STATEMENT OF THE INTERNATIONAL SOCIETY OF NEPHROLOGY AT THE Interactive Hearing as part of the preparatory process toward the third High-Level Meeting of the General Assembly on NCDs

Panel 1 | Scaling up action for the prevention and control of non-communicable diseases

Kidney diseases to date have not had a major role in most health promotion and public awareness campaigns. We estimate that over 850 million people worldwide have some form of kidney disease, which demonstrates that this disease is neglected with no justification (as a comparison, the number of people who live with diabetes (422 million)), the prevalence of cancer worldwide (42 million) or people living with AIDS/HIV (36.7 million). Thus, kidney diseases are one of the most common diseases worldwide, but the public is unaware of the extent of this health issue.

It is high time to put the global spread of kidney diseases into focus and acknowledge the global burden from kidney disease and to ensure that the massive burden of this disease is not neglected by member states and fully recognized in the 2018 HLM Outcome document. The NCD crisis response must be inclusive and leave no disease behind. In this regard the document should promote the implementation of integrated approaches to NCDs prevention and management: e.g. the implementation of the HEARTS package provides a comprehensive approach to improving circulatory health in primary health care settings using an integrated approach to the management of NCDs that promises to reduce deaths from hypertensive disorders such as heart disease, stroke, kidney disease and others.

Panel 2 | Financing for the prevention and control of non-communicable diseases

Kidney diseases are associated with an estimated 188 million cases of catastrophic health expenditure in low- and middle-income countries. The scale of the burden associated with this condition in these countries demands action. Kidney diseases disproportionally affect disadvantaged populations and reduce the number of productive years of life. Furthermore, the prospect of financial burden discourages many patients from undergoing treatment, thereby leading to preventable morbidity and death.

While financing reforms to implement UHC are critical to enhancing financial protection of patients with chronic kidney disease, these reforms are not enough. Dialysis and transplantation are highly unaffordable in most low- and middle-income countries, particularly for vulnerable groups. Comprehensive health benefit packages must prioritize early screening and treatment of risk factors such as diabetes and hypertension, access to essential medicines and the implementation of public health interventions to prevent disease progression.

We must ensure the availability of affordable basic technologies and essential medicines is fully recognized in the outcome document: e.g. the implementation of Target 9 of the WHO Global Action Plan 2013-2020 (which includes peritoneal dialysis).

Emphasis must be put on promotion of equitable access and availability to priority healthcare interventions in the framework of universal health coverage: e.g. screening (such as reliable and affordable laboratory services) and treatment of at risk populations to prevent early onset or progression of diseases associated with particularly high cost treatments such as end stage kidney disease.

Panel 3 | Promotion of multisectoral partnerships for the prevention and control of non-communicable diseases

Chronic kidney disease of unknown origin (CKDu) can be linked to environmental contaminants (e.g. agrochemicals) & occupational risks (poor working conditions & insufficient water intake while working in high temperatures), among others. This is only one example from our experience of how it is key to ensure multisectoral partnerships for the prevention and control of CKDu with all stakeholders involved (industry, member states, environmentalists, researchers, etc).

In our opinion, there should be emphasis of good governance in any public-private partnerships and government oversight in the case of private only enterprise.

Panel 4 | Political leadership and accountability

Diagnosis and treatment of kidney disease are costly and are not accessible in many regions due to lack of awareness and lack of resources. In such instances, provision of renal replacement therapy depends primarily on whether the patient has health insurance or can otherwise afford treatment via means such as taking on loans, selling property, support from employers or charity. It is evident that kidney disease is fraught with inequity making it pivotal to a number of Sustainable Development Goals (SDGs) beyond health. The likelihood of developing kidney disease increases with poverty, gender inequality and discrimination, lack of education, and lack of access to clean water and sanitation, weak maternal and child health and primary care services, lack of universal health coverage, wars and environmental and occupations exposures. Kidney disease risk begins in utero and the prevalence increases with age. Kidney disease risk therefore spans the spectrum of human conditions, the entire life-course and bridges both communicable and non-communicable diseases.

A broad system-wide approach is therefore required to tackle the problem of kidney disease. We should strive for a ‘whole government approach’: ensuring the implementation of all SDGs as fully relevant to health as demonstrated by the etiology of diseases such as chronic kidney disease