lifestyles, good nutrition, clean water and environments, and tobacco control.
- Multisectoral actions involving the elaboration of high-level policies and plans as well as programs related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation are needed. Both public and private actors in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport have to be involved.⁷



“As governments around the world implement UHC for their citizens, we have an exceptional opportunity to improve the lives of hundreds of millions of sufferers of kidney diseases and institutionalize sustainable and effective kidney care in health systems.”

Vivek Jha, ISN President

➔ Improved focus on early intervention: promote treatment as early as possible across the entire spectrum of care.

➔ Invest more, Invest better: work toward reducing costs of care through investment in innovation at each level of care.

➔ Uphold quality first: ensure translation of evidence-based interventions into policy making, taking into account local needs, aspirations, and resources.

WHO ARE WE?

The International Society of Nephrology (ISN) is dedicated to advancing kidney health worldwide. We bridge the gaps of available care through advocacy and collaborations with our global partners. We build capacity with healthcare professionals via granting programs, education and research. By connecting communities, we develop a stronger understanding of how to manage kidney diseases and engage in a collaborative effort to improve prevention, diagnosis and treatment.

References

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