CONSULTATION ON THE FIRST DRAFT REPORT OF THE WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NON-COMMUNICABLE DISEASES (NCDs)

Response prepared by the International Society of Nephrology

The International Society of Nephology[1] welcomes the first draft report of the WHO Independent High-Level Commission on NCDs and appreciates the opportunity to provide input.

We fully share the Commission's concerns that countries' records so far have been uneven in the fight against NCDs and many policy commitments set out in Sustainable Development Goal 3 (SDG 3) are not being fully implemented. It is now of the utmost urgency for policy makers to take bold actions in order to achieve the target of one-third reduction in premature mortality from NCDs. In this respect, ISN supports a number of the actions proposed in the draft report and particularly welcomes the call for **increased funding for action against NCDs.** We also support the mention of other **SDGs** as relevant to tackling the burden of NCDs (p.8, n.24). We indeed believe that the implementation of all SDGs can positively impact health, highlighting the urgent need for multi-sectoral action[2].

We encourage however the Commission not to miss the opportunity **to be bold in the scope of the actions proposed**. We note indeed that the draft report currently focuses predominantly on four main diseases (cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes and relevant risk factors). Yet, 55% of the global NCD burden arises from NCDs outside this group, which tend to be ignored by policy makers in terms of premature mortality and quality of life reduction[3].

As specifically noted in the Global Burden of Disease report, the omission of chronic kidney disease, an NCD which is "comparably prevalent" to the other high-priority NCDs should be addressed[4]. Notably, **850 million people worldwide are now estimated to have some form of kidney disease**[5]**.** Chronic kidney disease is now the 11th leading cause of death globally and a rapidly growing health burden[6] posing a significant health care challenge for governments, particularly in low and middle-income countries. Chronic kidney disease (CKD) causes an estimated 1.2 million deaths per year and is now the 6th fastest growing cause of death. An additional 1.2 million cardiovascular deaths are attributable to reduced kidney function (measured by the glomerular filtration rate (eGFR).[7] Acute Kidney Injury (AKI) affects over 13 million people worldwide, causes an estimated 1.7 million deaths annually, and is an

1 https://www.theisn.org/about-isn/about-isn

2 Luyckx et al. (2018), Bulletin WHO. http://www.who.int/bulletin/online_first/BLT.17.206441.pdf?ua=1

3 Lopez, A. D., et al. (2014, October 22). Remembering the forgotten non-communicable diseases. BMC Medicines, 200

4 Murray, C., et al. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016, The Lancet, 2017, http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32152-9.pdfN

5 Figure based on extensive research and analysis carried out by the International Society of Nephrology, the American Society of Nephrology and ERA-EDTA. Figure includes cases of acute kidney injury and various chronic kidney diseases, irrespective of dialysis

6 Murray, C., et al. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016, The Lancet, 2017, http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32152-9.pdf

7 Institute for Health Metrics and Evaluation. (2016). Global Burden of Disease. Retrieved March 6, 2018, from http://www.healthdata.org/gbd

important driver of CKD among survivors[8]. The Global Burden of Disease report showed that kidney disease DALYs represented about 65% of all diabetes DALYs and more than most of the individual cancers.[9] Between 2.3 and 7.1 million people with end-stage kidney disease die prematurely because of lack of access to dialysis and transplantation, with the majority of these deaths occurring in countries where infrastructure and resources are insufficient and catastrophic payments are required.[10] Overall therefore it is estimated that between 5 and 10 million people die prematurely related to kidney disease[11] a number rivalling that of 3 of the 4 high profile NCDs.

Kidney disease is also an important contributor to **increased morbidity and mortality from other diseases** including cardiovascular disease, diabetes, hypertension and obesity, as well as infections such as HIV, malaria, tuberculosis and hepatitis. An important underappreciated fact is that chronic kidney disease may be a stronger risk factor for coronary events than diabetes, and when the 2 conditions co-exist (which occurs in 1 in 3 patients with diabetes), the risk of cardiovascular events and overall mortality is much increased[12].

Treatment of end-stage kidney failure with chronic dialysis or transplantation impose high and disproportionate costs on health systems, many of which cannot afford to provide universal access to these treatments. Many of the adverse consequences of kidney disease are however **preventable**. For example, the integration of CKD screening and management strategies into national NCD programs has been shown to reduce the burden and cost of CKD care, reduce cumulative incidence of end-stage kidney disease and improve overall life expectancy, especially in developing countries[13]. The Global Burden of Disease report also outlined the high burden of non-diabetes, non-hypertension related CKD in low income countries which further supports the need to specifically address this disease as its burden will be less impacted by prevention of hypertension and diabetes alone[14]. While national policies and strategies for NCDs in general exist in many countries, **specific policies directed toward screening, prevention and treatment of kidney disease are often lacking[15].**

Kidney disease is a high priority NCD which now requires urgent consideration by political leaders. As the SDG agenda progresses and provides a platform for raising awareness of NCD health care and monitoring needs, targeted action on kidney disease should become integral to the global policy response.

8 Metha, R. L. (2016, April). The Lancet. Retrieved March 6, 2018, from The ISN 0by25 Global Snapshot Project: Tackling acute kidney injury worldwide: http://www.thelancet.com/campaigns/kidney/updates/isn-0by25-global-snapshot-project

9 Murray, C., et al. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016, The Lancet, 2017, http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32152-9.pdfN

10 Liyanage et al. (2015). Worldwide access to treatment for end-stage kidney disease: a systematic review. The Lancet, 385,1975- 82

11 Luyckx et al. (2018), Bulletin WHO. http://www.who.int/bulletin/online_first/BLT.17.206441.pdf?ua=1

12 Tonelli et al. (2012). Risk of coronary events in people with chronic kidney disease compared with those with diabetes: a population-level cohort study. The Lacent, 380:807-14

13 Jha, V., et al. (2013). Chronic kidney disease: global dimension and perspectives. The Lancet, 382 (9888), 260 - 272

14 Murray, C., et al. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016, The Lancet, 2017, http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32152-9.pdfN

15 Bello, A., et al. (2017). Global Kidney Health Atlas: A report by the International Society of Nephrology on the current state of organization and structure for kidney care across the globe. Brussels: International Society of Nephrology.

We therefore call on the WHO Independent High Level Commission on NCDs and member states to:

- **Leave no disease behind**: implement an integrated approach to NCD prevention and management, which recognizes the burden of kidney disease
- **Cover all bases:** implement a comprehensive approach to reduce the burden of NCDs (including kidney disease) through national strategies which include prevention, screening (including reliable and affordable laboratory services), detection and management of early stage disease, and providing appropriate treatment for end-stage disease.
- **Increase available resources**: increase and meet the financing needs of the global NCD response from all sources, including domestic, bilateral, multilateral and innovative financing by 2025 and support fair pricing of NCDs therapies.

We have further outlined the specific actions which should be undertaken by member states in order to curb kidney disease and its co-morbidities in this position paper: https://www.theisn.org/images/ISN_advocacy/UN_High_Level_Meeting_on_NCDs_2018_-_Toolkit/ISN_priorities_briefing_paper_UN_HLM_NCDs_2018.pdf

We hope this paper will provide useful input to the upcoming discussions of the WHO Independent High Level Commission on NCDs in the run up to the UN High Level Meeting on NCDs in September 2018.