



EXECUTIVE BOARD EB146/6

Agenda item 7.1

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues
Universal health coverage: moving together to build a healthier world

STATEMENT BY THE INTERNATIONAL SOCIETY OF NEPHROLOGY

We welcome the WHO Report on the follow up to the High Level Meeting on UHC and its emphasis on promoting a people-centred, integrated and multisectoral approach to healthcare and health services as part of national UHC plans.

We urge member states to truly uphold to their commitment to 'leave no-one behind'. On NCDs, the Political Declaration on UHC regrettably stresses only mainly 5 disease groups without recognising that 55% of the global NCD burden arises from other NCDs, which often co-exist with and amplify the morbidity of the big 5. With 850.000.000 people affected worldwide, kidney disease is a key contributor to the global NCD burden as both a cause & consequence of other major NCDs and **the** leading cause of catastrophic health expenditure.

In 2010, 2.6 million people with kidney failure received dialysis or transplantation worldwide, a number projected to increase to 5.4 million by 2030. The cost of treating kidney disease and its complications is unaffordable for governments and individuals in many parts of the world with the annual costs of dialysis and kidney transplantation alone ranging between US \$35,000 and US \$100,000 per patient. There are between 2.3-7.1 million premature deaths for lack of access to dialysis and transplantation with the majority of those deaths occur in countries where resources are insufficient and out of pocket costs are too high.

If not addressed, kidney disease is projected to become the 5th most common cause of YLL globally by 2040. Kidney disease is a high priority NCD which now requires urgent consideration by political leaders!

We call on member states to implement and WHO to support UHC plans which:

- Fully integrate kidney disease in national UHC plans by providing sustainable access to effective and affordable prevention, early detection and access to medicines to treat risk factors for kidney disease and delay kidney disease progression
- Truly strive for health systems that deliver people-centered, integrated, multisectoral and comprehensive services for all NCDs and their risk factors, addressing multi-morbidities and leaving no disease behind
- Secure sustained human & financial resources to ensure a comprehensive and holistic response to NCDs