



EXECUTIVE BOARD EB144/17
Agenda item 5.5

Universal health coverage
Preparation for the high-level meeting of the United Nations General Assembly on
universal health coverage

STATEMENT BY THE INTERNATIONAL SOCIETY OF NEPHROLOGY

Honorable chair, distinguished delegates,

We welcome the WHO preparatory work and efforts to ensure progression in this area of UHC in advance of the HLM of September 2019.

Chronic kidney disease (CKD) is projected to become the 5th most common cause of years of life lost globally by 2040. Acute kidney injury (AKI) affects over 13 million people worldwide, 85% of whom live in low and middle-income countries (LMICs). Delivery of dialysis and transplantation consumes a disproportionate 2–3% of the annual health-care budget in high-income countries, and induces catastrophic expenditure in over 90% of patients in lower income settings. Over 2 million people die every year because of lack of access to treatment.

Acute and chronic kidney disease can be prevented, and progression to end-stage kidney disease (ESKD) can be delayed with appropriate access to early diagnosis and treatment. However, access to effective and sustainable kidney disease diagnosis and care is still highly inequitable within and between countries and regions.

We call on member states and all stakeholders involved to strive to:

1. **Ensure a life-course approach** to care, which spans the continuum of care and is equitably and affordably accessible to all – that is truly “universal”.
2. **Take a ‘Health in all policies’** approach which recognizes UHC as both a goal in itself and means to achieve other goals.
3. **Strengthen health systems** to deliver equitable, efficient, effective and integrated care, leaving no disease behind.
4. **Increase resources for health and UHC** to permit progressive expansion of services to truly realize the goal of “health for all”.

Thank you