Health Attaché
Permanent Mission to the United Nations Office in Geneva
Geneva
Switzerland

29 March 2021

Kidney Disease and the Global Diabetes Compact

Dear Sir/Madam,

Ahead of the launch of the WHO's Global Diabetes Compact (GDC) in April 2021, I am writing to advise you of the International Society of Nephrology's (ISN) - a global professional association dedicated to advancing and improving kidney health worldwide – backing of this initiative and its efforts "to support countries in implementing effective programs for the prevention and management of diabetes".

You will be all too aware that:

- The number of people living with diabetes has tripled over the last 20 years[1] and that diabetes-related mortality is on the rise in low, middle, and high-income countries.
- Up to 40% of adults living with diabetes will eventually suffer kidney failure[2], which in turn has dire consequences for both patients' health and health systems.

The close relationship between diabetes and kidney disease is evident by the fact that they are currently reported as one category by the Global Burden of Disease Study. Indeed, an impaired fasting glucose accounted for 58% of the age-standardized rate of chronic kidney disease DALYs in 2017[3].

The Global Burden of Disease study[4] (GBD) estimated that:

- In 2017, 1.2 million people died directly from chronic kidney disease, an increase of 34% since 2007.
- One third of these deaths were attributed to diabetic kidney disease, which increased by 23% and 41% for type 1 and type 2 diabetes since 2007.

In addition,

- There are around 3 million people with end-stage kidney failure currently living on dialysis or with a kidney transplant[5].
- At least as many people are estimated to die annually in lower-resource settings because they lack access to these therapies.

[1] IDF Diabetes Atlas. Ninth edition 2019.
[2] https://www.kidney.org/atoz/content/diabetes
[3] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)32335-3.pdf
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388903/
[5] https://pubmed.ncbi.nlm.nih.gov/25777665/

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- Diabetes is the leading cause of end-stage kidney failure globally and, therefore, likely leads to many more deaths in these regions than is currently reported.

With regard to health systems, kidney disease is associated with a tremendous economic burden as high-income countries typically spend more than 2–3% of their annual health-care budget on the treatment of end-stage kidney failure, even though those receiving such treatment represent under 0.03% of the total population[6]. Prevention of kidney disease progression is key to save lives and reduce costs. Indeed, screening for kidney disease (case finding) has been shown to be cost-effective in high-risk populations, especially in those with diabetes[7].

As has been made painfully clear during the COVID-19 pandemic, patients with chronic illness, and especially those living on dialysis or with transplant, are at the highest risk for severe illness and death[8]. Given the significant burden in terms of human life and suffering as well as economics and the strong causal relationship between diabetes and kidney failure, we welcome the GDC's plans to increase the capacity of health systems to detect, diagnose and manage diabetes; integrate diabetes care into existing programs; and scale-up health promotion efforts to prevent diabetes, particularly among young people.

As a Non-State Actor in official relations with the WHO, and as a partner of the International Diabetes Federation (IDF) within the Global Coalition Circulatory Health Coalition (GCCH), the ISN looks forward to working with all relevant stakeholders to tackle the global scourge of diabetes and, by extension, to reduce the global burden of kidney disease.

With 850 million people worldwide now estimated to have some form of kidney disease[9], and a mortality risk from the COVID-19 virus up to 430 times greater for dialysis patients than the general population[10], we believe that a renewed international focus on this disease is urgently required.

Noting our work with 30,000 health professionals from across the globe to reduce the burden of kidney diseases and provide optimal health care for patients, we would welcome the opportunity to discuss this matter with you in person. Our Advocacy Director, Paul Laffin, will contact you separately to this letter to progress this dialogue.

Yours sincerely.

Vivekanand Jha
ISN President

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[6] https://www.who.int/bulletin/volumes/96/6/17-206441/en/
[7] https://pubmed.ncbi.nlm.nih.gov/24529536/
[8] https://www.kidney-international.org/article/S0085-2538(21)00177-0/fulltext?dgcid=raven_jbs_aip_email
[9] https://www.kidney-international.org/article/S0085-2538(19)30786-0/pdf
[10] https://www.kidney-international.org/article/S0085-2538(21)00177-0/fulltext?dgcid=raven_jbs_aip_email