

# PROFESSOR DONAL O'DONOGHUE, GLOBAL KIDNEY POLICY FORUM

International Focus on  
Kidney Health Challenges  
and Opportunities Affecting  
the Oceania and South-East  
Asia Region



**2023**



“ More than 90% of people with end-stage kidney disease in low and lower-middle-income countries are not receiving kidney replacement therapy, resulting in at least two million deaths every year because of lack of access to treatment (...) The principles of Universal Health Coverage, as well as the policies and initiatives aimed at achieving the Sustainable Development Goals, offer many opportunities for policymakers to improve kidney health.

Without our partners, the World Health Organization (WHO) cannot do what is really needed on the ground. We need to partner together and agree on the goals and ways to achieve better health for people living with kidney diseases. ”

*Dr. Bente Mikkelsen, Director, Noncommunicable Diseases (NCDs), Universal Health Coverage (UHC)/Communicable and NCDs Division, WHO*

“ Please be ‘patient’ with your ‘patient.’ Empathy being genuinely felt is as important as clinical guidance being effectively communicated. We are not medically trained, and not all of us are as articulate as we would otherwise like to be...patients are usually under-utilized resources to healthcare professionals. Therefore, whenever and wherever possible, please empower and engage kidney patients. ”

*Mr. Bill Wang, Kidney Patient Advocate*



“ Climate change is an escalating health threat. We, including those in kidney care, are part of the problem, and therefore, we need to make sure we are part of the solution. We have a duty of care to our patients and more responsibility to the broader global community and to future generations. ”

*Professor Katherine Barraclough, Royal Melbourne Hospital, Australia*

“ Protecting the kidneys is a lifelong affair which requires a womb to tomb approach... in many low and middle-income countries, children with chronic kidney disease are left to die; there are no pediatric nephrologists and no suitable equipment for children. ”

*Dr. Nivedita Kamath, St. John's National Academy of Health Sciences, India*





The International Society of Nephrology's (ISN) Professor Donal O'Donoghue Global Kidney Policy Forum (PDOGKPF) is named in honor of the late professor Donal O'Donoghue, former Chair of the ISN's Advocacy Working Group, who tragically died in January 2021. The forum aims to bring together high-level decision-makers and stakeholders to address the burden of kidney disease in a particular country or region and share successful strategies and concrete policy actions for the prevention and improved management of the disease at regional and global levels.

## The Professor Donal O'Donoghue, Global Kidney Policy Forum 2023: International Focus on Kidney Health Challenges and Opportunities Affecting the Oceania and South-East Asia Region

The Global Kidney Policy Forum 2023: Focus on Oceania and South-East Asia was the fifth meeting in an ongoing series of ISN PDOGKPF. An important outcome of the first policy forum, which took place in Mexico City, Mexico, in April 2017, was the creation of the [Recommendations to Global Kidney Health](#), developed by stakeholders to address the growing burden of kidney disease worldwide. The recommendations were designed to guide future efforts to reduce the global burden of kidney disease and underpin the work of each Global Kidney Policy Forum, freshly updated in 2023.

Speakers and participants at the 2023 forum, held as part of the World Congress of Nephrology 2023 program, addressed key kidney-related challenges affecting the South-East Asian region and proposed concrete solutions to deliver best-practice kidney care. The program highlighted the importance of continued commitment to the adherence to and advancement of the Recommendations to improve kidney care.

This year's forum was endorsed by the Asian Pacific Society of Nephrology (APSN) and the Nephrology Society of Thailand (NST). It was held in a hybrid format and saw the participation of more than 60 people in person, including representatives from the WHO, the United Nations Office on Drugs and Crime (UNODC), Thailand's National Health Security Office (NHSO), and the Malaysian Ministry of Health. More than 450 people attended online, with a noticeable number of attendees from China, Thailand, and Malaysia.





## CHALLENGES AND SOLUTIONS IN ACCESSING KIDNEY CARE IN OCEANIA AND SOUTH-EAST ASIA

The ISN Oceania and South-East Asia (OSEA) Region comprises a broad, heterogeneous range of countries in terms of population size, ethnicity, culture, economies, and healthcare expenditure, resulting in significant variations in the burden of kidney disease and risk factors, as well as the

capacity for CKD care and prevention, dialysis delivery and transplantation, and workforce availability and distribution.

This imbalance is clearly reflected in data from the newly published ISN Global Kidney Health Atlas<sup>1</sup> which details:

- In the OSEA region, one in ten people live with chronic kidney disease (CKD), but the burden of kidney disease and its consequences in terms of disability and death are higher than the global average. The data demonstrate that one in 40 disability-adjusted life years are linked to kidney disease, and one in 30 deaths are attributable to kidney disease.
- The number of treated people with kidney failure varies widely in the region, with the Philippines reporting a prevalence rate of 319 per million population (pmp) compared to 2000 pmp for countries such as Singapore and Thailand.
- Malaysia, the Philippines, Singapore and Thailand are the only countries with available data on people living with a kidney transplant (KT). Among them, Singapore shows a record number of 397 pmp for a population of almost six million people, while only five pmp are found in the Philippines for a population of nearly 114 million people.
- Overall, the region performs higher than the global average regarding the structures and capacity for dialysis and kidney transplantation. Most countries have the necessary organization and structure for conservative kidney management. However, the availability of hemodialysis (HD), peritoneal dialysis (PD), and KT centers varies widely across countries.
- Except for Australia and New Zealand, the region performs below the global average in all elements of kidney care regarding public funding, with as much as 28% of PD expenses being private and out-of-pocket. Of all the countries in the region, Brunei is the only one to fully cover the provision of dialysis medications at the point of delivery.
- While the global average for the availability and distribution of kidney specialist doctors is 11.8 pmp, countries such as Papua New Guinea, Myanmar, and Indonesia have less than one pmp.
- The gender balance of the workforce is highly unequal in low and lower-middle-income countries, where only 12% and 25% of the respective nephrologists are women specialists. In upper-middle-income and high-income countries, the percentage of women nephrologists rises to 40% and 42%, respectively.



<sup>1</sup> Responses were received from 19 of 30 countries in OSEA (63%) representing 99.7% of the region's population. [https://www.theisn.org/wp-content/uploads/media/ISN%20Atlas\\_2023%20Digital\\_REV\\_2023\\_04\\_10.pdf](https://www.theisn.org/wp-content/uploads/media/ISN%20Atlas_2023%20Digital_REV_2023_04_10.pdf)

In summary, despite the significant progress recorded in the region with the improved provision of structures for the care of people with kidney failure, CKD and associated adverse outcomes of kidney failure, morbidity, and mortality remain a major issue of public health importance, posing

a substantial burden on national health, and social and economic systems. To mitigate the impact of this burden, policymakers ought to prioritize providing universal health coverage to all patients with CKD while expanding the nephrology workforce.

## CHALLENGES AND OPPORTUNITIES FOR KIDNEY HEALTH GLOBALLY AND IN THE REGION: PERSPECTIVES FROM THE WHO, THE ISN BURDEN OF KIDNEY DISEASE AND PATIENTS

**Professor Agnes Fogo**, immediate past ISN president, welcomed speakers and attendees and inaugurated the forum with a presentation on its history and purpose, inviting policymakers to develop concrete action plans guided by ISN's recommendations for global kidney health.

An introduction to the Thai context and its successful policies for kidney health followed from **Dr. Sophon Mekthon**, Vice Public Health Minister of the Thai Royal government, **Dr. Yot Teerawattananon** from the Thai Ministry of Public Health's Health Intervention and Technology Assessment Program (HITAP) spoke **on behalf of Dr. Opas Karnkawinpong**, Permanent Secretary for Public Health, and **Dr. Jadej Thammaaree**, Secretary General of the National Health Security Office. Universal Coverage Scheme has existed in Thailand since 2002, reimbursement for PD and KT began in 2008, and HD was included in the benefits package in 2022. Looking at the future, the ultimate goal of the National Kidney Health Policy will be the optimal quality of care to achieve the desired quality of life for patients.

**Dr. Bente Mikkelsen**, director of the WHO Noncommunicable Diseases (NCDs) Department, provided the WHO perspective on how to raise the profile of kidney health for national policymakers, leveraging the principles of UHC as well as the policies and initiatives aimed at achieving Sustainable Development Goals (SDGs). Beyond WHO resources and initiatives, a special mention of ISN's [Framework for developing dialysis programs in low-resource settings](#) and the [ISN-KDIGO CKD Early Identification & Intervention Toolkit](#) were made.

**Professor Aminu Bello** followed up with a presentation on the last iteration of the [ISN Global Kidney Health Atlas](#), which includes data on the current status of global and regional capacity to provide care for people living with CKD and kidney failure, as well as policy recommendations for improvements and a section on the perspective of people living with kidney disease added to the atlas for the first time.





**Dr. Nivedita Kamath** presented the challenges children with CKD face in getting treatment, and based on the results of a recent survey from the International Pediatric Nephrology Association on pediatric kidney care, she made a call to policymakers and industry representatives to grant access to diagnostic tools and medication by collaborating with nephrology societies at national, regional, and international levels.

**Dr. Jorge Cerdá** reminded attendees of the immense burden acute kidney injury (AKI) poses on developing countries, where despite being preventable and treatable, it still causes

1.4 million deaths every year<sup>2</sup>. To mitigate the increasing incidence of AKI, he stressed the role of prevention, early detection, and timely treatment.

**Mr. Bill Wang**, a kidney and liver transplant recipient with polycystic kidney disease, member of the [ISN Patient Liaison Advisory Group](#), and patient advocate from Hong Kong, explained why patient views and participation should matter to both policymakers and healthcare professionals, pointing to the crucial role mutual trust and communication play in the clinical journey of patients.



## CHALLENGES AND OPPORTUNITIES IN ACCESS TO KIDNEY CARE: LESSONS FROM SOUTH-EAST ASIA

**Dr. Yot Teerawattananon** opened the regional roundtable by describing the heavy economic burden of CKD and dialysis on households, stressing the important role UHC plays in granting health and social protection to kidney patients. Focusing on strategies in Thailand, he inspired the audience with innovative ways of supporting kidney patients in emergencies, such as recycling dialysis bags and delivering PD solutions by post during damaging floods.

Reminding attendees of the high disparities in access to kidney care across Asia, as well as the concerning rise of the CKD burden in the region, **professor Sydney Tang**, president of the APSN, spoke of the importance of adopting health policies geared toward the promotion of PD, education and screening for CKD in at-risk populations and providing government subsidies for medications that slow CKD progression.

**Dr. Shubharthi Kar** followed, explaining how Bangladesh's highly centralized kidney care infrastructure makes equitable access across the nation a big challenge. As many as 70% of

HD centers are based in Dhaka alone. The capital also hosts 95% of PD centers and all available KT facilities.

**Dr. Vuddhidej Ophascharoensuk**, president of the NST, outlined the enormous benefits of establishing a renal registry and explained that while only six countries in the region currently have one, Thailand and Singapore are among the top five countries in the world for treating kidney failure.

Showing impactful data on the increasing number of natural and man-made disasters in the region, **Dr. Adrian Liew** explained how the medical needs of people living with kidney disease are neglected in emergencies due to competing priorities. He highlighted the key role of creativity in finding innovative solutions in the face of a disaster and explained how this must be complemented with a Disaster Preparedness Plan to engage all stakeholders, provide training, identify blind spots, and focusing on the best way to lessen the impact on the routine care of kidney patients.

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/23744003/>

**Professor Sanjib Kumar Sharma** outlined how intensive physical activity, recurrent dehydration, high temperatures, and heat stress may be significant kidney stressors that contribute to kidney injury and CKD in Nepalese migrant workers, stressing how a policy shift from cure to early prevention, diagnosis, and

treatment is urgently needed in Nepal to tackle this burden. He quoted a 24-year-old dialysis patient: "*I wish someone told me this [could be prevented] earlier,*" emphasizing the crucial role of prevention and calling for swift government action and greater awareness of kidney health in the country and beyond.



## KIDNEY CARE IN SOUTH-EAST ASIA: NOVEL PROGRAMS AND INNOVATIONS

**Professor Khin Phyu Pyar** summarized the current situation of home-based dialysis treatments in Myanmar, illustrating that despite their greater accessibility and sustainability, kidney patients often opt for in-center HD due to low levels of health literacy, as well as the high costs and lack of regular fluid supplies for home dialysis.

**Professor Katherine Barraclough** expanded on "green nephrology." She described how current dialysis paradigms are environmentally unsustainable, reminding the audience that "*if healthcare were in itself a country, it would be the fifth largest greenhouse gas emitter*<sup>3</sup>." She identified health promotion, early disease recognition, and slowing CKD progression

as the key priorities to benefit patients, healthcare systems, government budgets, and the planet.

**Dr. Kearkiat Praditpornsilpa** explained how public-private partnerships allowed Thailand to extend UHC to HD and stressed the importance of quality control and regulations to avoid the capitalization of healthcare and security sub-standards. He also described how in Thailand, thanks to their local knowledge and the community's trust, sub-district nurses and village health volunteers carry out primary and integrated care for CKD under the supervision of district hospitals.

**Dr. Benita Padilla** outlined obstacles to developing affordable and equitable kidney care



<sup>3</sup> <https://noharm-europe.org/articles/news/europe/health-cares-climate-footprint-report-now-available-french-and-dutch>



in the Philippines for a population spread over 7,000 islands. She highlighted the importance of national strategies to curb the exodus of nephrology nurses and the need to promote active and continuous educational programs, leveraging the social media skills of Filipinos.

With an existing but inactive renal registry and only a partially implemented law on UHC, she called on nephrologists *"to be attentive and proactive in advocating for rationale policies and prioritization of kidney care."*

## KIDNEY CARE: AN IMPERATIVE TO CHANGE

The Donal O'Donoghue, Global Kidney Policy Forum 2023, presented an international view on kidney health in the South-East Asia region, proposing concrete policy actions to improve delivery and access to kidney care. Important steps need to be taken to improve kidney disease prevention, early diagnosis, and treatment, as well as to ensure effective and sustainable responses.

Policies aimed at minimizing out-of-pocket expenditures for kidney care and providing accessible, affordable, and quality care will be crucial in achieving equitable health outcomes in line with the SDGs.

Investment in people's health literacy is needed to tackle the increasing burden of kidney disease. Additional funding should be directed toward building more resilient healthcare systems that address regional health workforce shortages and ensure kidney care and treatment even in emergencies.

The current paradigm of dialysis is not sustainable and poses catastrophic costs to

healthcare systems, governments, patients, and the environment. Low-impact, zero-waste kidney replacement therapies that are resilient to climate threats should be explored. When available and appropriate, preference should be given to non-dialysis kidney failure therapies such as transplantation and conservative care.

Patients should be seen as valuable resources by healthcare professionals; their experiences and perspectives must be considered to help tackle the burden of kidney disease.

Actors working to promote better kidney health must collaborate, and partnering with nephrology societies, policymakers, and industry representatives should be encouraged to bring effective policy changes across the region.

Eventually, as remarked by **professor Robyn Langham**: *"Researchers and clinicians must foster relationships with policy actors and discuss with governments their priority lists and how to align... being a scientist isn't enough – you have to be an activist too."*

Watch the 2023 Donal O'Donoghue, Global Kidney Policy Forum here.





## ISN'S 10 RECOMMENDATIONS ON GLOBAL KIDNEY HEALTH

1

**1.** Work toward prevention, early diagnosis, treatment and management of kidney diseases.

**2.** Monitor the burden of kidney diseases.

**3.** Raise public awareness of kidney diseases.

**4.** Address kidney diseases across the life course through universal health coverage.

**5.** Integrate kidney disease services within existing health and multisectoral initiatives.

**6.** Close education gaps on kidney diseases among all healthcare workers.

**7.** Invest in strengthening the kidney care workforce.

**8.** Strive towards equitable and sustainable access to care for kidney failure.

**9.** Promote and expand kidney transplantation programs.

**10.** Support research for kidney diseases.

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## SPEAKERS AND SESSION CHAIRS IN ORDER OF APPEARANCE

**Professor Ifeoma Ulasi**, University of Nigeria Teaching Hospital, Chair

**Professor Agnes Fogo**, President International Society of Nephrology (2021-2023), Welcome and Opening Remarks

**Dr. Sophon Mekthon**, Vice Public Health Minister of the Thai Royal government, Dr. Yot Teerawattananon, Thai Ministry of Public Health's Health Intervention and Technology Assessment Program, and Dr. Jadej Thammaaree, Secretary General of the National Health Security Office, Welcome to Thailand and the Local Context

**Dr. Bente Mikkelsen**, World Health Organization, Perspectives from WHO: Global Health, NCDs and Kidney diseases

**Professor Aminu Bello**, University of Alberta, Perspectives from ISN Burden of Kidney Diseases: Acute and Chronic KD. The ISN Global Kidney Health Atlas: Focus on the Region

**Dr. Nivedita Kamath**, St. John's National Academy of Health Sciences, Perspectives from ISN Burden of Kidney Diseases: Acute and Chronic KD. Focus on the pediatric situation in the region

**Professor Jorge Cerdá**, Albany Medical College, Perspectives from ISN Burden of Kidney Diseases: Acute and Chronic KD. 0 x 25 Initiative: Acute Kidney Injury: lessons learned

**Mr. Bill Wang**, ISN Patient Liaison Advisory Group, Patient Perspectives: What the patient voice can do for kidney health

**Dr. Maria Carlota Gonzalez Bedat**, Latin-American Society of Nephrology and Hypertension, Chair

**Dr. Muhammad Iqbal Abdul Hafidz**, Universiti Teknologi Mara, Chair

**Dr. Yot Teerawattananon**, Health Intervention, and Technology Assessment Program, Economic costs analysis of kidney care in the region

**Professor Sydney Tang**, University of Hong Kong, Comparing and contrasting access to kidney care for populations - Regional perspective (Asian Pacific Society of Nephrology)

**Dr. Shubharthi Kar**, Sylhet MAG Osmani Medical College & Hospital, Comparing and contrasting access to kidney care for populations – Focus on Bangladesh

**Dr. Vuddhidej Ophascharoensuk**, Chiang Mai University, Comparing and contrasting access to kidney care for populations – Focus on ASEAN registries

**Dr. Adrian Liew**, Mount Elizabeth Novena Hospital, Preparing for the unexpected: Natural and man-made disasters. Emergency preparedness for disaster preparedness and environmental disasters

**Professor Sanjib Kumar Sharma**, B.P. Koirala Institute of Health Sciences, Preparing for the unexpected: Natural and man-made disasters. The need for policies to protect vulnerable populations (Focus on migrant workers returning home with AKI/ CKD)

**Dr. Sunita Bavanandan**, Hospital Kuala Lumpur, Chair

**Professor Valerie Luyckx**, University of Zurich, Chair

**Professor Khin Phyu Pyar**, Defense Service General Hospital, general and regional considerations on home-based therapies and green dialysis - Home dialysis therapies in Myanmar

**Professor Katherine Barraclough**, Royal Melbourne Hospital, general and regional considerations on home-based therapies and green dialysis - Green Nephrology

**Dr. Kearkiat Praditpornsilpa**, Chulalongkorn University, How to sustain kidney health: CKD essential care components in the region. Focus on Thailand

**Dr. Benita Padilla**, National Kidney and Transplant Institute, How to sustain kidney health: CKD essential care components in the region. Focus on the Philippines.

**Professor Adeera Levin**, University of British Columbia, Chair

**Professor Robyn Langham**, University of Melbourne, the Forum series and future intentions