Goal 3: Ensure healthy lives and promote well-being for all at all ages

For each of the indicators listed below, please provide any comments you have on the proposed indicator. In your response, please begin by providing the name of your country or organisation.

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Indicator 3.8.1: Coverage of tracer intervention (e.g. Child full immunisation, ARV therapy, TB treatment, hypertension treatment, skilled attendant at birth, etc)

Comments of the International Society of Nephrology (ISN), a non-governmental organisation, formed of more than 9000 nephrologists worldwide, committed to advancing nephrology globally (www.theisn.org):

ISN supports the use of Indicator 3.8.1. “Coverage of tracer interventions” as an appropriate and effective way of monitoring progress towards the Universal Health Coverage (UHC) target.

In order to provide a good indication of the ‘health’ of the healthcare system, ISN also recommends that the defined package of tracer interventions should cover the full spectrum of health services that should be made available to the population. This package should include interventions targeted at disease prevention, diagnosis, treatment and rehabilitation.

Kidney disease, a non-communicable disease (NCD) with a growing global burden, particularly in low and middle-income countries (LMICs), is a good example of how such a package of interventions might be developed. While the greatest health benefit will come from delivery of the whole package, limited resources may require prioritization of interventions and a phased approach to implementation in order to achieve scale-up over time.

As an example, the package of interventions for kidney care might include:
1. Primary prevention – Interventions targeted at obesity prevention, smoking cessation, improving access to clean water and sanitation, maternal health, and prevention of infectious diseases
2. Screening – Interventions targeted at detecting Chronic Kidney Disease (CKD), including urine protein (albumin), serum creatinine and urinalysis testing (the latter has the advantage of also being a measure of overall cardiovascular disease (CVD), including microvascular health)
3. Secondary prevention – Interventions targeted at the treatment of CKD and CVD risk resulting from CKD (hypertension treatment is already mentioned as a potential tracer indicator, diabetes management of metabolic syndrome and access to medications known to modify the course of CKD should also be considered here)
4. Treatment (acute) – Interventions targeted at detecting and treating reversible causes of Acute Kidney Injury (AKI) through access to supportive fluid resuscitation and, as necessary, short-term, life-saving Renal Replacement Therapy (RRT) e.g. dialysis, ultrafiltration
5. Transplantation – Interventions to support the delivery of kidney transplantation through access to living or deceased organ donors and access to immunosuppressive therapy
6. Treatment (chronic) - Interventions to support and maintain access to medications and education to prevent progression and the provision of dialysis for End-Stage Kidney Disease (ESKD) if that should occur

Interventions 1-3 (and 4) might be considered as the ‘minimum package’ of interventions to be made available to the entire population in countries around the world. Where resources are limited, recommended scale up should extend to interventions 5 and 6 as the health system capacity develops over time. With a growing middle class and expectations of access to life saving therapies, there is now increasing demand for dialysis in many LMIC countries. This is especially the case for younger individuals with ESKD, where treatment is not only life-saving and life-supporting, but also improves the quality of life of the family (through reduced mortality of the breadwinner)

Data Sources:
• The ISN is currently preparing to launch a global research exercise through its extensive network on the access to and provision of kidney health services around the world. This includes many of the interventions and treatments listed in the package above. The Global Kidney Atlas is expected to be published in 2016/17. ISN would be delighted to make this data available as a contribution to the monitoring of the UN SDGs.
• There are a number of renal registries available worldwide, which provide comparable data on kidney health services, mainly focused on the provision of dialysis and transplantation.
• In a recent study, 144 Renal Registries were identified worldwide (www.biomedcentral.com/1471-2369/16/31). Although the study does underline the gaps in renal registry coverage, particularly in emerging economies, many of the registries analysed were considered to provide good public access to information such as detailed reports and publications, and access to individual-level patient data. Several of these registries offer data analysis services through registry statisticians.
• The EuropeanRenal Association (ERA-EDTA), for example, provides one of the most established and comprehensive renal registries available (http://www.era-edta-reg.org/index.jsp?p=10). The African Association of Nephrology (AFRAN) and the African Paediatric Nephrology Association (AFPNA) have also initiated important steps to coordinate efforts and develop an African Renal Registry (http://ckj.oxfordjournals.org/content/early/2015/11/25/ckj.sfv122.full). ANZA : Australia and New Zealand ; CORR ( Canadian Organ Replacement Registry ) I; USRDS ( US Renal Dialysis System) and the UK Renal Registry are examples of other national registries with extensive data on multiple aspects of kidney care, focused mostly on dialysis and transplantation, but recently committed to improved
collection of information relating to earlier stages of CKD

Other Relevant Information:

- Renal Replacement Therapy (RRT) plays an essential, life-saving and life-supporting role in the treatment of severe acute kidney injury (AKI) and end-stage kidney disease (ESKD), which represent a growing health burden across High, Middle and Low Income countries.
- However, poor access to RRT - including dialysis and kidney transplantation - is a major barrier to the provision of high quality kidney care across the world, particularly in Low and Middle Income countries (LMIC) where large numbers of people die from kidney failure without receiving any treatment. This treatment gap – of those needing but not receiving RRT - was highlighted in a recent study published in the Lancet in March 2015 (www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61601-9/abstract).
- The resource-intensive nature of RRT, budgetary constraints and limited trained healthcare personnel in many LMICs often result in the strict rationing of kidney treatment. This causes considerable inequalities in the population and often restricts access to those with health insurance coverage or other financial means (e.g. loans, ability to sell home, charity). In some jurisdictions, poor families will pay out of pocket for life-saving therapy for a loved one, or bread winner.
- Given such disparities, access to high quality kidney care, specifically RRT, becomes an ideal tracer indicator and ‘barometer’ for monitoring the health of a healthcare system and assessing progress towards universal health coverage.

**Indicator 3.8.2: Fraction of the population protected against catastrophic/impoverishing out of pocket health expenditure**

Comments of the International Society of Nephrology (ISN), a non-governmental organisation, formed of more than 9000 nephrologists worldwide, committed to advancing nephrology globally (www.theisn.org):

ISN supports the use of Indicator 3.8.2. as an essential component of monitoring progress towards the Universal Health Coverage (UHC) target.

In the case of kidney care, the potential financial impact of needing a life-saving treatment like dialysis can be devastating. Therefore, protecting individuals and families from financial hardship is of particular concern. Some countries such as US, UK, Canada and Australia provide full coverage of dialysis treatment to their population. However, in many LMIC countries this is not the case and many of these patients suffer extreme economic hardship when forced to pay for their own treatment. Financial protection in these situations should be provided, particularly in the case of Acute Kidney Injury (AKI) where only short-term access to renal replacement therapy (e.g. dialysis) may be required.