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INTERNATIONAL SOCIETY
OF NEPHROLOGY

WCN'26

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KIDNEY DISEASE MEASURES IN JAPAN

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10 Recommendations for Global Kidney Health



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.

BASIC POLICY ON ECONOMIC AND FISCAL MANAGEMENT AND REFORM 2025



Basic Policy on Economic and Fiscal Management and Reform 2025 —Toward a Society in which People can Feel “Tomorrow will be Better than Today”—

June 13, 2025

(Measures to combat cancer, cardiovascular diseases, and other conditions)

We will promote measures tailored to specific diseases, including cancer²¹⁷, cardiovascular diseases²¹⁸, chronic kidney disease²¹⁹, chronic obstructive pulmonary disease (COPD), and chronic pain. We will also promote efforts addressing intractable diseases, transplant medicine²²⁰, allergies²²¹, addiction, deafness, nutrition, unwanted second-hand smoking, as well as infectious diseases such as pneumonia, including the promotion of scientifically grounded vaccinations²²². In addition, we will advance comprehensive support for women's health, including responses to menopause and osteoporosis²²³. We will step up efforts to address sleep apnea in the transport industry, improve access to medical care for sleep disorders and promote sleep-related research, raise awareness through the dissemination of Sleep Guidelines for Health Promotion 2023, and advance KENKO investment for Health practices. At the same time, we will further promote market development and business support in the sleep-related sector.

²¹⁸ Initiatives based on the Basic Plan to Promote Cardiovascular Disease Control (Decided by Cabinet on March 28, 2023), including infrastructure development, promotion of research, and support for patients with aftereffects.

²¹⁹ Includes palliative care for patients with renal failure.

²²⁰ Includes comprehensive restructuring of systems for domestic organ donation, coordination, and transplantation based on the Istanbul Declaration.

²²¹ Includes the promotion of uniformity of medical care for allergic diseases such as atopic dermatitis.

²²² Includes pediatric infectious diseases.

²²³ Includes efforts to increase cancer screening rates, such as promoting breast cancer screening with consideration for women's specific needs based on scientific evidence.

REPORT OF THE COMMITTEE ON MEASURES AGAINST KIDNEY DISEASE (JULY 2018) TOWARD FURTHER ADVANCEMENT OF KIDNEY DISEASE STRATEGIES



Overall Objective

To diagnose chronic kidney disease (CKD) with lack of subjective symptoms and initiate appropriate treatment early, leading to prevent the worsening of CKD and enhance the quality of life (QOL) for CKD patients, including those undergoing dialysis and kidney transplantation.

Key Performance Indicators (KPIs)

- ① Based on this report, local governments will collaborate with various stakeholders, including other government agencies, businesses, schools, and households, to work on renal disease countermeasures according to local conditions.
- ② Primary care doctors, medical staff, and nephrologist registered medical institution will collaborate to build the CKD treatment system within the community, to ensure that CKD patients receive early and appropriate treatment.
- ③ By the year 2028, the annual number of newly dialysis-introduced patients will be reduced to 35,000 or fewer. (In 2016, the annual number of new dialysis patients was approximately 39,000.)

Initiatives to be implemented

1. Promotion and Awareness

1. Develop and disseminate educational materials tailored to the target audience.
1. Collaborate with other countermeasures such as for diabetes, hypertension, cardiovascular diseases, etc.
1. Understand the status of efforts in each region and evaluate their effectiveness. Effective activities are shared with other regions.

2. Medical Collaboration Framework

1. Disseminate standards for referral from primary care doctors to nephrologists and/or diabetes specialist registered medical institutions.
1. Appropriate health guidance and recommendations for hospital visit through regular medical checkups
1. Share information on CKD among medical professionals and nephrologists in the community
1. Share and equalize good examples of CKD treatment systems in which primary care doctors and nephrologists work together.

3. Enhancement of Medical Care Standards

1. Jointly discuss with related academic societies to create guidelines that standardize the recommended contents.
1. Create and disseminate guidelines, etc. whose users are clarified
2. Create and disseminate standards for collaboration with related disease-specialists registered medical institutions

4. Human Resource Development

1. Train medical staff such as renal disease care advisors with basic knowledge of CKD
1. Promote collaboration between primary care physicians and renal disease care advisors and other related care advisors.

5. Advancement of Research

1. Establish interconnected databases through collaboration with relevant societies
2. Utilize ICT and big data for research and medical practices
3. Infrastructure development for clinical trials, including international collaborative studies
4. Develop effective therapeutics based on pathophysiological understanding
5. Advance regenerative and omics (Genomic, etc.) research
6. Strengthen the foundation of basic research and international competitiveness in research of kidney disease

INTERIM EVALUATION OF INITIATIVES BASED ON THE REPORT OF THE COMMITTEE ON MEASURES AGAINST KIDNEY DISEASE (JULY 2018) AND FUTURE ACTIONS (OCTOBER 2023)

Overall Policy Goal

By enabling the early detection and diagnosis of chronic kidney disease (CKD), which often presents with few subjective symptoms, and by providing and continuously implementing high-quality and appropriate treatment from an early stage, efforts will be made to thoroughly prevent the progression of CKD, while maintaining and improving the quality of life (QOL) of patients with CKD, including those undergoing dialysis and kidney transplant recipients.

Overview of the Current Situation and Interim Evaluation

- In the Report of the Committee on Measures against Kidney Disease, a key performance indicator (KPI) has been set to reduce the annual number of newly initiated dialysis patients to 35,000 or fewer by 2028. However, the annual number of new dialysis initiations in fiscal year 2021 was 40,511, remaining almost unchanged since fiscal year 2018. Regarding the underlying causes of new dialysis initiation, the proportion of nephrosclerosis, which is primarily attributed to lifestyle-related diseases such as hypertension (non-communicable diseases: NCDs), has been increasing.
- Based on the Report of the Committee on Measures against Kidney Disease, initiatives such as the two-primary-physician system, public awareness activities for the early detection of CKD, strengthening of kidney disease measures at the prefectural level, and the implementation of the Certified Kidney Disease Care Specialist system have been promoted.
- On the other hand, challenges have been identified, including low public awareness of CKD, insufficient collaboration among medical institutions, and difficulties in capturing certain evaluation indicators.
- In light of these circumstances, the main issues that should be further promoted are as follows.

Specific Measures	Key Issues for Further Action
① Public Awareness and Education	○ Consideration of New Approaches for the Working-Age Population and Other Groups ○ Public Awareness and Education on Accurate Knowledge of CKD and the Importance of Early Medical Consultation
② Development of the Regional Healthcare Delivery System	○ Promotion of referral criteria among medical institutions and strengthening of inter-institutional collaboration ○ Awareness-raising among medical institutions regarding the importance of early diagnosis and early treatment ○ Utilization of clinical pathways to strengthen collaboration between specialized kidney care institutions and medical institutions serving as primary care providers for CKD management
③ Improvement of the Quality of Medical Care	○ Initiatives to support the balance between treatment and work for patients with CKD ○ Dissemination of various guidelines and horizontal expansion of best practices, including the activities of certified kidney disease care specialists and related professionals in each region
④ Human Resource Development	○ Training and deployment of medical staff—such as nurses and public health nurses, registered dietitians, and pharmacists—with basic knowledge of CKD, including certified kidney disease care specialists, in areas with a limited number of nephrologists ○ Dissemination of standardized tools for patient education and lifestyle guidance provided by multidisciplinary professionals
⑤ Promotion of Research and Development	○ Establishment of more appropriate methods for evaluating the effectiveness of kidney disease measures ○ Research utilizing the CKD patient database (J-CKD-DB) and related data sources

FY2025 KIDNEY DISEASE PREVENTION BUDGET (PROMOTION OF KIDNEY DISEASE MEASURES IN LIGHT OF THE REPORT OF THE KIDNEY DISEASE MEASURES REVIEW COMMITTEE (JULY 2018) AND THE INTERIM EVALUATION AND FUTURE DIRECTIONS (OCTOBER 2023), AMONG OTHERS.)

FY2025 Budget Amount:
JPY 200 million (JPY 200 million)
Note: Amount in parentheses represents the budget for the previous fiscal year.

Overview of Kidney Disease Measures:

To diagnose chronic kidney disease (CKD) with lack of subjective symptoms and initiate appropriate treatment early, leading to prevent the worsening of CKD and enhance the quality of life (QOL) for CKD patients, including those undergoing dialysis and kidney transplantation.

(By 2028, reducing the annual number of new dialysis patients to 35,000 or fewer, with approximately 41,000 in 2019)

- ① Disseminate correct knowledge about CKD to healthcare professionals, governmental bodies, and the general public and advance kidney disease prevention measures.
- ② Establish CKD medical collaboration framework between medical facilities to ensure that CKD patients initiate appropriate treatment at an early stage.
- ③ Promote the establishment of medical collaboration frameworks, creation and update of guidelines, researches to understand the disease process and develop treatment methods.

Special Measures for Chronic Kidney Disease (CKD)

- Host public lectures and events for patients and the general public
- Conduct training sessions targeting medical professionals in hospitals and clinics
- Collect and provide information about medical institutions involved in CKD treatment
- Implement CKD medical collaboration framework building initiatives

etc

FY2025 Budget Amount:
JPY 35 million (JPY 35 million)

Project for Establishing Medical Care System and Multidisciplinary Collaboration Model to Prevent Severe Progression of Chronic Kidney Disease (CKD)

- Establish committees for building kidney disease treatment framework and multidisciplinary collaboration
- Encourage medical check-ups or hospital visits for individuals requiring health guidance, collaborating with health insurance associations
- Conduct training and awareness programs for corporate and occupational physicians
- Implement health guidance through multidisciplinary collaboration

etc

FY2025 Budget Amount:
JPY 21 million (JPY 21 million)

Kidney Disease Prevention Expenses

- Provision of information regarding advancement of kidney disease prevention measures based on the kidney disease strategy study group report.

etc

FY2025 Budget Amount:
JPY 3 million (JPY 3 million)

Subsidies for Health, Labor and Welfare Scientific Research, etc. and Subsidies for Promotion of Health and Hygiene Medical Research

- Progress management of countermeasures based on Report of the Kidney Disease Strategy Study and Build evidence that contributes to proposals for new strategies
- Research to ensure dialysis medical services during disasters
- Research and development of diagnostic methods and treatment approaches for kidney diseases

etc

FY2025 Budget Amount:
JPY 140 million (JPY 140 million)

AWARENESS-RAISING INITIATIVES

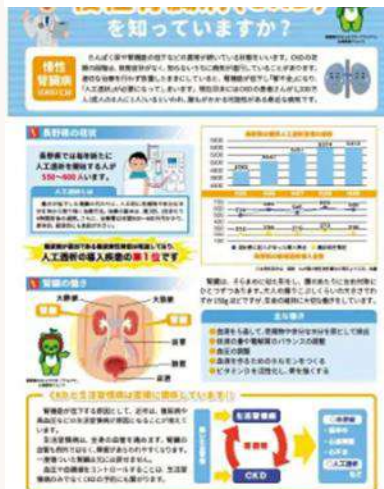
Across regions, initiatives that contribute to raising awareness of CKD are being implemented.



CKD Awareness-Raising Activities※

※These are examples from Nagano Prefecture.

CKD Awareness Brochure



Kidney-Friendly Diet Exhibition Booth



Public Lecture



Cooking Class for Kidney-Friendly Diets

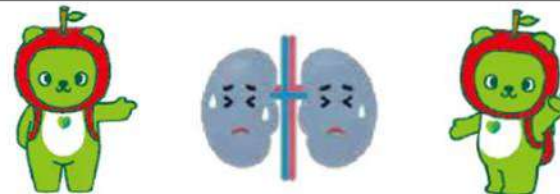


“Doesn't it look (delicious and) nothing like a kidney diet?”



Providing consultations on CKD for the general public

Collaboration with
Nagano Prefecture's PR Character “Arukuma”



THE INITIATIVES TO ESTABLISH A MEDICAL COLLABORATION FRAMEWORK

One of the initiatives to establish a medical collaboration framework

CKDの栄養・食事(食事療法)のポイント

標準的な食事療法

	ステージG1 ステージG2 (GFR≥60)	ステージG3a (GFR 45~59)	ステージG3b (GFR 30~44)	ステージG4 ステージG5 (GFR≤29)
エネルギー 摂取量	すべてのCKDステージにおいて、25~35 kcal/kg標準体重/日に設定します。 身体所見や検査所見などの推移により適宜、変更しましょう。			
たんぱく質* (g/kg標準体重/日)	制限なし	0.8~1.0	0.6~0.8	0.6~0.8 (推奨)
ナトリウム(食塩)	血圧管理だけでなく、臓器障害や循環器病の発症予防を目的に、CKDステージにかかわらず、 6g/日未満とします。			

Referral Criteria to Nephrologists / Specialized Kidney Care Institutions

Please consider referring patients to a nephrologist or a specialized kidney care institution if any one of the following criteria is met:

1. Proteinuria $\geq (+)$ (or ≥ 0.5 g/g creatinine)
2. Proteinuria ($\pm$) accompanied by hematuria (+)
3. eGFR < 45 mL/min/1.73 m²
(For patients under 40 years of age, or those with proteinuria ($\pm$) or greater: eGFR < 60 mL/min/1.73 m²)

<Additional Note>

In addition to the above criteria, patients who show a decline in kidney function of 30% or more within a 3-month period should be referred promptly.

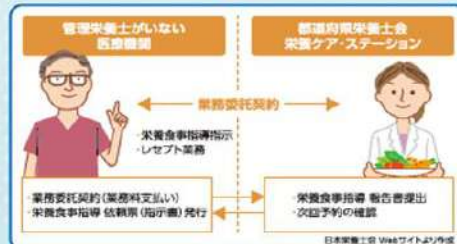
血清クレアチニンとCKDステージG3a患者のeGFR値に關する事前効果も認められています。
[Yamagata K, et al. PLoS One, 2016; 11 (3): e0151422]

管理栄養士がいない医療機関の先生方も 地域の腎臓専門医療機関や栄養ケア・ステーションと連携することができます

- 栄養ケア・ステーションは、管理栄養士が所属する地域密着型の拠点です。
- 医療機関と連携し、医師の指示により、疾患を持つ患者さんへの栄養食事指導を都道府県栄養士会栄養ケア・ステーションに登録された管理栄養士が実施します。

お近くの栄養ケア・ステーションを探す
[日本栄養士会Webサイト]

<https://www.dietitian.or.jp/carestation/>



腎臓の異常を疑ったら

腎臓専門医・専門医療機関への紹介をご検討ください

健診で尿検査異常を指摘された方、糖尿病や高血圧などの生活習慣病のある方、薬物治療を受けている方などは、慢性腎臓病(Chronic Kidney Disease: CKD)のハイリスク群です。無症状であっても、定期的に血清クレアチニン検査、尿検査を行い、以下の基準を満たすか評価してください。

腎臓専門医・専門医療機関への紹介基準

以下の3項目のうち、いずれかを満たす場合は、腎臓専門医・専門医療機関への紹介をご検討ください。

1) 尿蛋白(+) (もしくは0.5g/gCr) 以上

2) 尿蛋白(+/-)かつ血尿(+)

3) eGFR < 45 mL/分/1.73m²
(40歳未満または尿蛋白(+/-) 以上ならば、 < 60 mL/分/1.73m²)

<補足事項>

●上記以外にも3ヵ月以内に30%以上の腎機能の悪化を認める場合には速やかにご紹介ください。

●eGFR (mL/分/1.73m²) = $194 \times \text{血清Cr}^{-1.154} \times \text{年齢}^{-0.729}$ (女性の場合は $\times 0.739$)

●尿蛋白/Cr比 (g/gCr) = 尿中蛋白 (mg/dl) / 尿中Cr (mg/dl)

※ 尿蛋白/Cr比は尿の濃縮を考慮した計算値。尿蛋白の1日排泄量とよく相関するとされています。(Cr: クレアチニン、以下、同様)



腎機能は無症状のうちに低下していくことが多く、普段から、様々な背景を有する患者さんと接している私たち、かかりつけ医だからこそ、腎臓の異常を早期に発見することが可能です。

CKDには、腎生機による専門的な診断と治療を必要とする疾患が含まれています。また、CKD特有の合併症の管理も必要です。上記の紹介基準や地域の状況などを考慮していただき、私たち腎臓専門医との連携をご検討ください。



慢性腎臓病(CKD)の定義

腎機能の低下 (eGFR 60 mL/分/1.73m²未満) もしくは腎臓の障害 (蛋白尿などの尿異常、画像診断や血液検査、病理所見で腎障害が明らかである状態) が、3ヵ月を超えて持続する状態を指します。

監修: 日本腎臓学会 (「エビデンスに基づくCKD診療ガイドライン2023」を基に作成)

INITIATIVES TO IMPROVE THE QUALITY OF MEDICAL CARE



Under a Health and Labour Sciences Research project, approaches to CKD care delivered through multidisciplinary collaboration were systematically organized.



Multidisciplinary Collaboration Manual for CKD Care



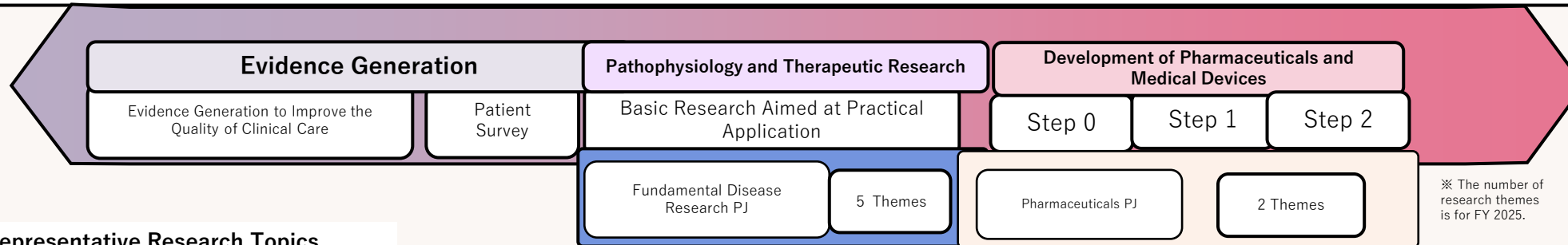
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JAPAN AGENCY FOR MEDICAL RESEARCH AND DEVELOPMENT (AMED) KIDNEY DISEASE TRANSLATIONAL RESEARCH PROGRAM (FY 2025)

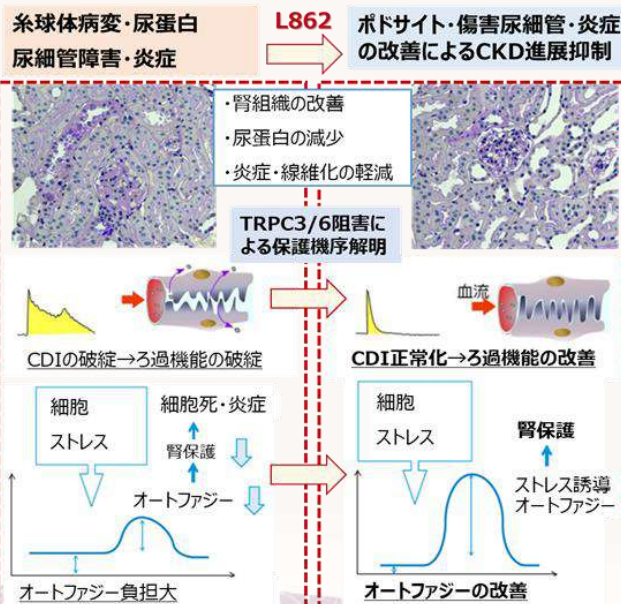
Project Overview (Background and Objectives)

Due to the increase in lifestyle-related diseases and population aging, the number of patients with chronic kidney disease (CKD) has been rising and is estimated to have reached approximately 13 million. In July 2018, the Report of the Committee on Measures against Kidney Disease was compiled, setting key performance indicators (KPIs), including a target to reduce the annual number of newly initiated dialysis patients to 35,000 or fewer by 2028 (approximately a 10% reduction compared with fiscal year 2016). Based on this report, this project promotes research aimed at the early realization of a reduction in new dialysis initiations, including studies on the pathophysiology of kidney disease, the development of diagnostic methods, and the development of therapeutic approaches.



Representative Research Topics

Development of a Novel Therapeutic Agent Targeting TRPC3/6 for Intractable and Progressive Kidney Diseases (Yamamoto Research Group, Osaka University) FY 2023–FY 2025

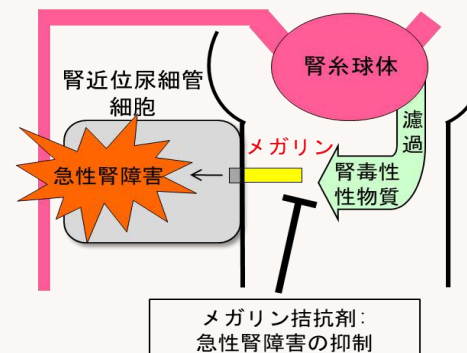


By establishing the efficacy of L862, a dual TRPC3/6 inhibitor identified by the research group, in models of intractable and progressive kidney diseases, and by elucidating the mechanisms underlying its renoprotective effects, this study aims to pave the way for collaboration with industry partners.

L862のCKDに対する有効性・安全性を検証する臨床試験へ発展

Development of a Megalin Antagonist for Acute Kidney Injury (Saito Research Group, Niigata University) FY 2022–FY 2024

腎毒性物質の「入り口」分子メガリンをターゲットとした創薬研究

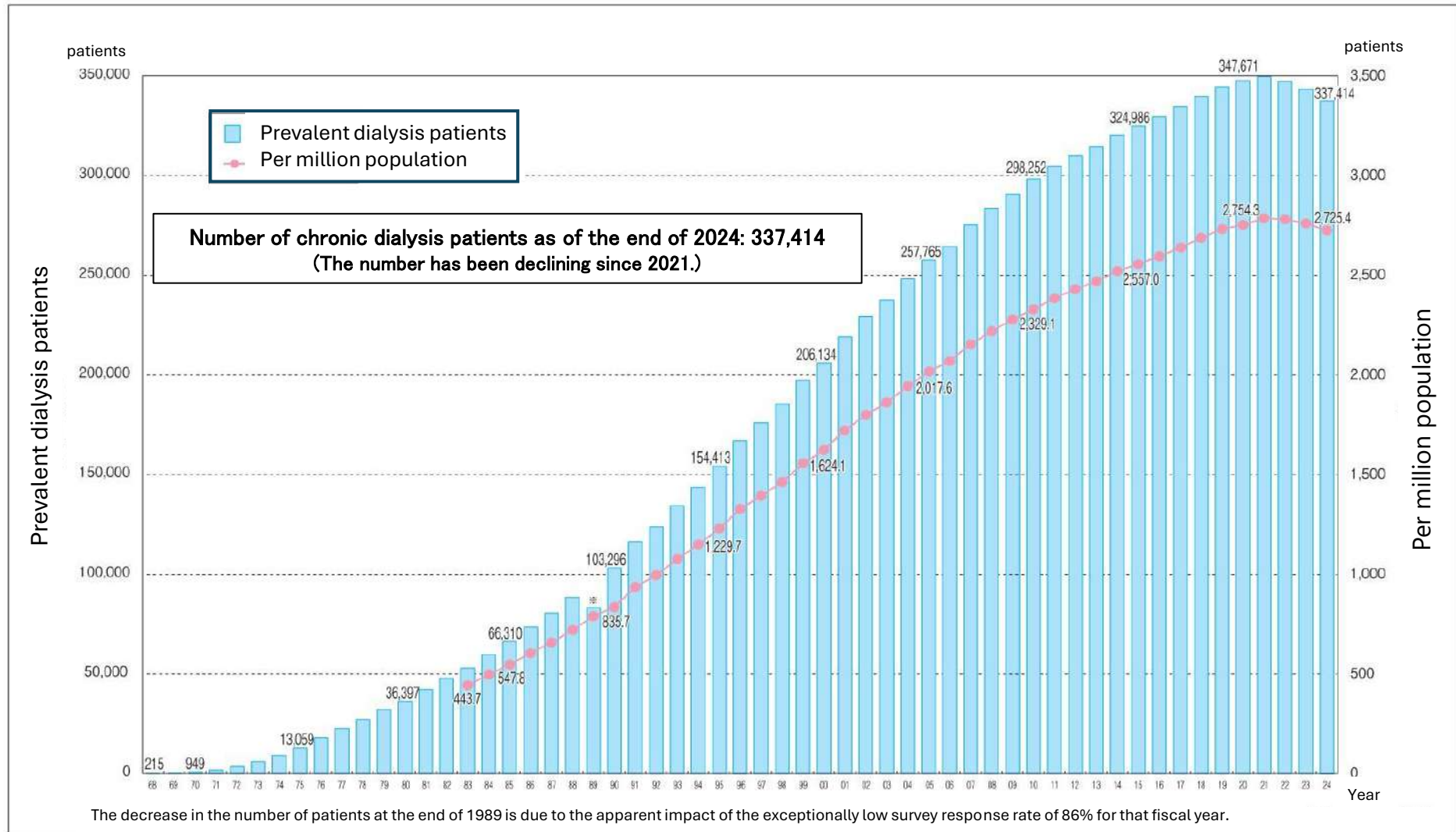


This study aims to develop a drug (a megalin antagonist) that selectively inhibits the megalin-mediated uptake of nephrotoxic substances in order to prevent the onset of acute kidney injury.

成果 新規メガリン拮抗剤のスクリーニング・インシリコ解析

展望 化合物ライブラリーのスクリーニングと動物実験による効果の確認

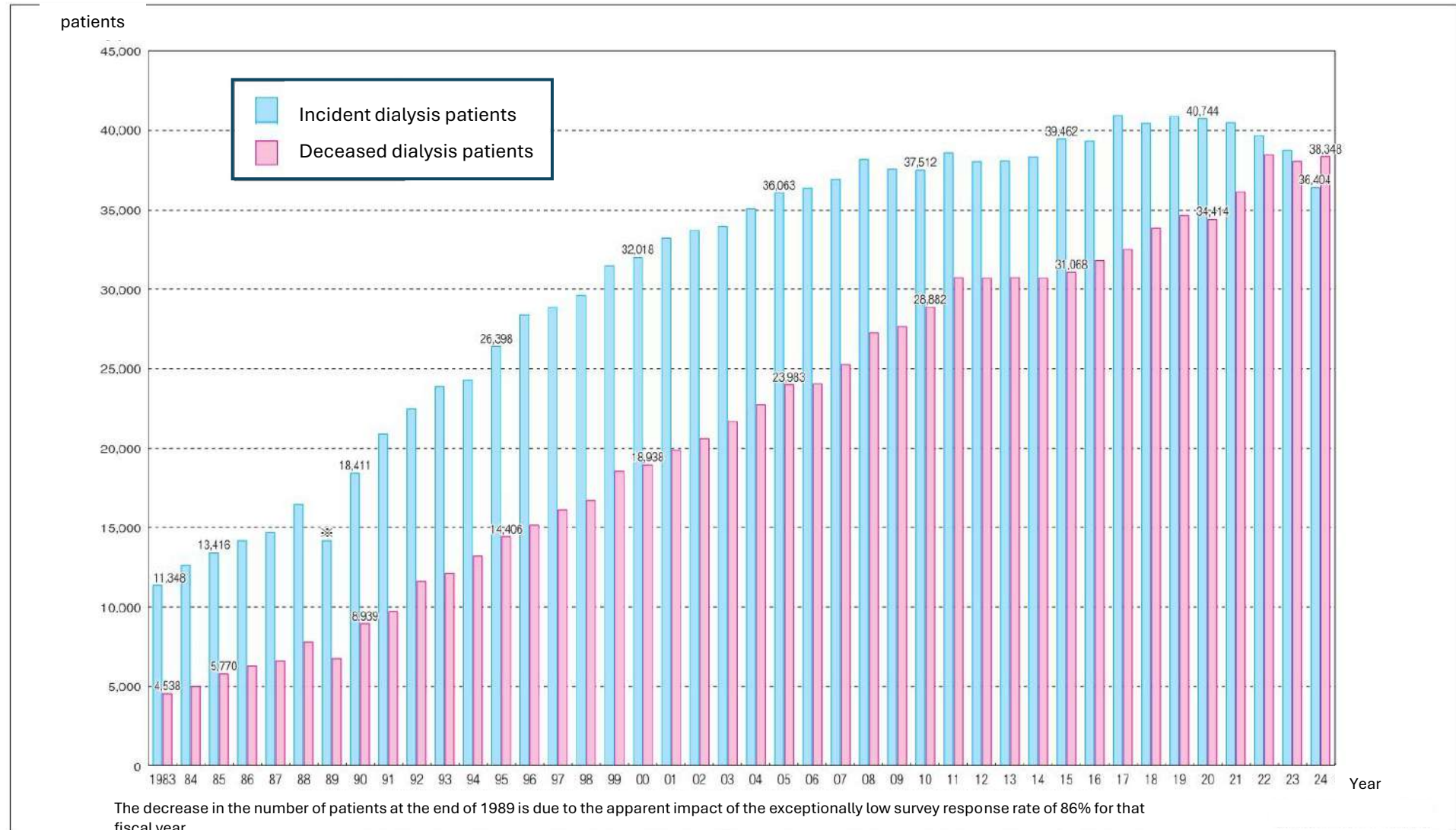
Trend in the prevalent dialysis patient count, 1968 to 2024 and the adjusted prevalent dialysis patient count (pmp) in Japan, 1983 to 2024



Source: The Japanese Society for Dialysis Therapy “Current Status of Chronic Dialysis Therapy in Japan (31 Dec 2024)”

URL: <https://docs.jsdt.or.jp/overview/index.html> (Japanese)

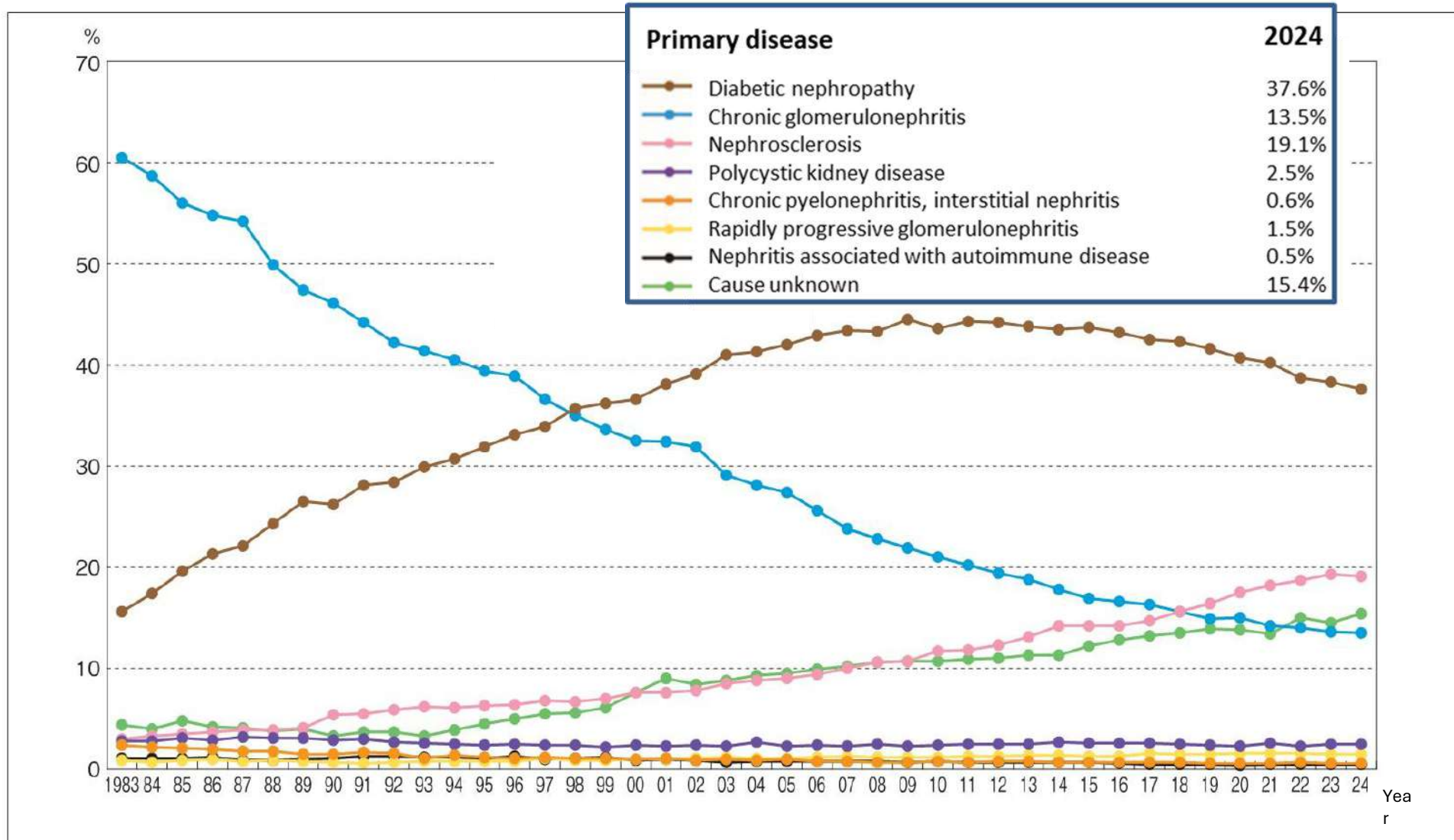
Trends in the incident and deceased dialysis patient counts in Japan, 1983 to 2024



Source: The Japanese Society for Dialysis Therapy “Current Status of Chronic Dialysis Therapy in Japan (31 Dec 2024)”

URL: <https://docs.jsdt.or.jp/overview/index.html> (Japanese)

Trends in major primary diseases of the prevalent dialysis patients, 1983-2024



Source: The Japanese Society for Dialysis Therapy "Current Status of Chronic Dialysis Therapy in Japan (31 Dec 2024)"

URL: <https://docs.jsdt.or.jp/overview/index.html> (Japanese)

COMPREHENSIVE PROMOTION PROJECT FOR PALLIATIVE CARE AND RELATED SERVICES FOR PATIENTS WITH KIDNEY FAILURE

FY 2026 Initial Budget Proposal: ¥82 million

Supplementary Budget for FY 2025: ¥22 million

NEW

1 Purpose of the Project

While the palliative care system has been primarily developed in the field of cancer care, challenges remain in non-cancer areas. In particular, with regard to symptom management and palliative care for patients with kidney failure, issues have been identified such as insufficient training systems, inadequate implementation frameworks for home-based medical care, and imbalances in information available to support treatment decision-making for patients with kidney failure. As a result, palliative care may not be adequately provided to all patients who require it. Therefore, it is necessary to establish and strengthen a comprehensive palliative care delivery system for patients with kidney failure. The objective of this project is to comprehensively promote palliative care and related services for patients with kidney failure.

2. Overview of the Project

(1) Support for the establishment of a training system, including the development of training programs on palliative care for patients with kidney failure.

- This includes the development of e-learning training programs on palliative care for chronic kidney failure for healthcare professionals, as well as the implementation of training courses and workshops, among other initiatives.

(2) Implementation of model projects to support the establishment of sustainable home-based medical care systems, and development of an environment that facilitates the provision of home-based care for patients with kidney failure.

- This includes building frameworks that enable necessary deliberations and planning for establishing home-based care delivery systems for patients with kidney failure, in collaboration with local governments, community visiting nurses, long-term care facilities, local medical associations, and dialysis-related companies.
- In addition, efforts will be made to train visiting nurses capable of providing home-based medical care and home-based palliative care, and to develop systems that make it easier for long-term care facilities to accept patients with kidney failure, among other initiatives.

(3) Awareness-raising through the development of websites and related materials to provide accurate information on kidney failure treatment, including palliative care.

- This includes the provision of accurate, up-to-date information based on the latest evidence on palliative care for symptom management associated with kidney failure, kidney disease, and renal replacement therapies—including home hemodialysis, peritoneal dialysis, and kidney transplantation.
- In addition, medical institution information lists will be made publicly available, indicating the types of treatments and examinations related to kidney disease that each institution can provide (such as palliative care, peritoneal dialysis, kidney transplantation, and the availability of kidney biopsy), among other initiatives.

3. Implementing Entities, etc.

Implementing Entities: (1) and (3) relevant organizations; (2) medical institutions, etc. **Subsidy Rate:** Fixed amount (equivalent to 10/10)

CONCLUSION



- While progress has been made in certain areas through the implementation of kidney disease measures to date, challenges remain.
- Going forward, we will continue to engage in discussions with relevant academic societies and other stakeholders, address each challenge in kidney disease measures one by one, and further promote these efforts.



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MARCH 28-31, 2026 | YOKOHAMA, JAPAN

Naoki Kashiwara, M.d., Ph.D.
Kawasaki Geriatric Medical Center
Okayama Japan

TRANSFORMING KIDNEY CARE THROUGH NATIONAL STRATEGY: A NEPHROLOGIST PERSPECTIVE



- 1.CURRENT STATUS OF KIDNEY DISEASES IN JAPAN
- 2.INITIATIVE AND ACTIVITIES OF JAPANESE SOCIETY OF NEPHROLOGY
- 3.JAPAN KIDNEY ASSOCIATION
KIDNEY RESEARCH INITIATIVE-JAPAN (KRI-J)



The Japanese society of Nephrology COI Disclosure

Presenter: Naoki Kashiwara

☐ Received training on research ethics and medical ethics

In the past 3 years

Companies with COI relationships to be disclosed (in the past 3 years) related to the content of the presentation

Lecture fees: AstraZeneca, Ono Pharmaceutical, Otsuka Pharmaceutical, Nippon Boehringer Ingelheim, Eli Lilly, Novartis, Daiichi Sankyo, Kyowa Kirin, Mitsubishi Tanabe Pharma, Astellas Pharma, GlaxoSmithKline

Expenses for contract research and joint research: Daiichi Sankyo, AstraZeneca, Bayer Yakuhin, Nobelpharma, Nippon Boehringer Ingelheim Co., Ltd.

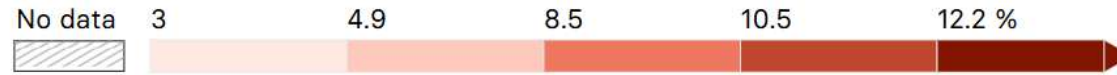
Scholarship and donation: Astellas Pharma, Teijin Pharma, AstraZeneca, Kyowa Kirin, Bayer Yakuhin, Chugai Pharmaceutical, Otsuka Pharmaceutical, Nippon Boehringer Ingelheim, Daiichi Sankyo, Takeda Pharmaceutical Company



世界のCKD有病率

▶ 2019 ————— ● 2023

Select a country...

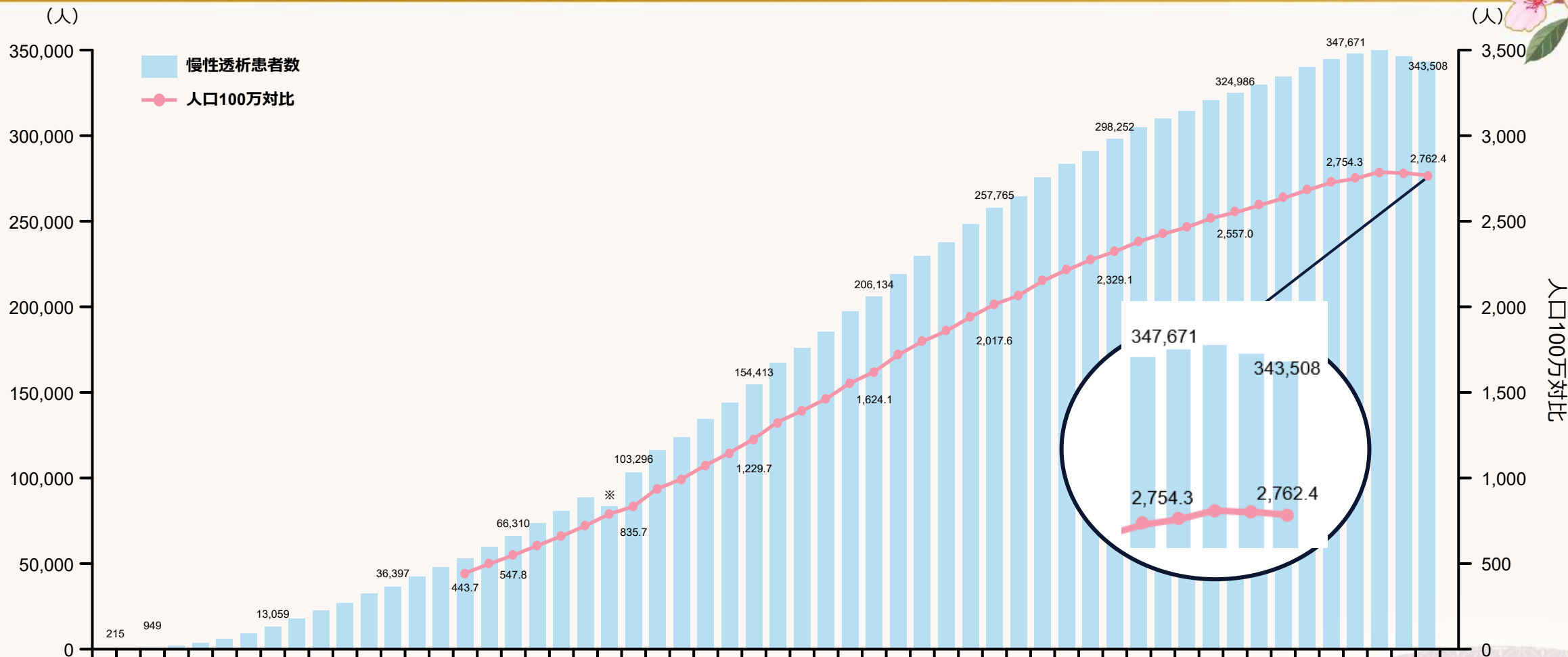


ISN-Global Kidney Health Atlas

肖像権: 演者より写真使用の許諾取得

A Turning Point: The Number of Chronic Dialysis Patients Is Beginning to Decline

慢性透析患者数



1) 太田圭洋ほか：日本透析医学会雑誌 施設調査による集計

【対象・方法】日本透析医学会による年次調査として、4529施設を対象に、調査票を用いて施設および患者についての現況を調査した。7月8日までに回収されたデータを組み入れて集計した。
 ※Limitationについては論文中に記載がなかった。

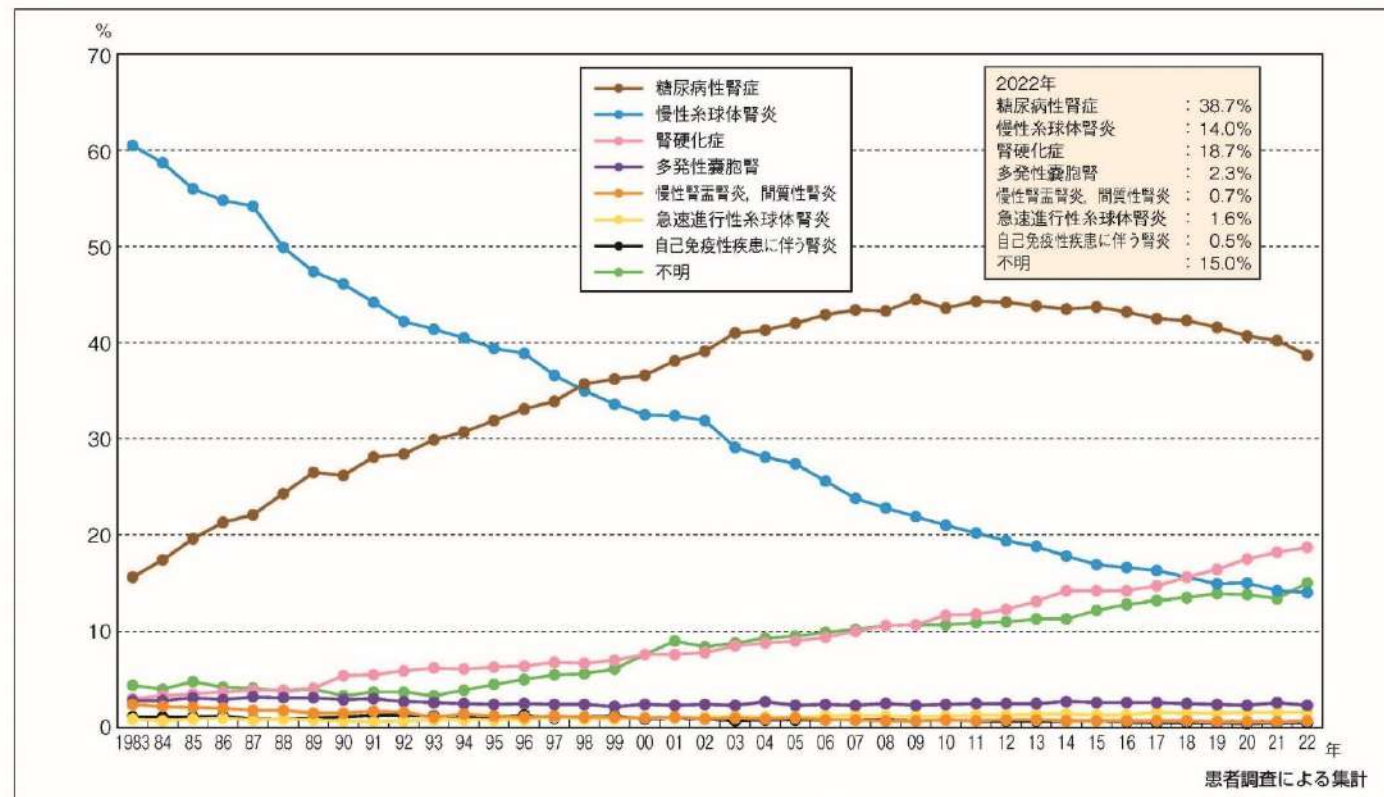
※1989年末の患者数の減少は、当該年度にアンケート回収率が86%と例外的に低かったことによる見掛け上の影響である。人口100万対比は回収率86%で補正

2023;38:443.

THE TREND IN PROPORTION OF PRIMARY DISEASES OF PATIENTS UNDERGOING DIALYSIS INITIATION



(17) 導入患者 原疾患割合の推移, 1983-2022年 (図17)



一般社団法人日本透析医学会「わが国の慢性透析療法の現況 (2022年12月31日現在)」

Kidney Disease Countermeasures Study Committee

- 柏原 直樹 川崎医科大学 副学長 腎臓・高血圧内科 教授
- 門脇 孝 帝京大学 医学部 常勤客員教授
- 川村 孝 国立大学法人京都大学環境安全保健機構健康科学センター センター長
- 川本 利恵子 公益社団法人日本看護協会 常任理事
- 小室 一成 国立大学法人東京大学大学院医学系研究科 循環器内科学 教授
- 中澤 よう子 神奈川県健康医療局 医務監兼保健医療部長
- 中元 秀友 埼玉医科大学総合診療内科 教授
- 南学 正臣 国立大学法人東京大学大学院医学系研究科 腎臓内科学・内分泌病態学 教授
- 羽鳥 裕 公益社団法人 日本医師会 常任理事
- 馬場 亨 一般社団法人 全国腎臓病協議会 会長
- 松村 満美子 特定非営利活動法人 腎臓サポート協会 理事長

(任期：平成29年12月14日～平成31年12月13日)

(○：座長)

Report of the Kidney Disease Countermeasures Study Committee

-Towards Further Promotion of Kidney Disease Countermeasures-

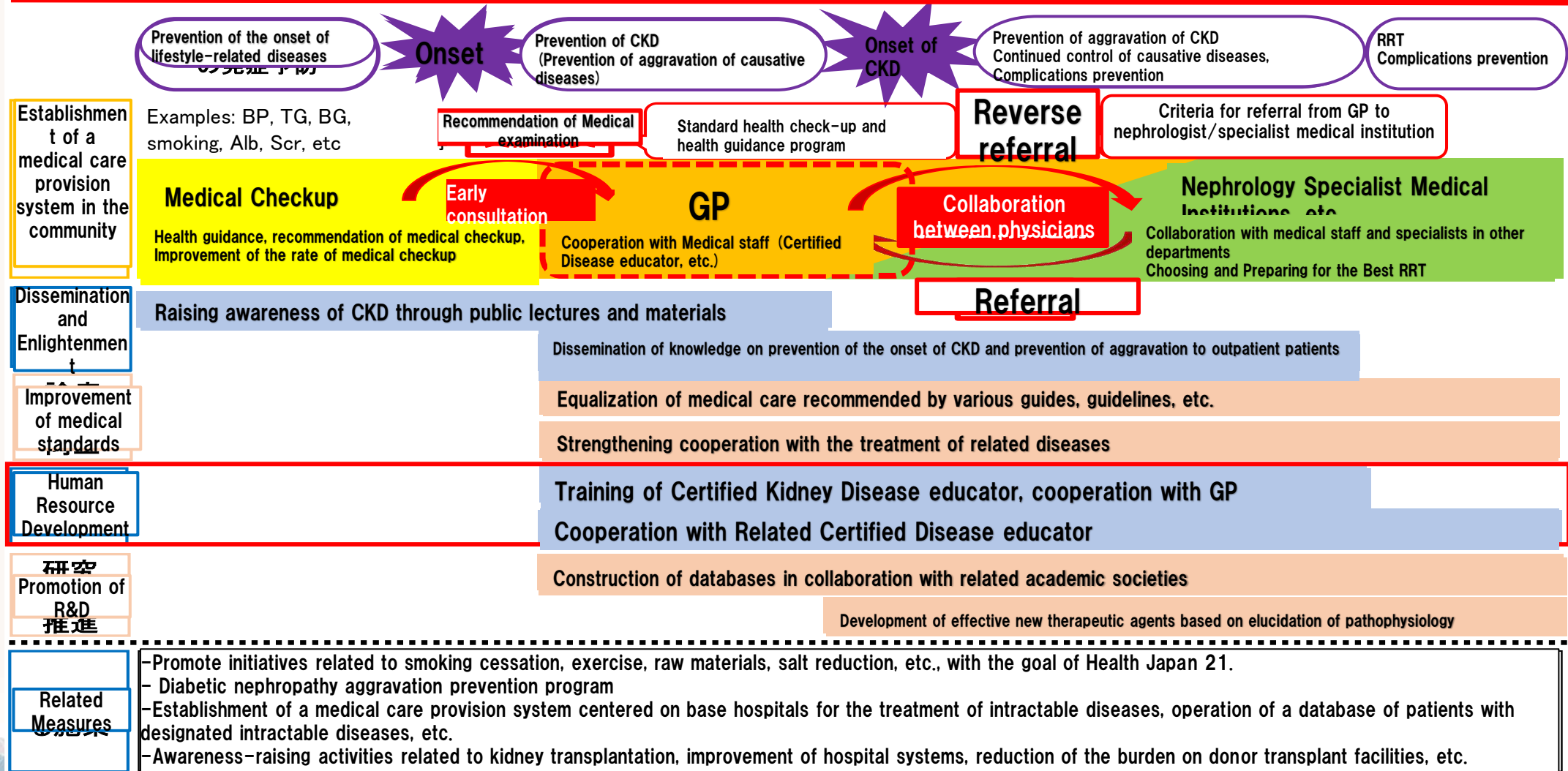
July 2018

Kidney Disease Countermeasures Study Committee





【参考2】 Overview of Kidney Disease Control in Response to Patient Journey



“ALLIANCE OF DIET MEMBERS TO PROMOTE MEASURES FOR CHRONIC KIDNEY DISEASE WITH PATIENTS ” 1ST GENERAL MEETING



(Liberal Democratic Party)

(honorifics omitted) (in the order of the 50 Japanese syllabary)

Questions Hidehisa Otsuji

Chairperson Norihisa Tamura

Deputy Chairperson Toshiko Abe, Shigeyuki Goto, Masamaro Fukuoka, Toshiji Furukawa, Tamayo Marukawa

General Manager Gaku Hashimoto

Deputy General Manager Shinjiro Koizumi, Shuichi Takatori, Naomi Tokashiki, Tsutomu Tomioka, Junko Mihara

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Ayano Kokumitsu, Dai Shimamura, Hinako Takahashi, Tomo Tanigawa, Hiroaki Tabata, Narushi Baba, Tsumi Funabashi, Shoko Horiuchi, Yuki Mitsubayashi, Hideki Murai, Koichi Watanabe,

Head of Secretariat Masahiro Ishida



NPO JAPAN KIDNEY ASSOCIATION

NPO Japan Kidney Association Vision, Mission, Value

—かけがえのない日々を大切に生きるために—

NPO法人 日本腎臓病協会

〈事務局〉

〒113-0033 東京都文京区本郷3-28-8 日内会館6F
TEL:03-5842-4131 FAX:03-5802-5570
<https://j-ka.or.jp>

かけがえのない日々を
大切に生きるために

FOUR PROGRAMS CONDUCTED BY THE JAPANESE KIDNEY ASSOCIATION (JKA)



NPO法人

日本腎臓病協会

Japan Kidney Association

J-CKDI

Dissemination and awareness activities

慢性腎臓病CKDの予防、早期発見
各地の診療連携体制の構築

KRI-J

Kidney Research Initiative-Japan

薬剤、診断法、機器開発支援
プラットフォーム構築

CKDE

Certified Kidney Disease educator

療養指導士の育成
制度運営

Cooperation with Patient Associations and Related Organizations

各腎疾患患者会との連携
交流、意見交換

日本腎臓病協会

TRANSFORMING KIDNEY CARE THROUGH NATIONAL STRATEGY: A NEPHROLOGIST PERSPECTIVE



Lessons Learned from Japan's CKD Strategy

1. Rapid population aging has led to a substantial increase in CKD prevalence, now affecting over 20 million individuals in Japan
2. The Japanese government established a national task force on kidney disease and implemented a 10-year strategic plan
3. Key initiatives included:
 1. Raising public awareness of CKD
 2. Education and training of healthcare professionals
 3. Promotion of early detection and intervention
4. A multi-stakeholder approach involving government, academic societies, and non-profit organizations was essential
5. The Japan Kidney Association played a significant role in public education and advocacy
6. These efforts have contributed to a reduction in the number of patients initiating dialysis since 2021
7. Key takeaway: A coordinated national strategy with long-term commitment can effectively improve kidney health outcomes



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INTERNATIONAL SOCIETY OF NEPHROLOGY

MARCH 28-31, 2026 | YOKOHAMA, JAPAN





Living the Strategy

A PwCKD Perspective on Navigating Kidney Care in Japan

PPeCC (Power to the People with Chronic Conditions)

CEO Takeshi SHUKUNOBE



Conflict of Interest (COI) Disclosure

I have no conflict of interest to disclose regarding this presentation.



Takeshi SHUKUNOBE

Commenced Hemodialysis (ongoing for 39 years)

Certified social worker / Coordinator of the Promotion of Health and Employment Support

Representative Director of PPeCC

- Member of Tokyo Dialysis Doctors Association, Disaster Countermeasures Committee
- Advisor to the Tokyo Kidney Disease Association (NPO)
- Member of the Ethics Committee of the Japanese Society for Home Hemodialysis
- Executive Member of the Working Group on Patient and Public Involvement (PPI), Japan Association for Bioethics
- Member of the Patient Organization Advisory Board, Japan Pharmaceutical Manufacturers Association (JPMA)
- Member of the Institutional Review Board (IRB), Institute of Science Tokyo Hospital
- Cooperative Researcher at Research Center for Advanced Science and Technology, The University of Tokyo



Takeshi SHUKUNOBE

- 1968 Born in Kawagoe, Saitama, Japan
- 1971 Diagnosed with Chronic Nephritis
- 1987 Commenced Hemodialysis
- 1992 HR & Labor Relations at Sony Corp. for 14 years
- 2005 Developed Hearing Loss
- 2006 Parathyroid surgery
- 2008 Diagnosed with Kidney Cancer; underwent Left Nephrectomy
Certified as a Social Worker. Joined a Social Welfare Corporation
- 2010 Founded Patienthood Inc.
- 2011 Participated in NPO Tokyo Kidney Disease Council
- 2013 Launched "JinLab" (PwCKD Platform)
- 2019 Established PPeCC (Empower & Advocacy)
- 2020 Merged Patienthood Inc. into PPeCC



WCN'26 OUTLINE



1. My Life with Kidney Disease

2. Voice of PwCKD from “JinLab”

*'Jin' means Kidney in Japanese

3. Policy Proposals from a PwCKD Perspective

MY LIFE WITH KIDNEY DISEASE



- Monthly university hospital visits; frequent hospitalizations
- Excused from all physical education classes
- **Challenges of Steroid Therapy**
 - ✓ Moon face, vision loss, weakened muscles
 - ✓ Depression
 - ✓ Victim of bullying
- Verbal aggression toward parents during rebellious years
- Attempting to turn a blind eye to the disease



MY LIFE WITH KIDNEY DISEASE



Stockholm, Sweden

May 2024

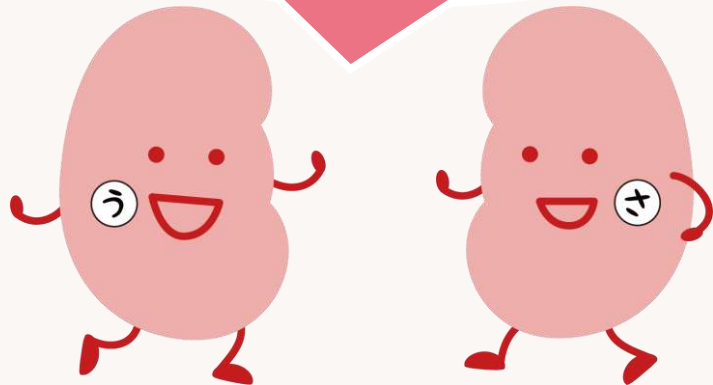
Basel, Switzerland



VOICE OF PWCKD FROM "JINLAB"

JinLab is a website where PwCKD/families and medical professionals gather.

Learn, Share, and Connect!
JinLab is a community
dedicated to enriching both
the body and the soul !



U-mame(R-bean)

Sa-mame(L-bean)

I want to hear from
others like me
"Research Fellow's Talk"

I need tips for daily life
"Daily Living Guide"

Can I still travel?
"Director's
Room"

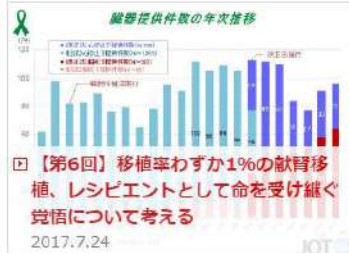
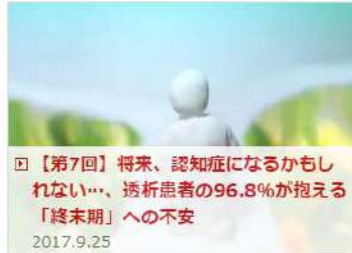
I want to connect
with peers
"chat room"

Is kidney disease
incurable ?
"The Basics"

How can I manage
my diet?
"Dietary Lab"

Am I managing myself well?
Touseki-kun" (Self-
Management Web App)

<https://www.jinlab.jp>



Since April 2016, "JinLab" has conducted various web-based surveys among our members.

Our goal is to address growing requests to understand the reality of PwCKD lives and listen to their authentic opinions.

▼ Learn more about our findings

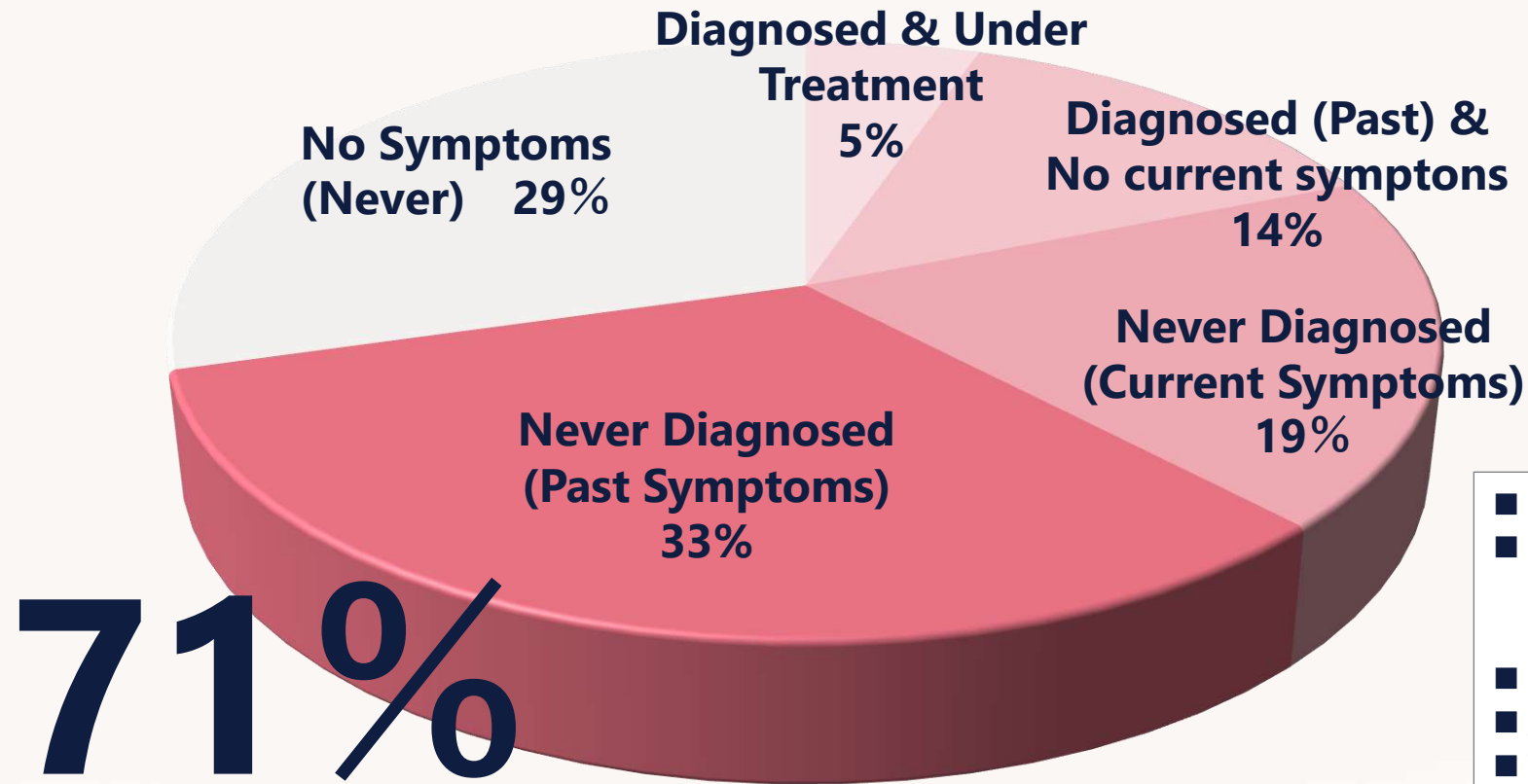
JinLab CKD Research



DID CKD OR DIALYSIS TRIGGER THE ONSET OF DEPRESSION?



Did CKD or dialysis trigger the onset of depression?



- Conducted by: JinLab
- Objective: To understand the reality of mental health among PwCKD on dialysis.
- Method: Web-based survey
- Area: Nationwide (Japan)
- Target: PwCKD on dialysis (All ages/genders)
- Period: March 31 – April 7, 2017
- Valid Responses: 95



The power of people living with chronic conditions (aka resilience)

1. Connection with other people
living with kidney disease
2. State of mind
3. Knowledge
Taking ownership of your health by learning

POLICY PROPOSALS FROM A PWCKD PERSPECTIVE



Central Social Insurance Medical Council (Chuikyo), 2022

- Further promotion and expansion of Peer Support.
- Employment retention support for People with Chronic conditions.
- Easing of requirements for Management Fees for Balancing Medical Care and Work.
- Promotion and wider adoption of Telemedicine (Online consultations).
- Free issuance of detailed medical statements.

Cabinet Office Regulatory Reform Promotion Council, 2023 (Working Group on Medical Care, Nursing Care, and Infectious Disease Control)

- Promoting Task Shifting and Sharing among healthcare professionals.
- Advancing the Utilization of Medical Data.

POLICY RECOMMENDATION ACTIVITIES RELATED TO CKD



腎疾患対策推進プロジェクト
「患者・市民・地域が参画し、協働する腎疾患対策に向けて」
2023年度アドバイザリーボード会合
The Kidney Disease Control Promotion Project
“Establishing Kidney Disease Control Measures with Patient, Citizen,
and Community Engagement and Collaboration”
Advisory Board Meeting in FY 2023

2023年9月20日（水）
Wednesday, September 20, 2023



日本医療政策機構 腎疾患対策推進プロジェクト 2023
「患者・市民・地域が参画し、協働する腎疾患対策に向けて」
政策提言・地方自治体における慢性腎臓病（CKD）対策好事例集
2024年1月



政策提言
「労働世代における慢性腎臓病（CKD）対策の強化にむけて」

～健診スクリーニング、医療機関受診による早期発見、早期介入の重要性～

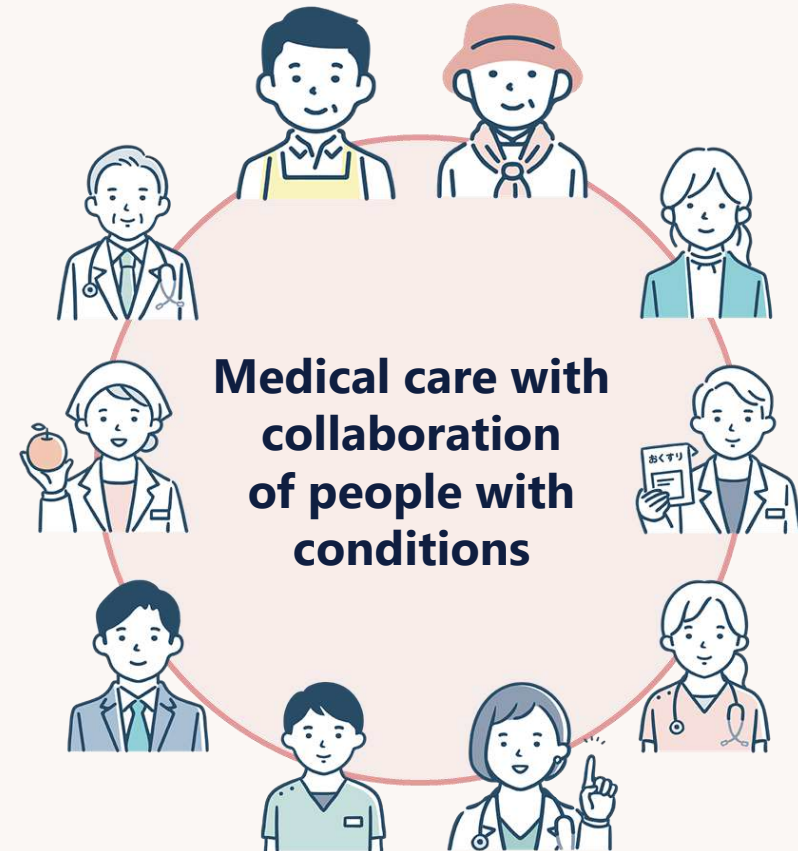
2024年10月

特定非営利活動法人 日本医療政策機構

MEDICAL CARE IN COLLABORATION WITH PEOPLE WITH DISEASES



People living with conditions/families are passive beneficiaries of medical care, surrounded by many professions and given various types of support.



People in all positions and occupations involved in healthcare, including those with conditions, shape healthcare and move forward together toward common goals.

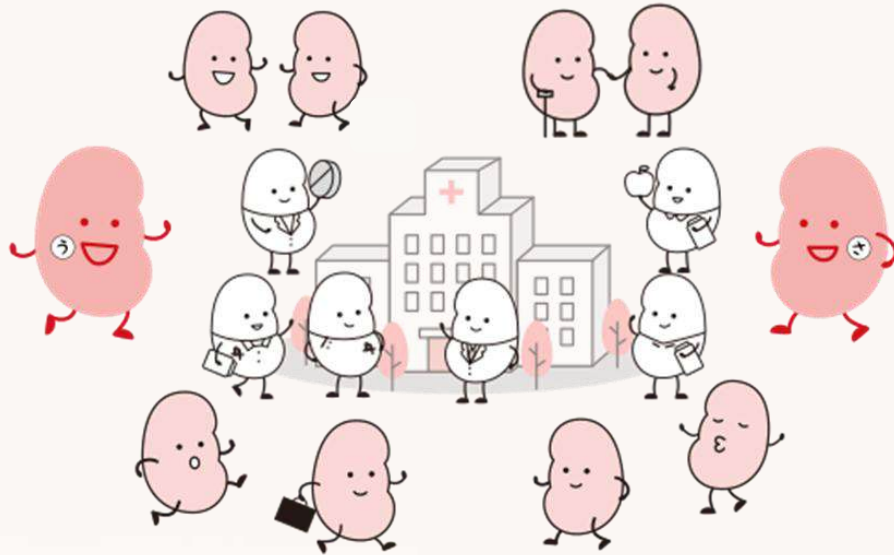
JINLAB'S EMOTIONAL PEER SUPPORT PROGRAM

- **Peer Support Initiative (Since 2014)**
- **30 Certified Peer Supporters trained to date**
- **200+ PwCKD supported, providing a safe space to share their anxieties and concerns**





Let's shape the future of healthcare together. Thank you for your kind attention.



@ppecc.g
@takeshi.shukunobe
@Jinlab.jp



@ppecc_tw
@t_shukunobe
@Jinlab_jp



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JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



Financing Kidney Health in an Aging Society

Sustainability and Innovation in National CKD strategy: Lesson from Japan

Yusuke Suzuki

Juntendo University Faculty of Medicine

“Without upstream investment, CKD threatens the financial sustainability of UHC in ageing societies”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ The Shared Challenge in North-East Asia

Why Financing CKD Matters Now

- Rapid population ageing
- Urban–rural gaps in access to care
- Rising burden of CKD and other NCDs
- Dialysis among the most expensive long-term treatments under UHC

“Without upstream investment, CKD threatens the financial sustainability of UHC in ageing societies”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ Japan's Experience: Rebalancing Health Investment

From Downstream Costs to Upstream Investment

- Universal health insurance + nationwide health check-ups
- Early CKD detection and referral in primary care
- Slowing CKD progression reduces future dialysis demand
- No new funding streams—reallocation within existing insurance systems

“Japan did not rely on new funding—but on earlier, smarter use of existing resources”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ Strategy to Measurable Outcomes

Two Consecutive Five-Year Plans (2017–2026)

Japanese Society of Nephrology (JSN)

- First Plan: 2017–2021
- Second Plan: 2022–2026
- Focus: Prevention, early intervention, data systems, collaboration

Reduction in New Dialysis Initiation

- Peak in 2019: 40,744 patients
- 2024: 36,404 patients
- 10.6% reduction over five years

“Sustained national strategies can produce measurable population-level impact”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ CKD as a Strategic Investment for NCD Control

One Investment, Multiple Returns

- CKD shares risk factors with diabetes, hypertension, CVD
- Early CKD care improves outcomes across multiple NCDs
- Prevention and timely management delay or avoid dialysis initiation

“CKD prevention is one of the most efficient entry points for integrated NCD control”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ Sustainability Meets Innovation

What Makes Financing CKD Care Sustainable

Three enabling approaches

- Value-based thinking
 - Delaying dialysis has measurable economic value
- Data-driven policy design
 - Linking health check-up data, claims, and outcomes
- Public-private collaboration
 - Digital tools and patient navigation aligned with public goals

“Sustainability depends on alignment of incentives, data, and innovation—not higher budgets”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ Implications for UHC & Global Kidney Health

What Countries Can Adapt—Regardless of Income Level

- Integrate CKD prevention into primary care
- Prioritise early detection and risk stratification
- Use existing data to guide policy decisions
- Invest in patient empowerment and self-management

“Countries with limited resources have the most to gain from early CKD investment”

JAPAN'S CKD STRATEGY IN ACTION: LESSON FROM AN AGING SOCIETY



■ Closing Message

Protecting UHC by Investing in Kidney Health

- CKD care must move upstream
- Financing prevention is essential for UHC resilience
- Japan's experience offers transferable principles, not a rigid model

“CKD is not only a clinical issue—it is a test of sustainable universal health coverage”



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MARCH 28-31, 2026 | YOKOHAMA, JAPAN

DATA-DRIVEN KIDNEY HEALTH

TAIPEI MEDICAL UNIVERSITY

Mai Szu Wu
28 Mar 2026

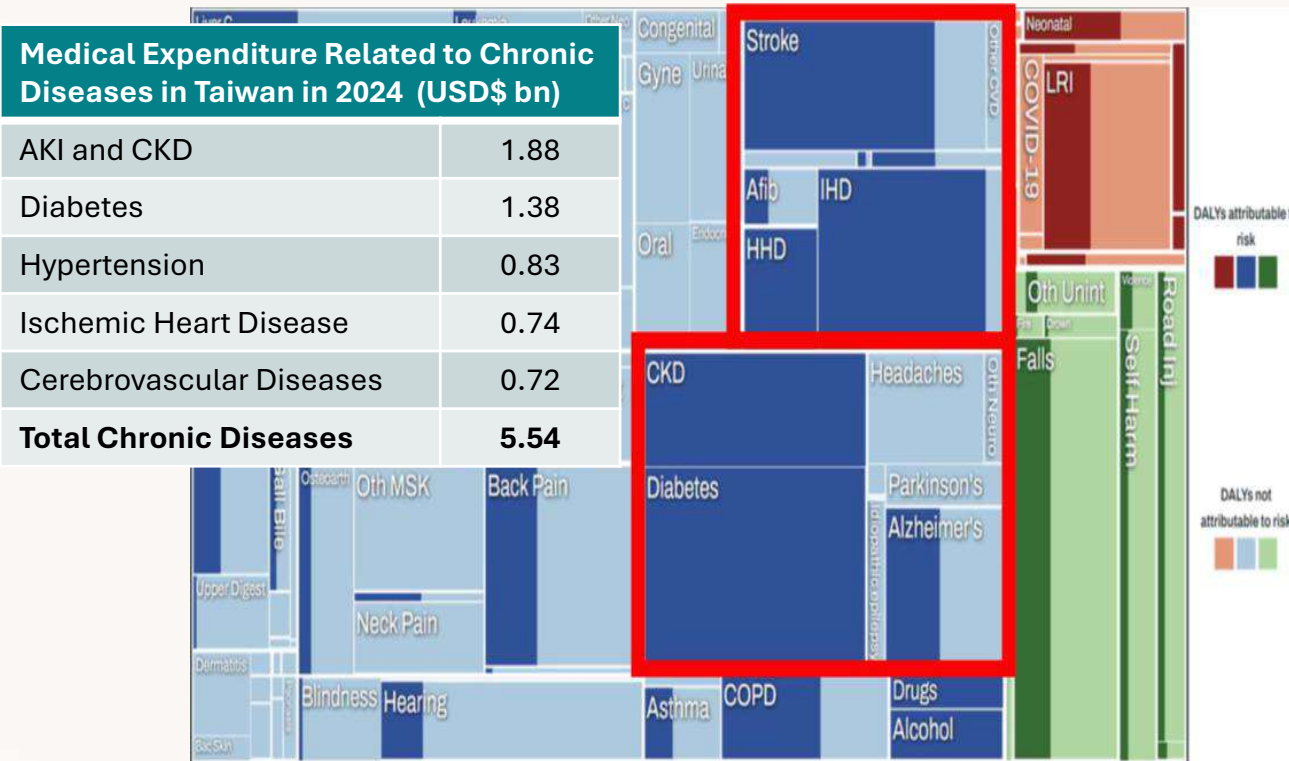


**I HAVE NO FINANCIAL
RELATIONSHIPS OR CONFLICTS
OF INTEREST TO DISCLOSE.**

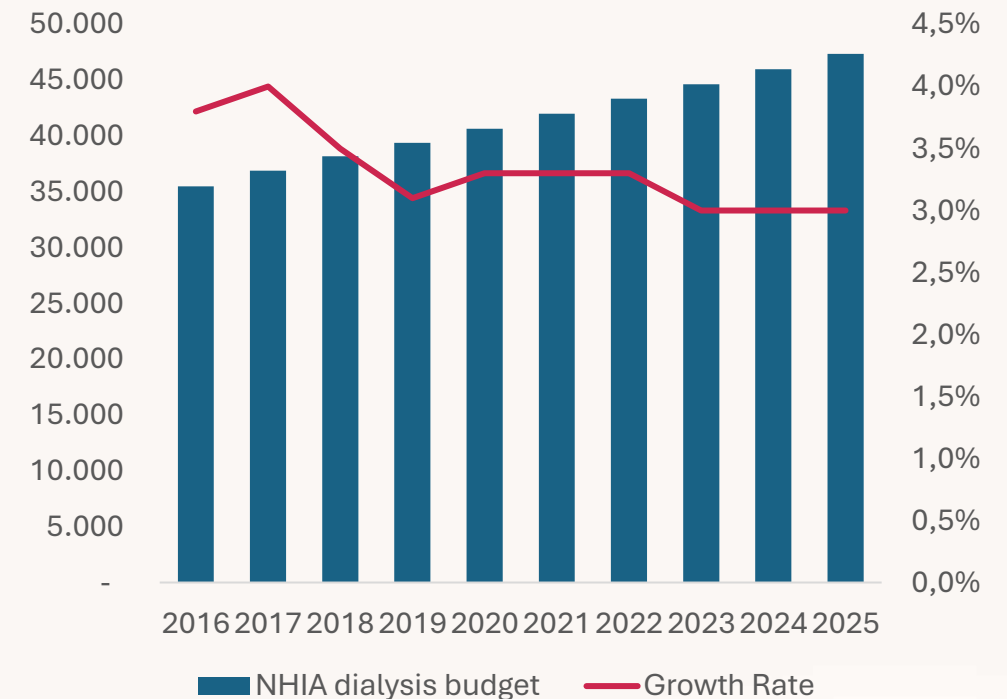


HIGH MEDICAL EXPENDITURE BURDEN RELATED TO CHRONIC DISEASE AND KIDNEY DISEASE

Diabetes and cardiovascular diseases rank second and third in NHI expenditures



The dialysis budget was \$USD 1.48 bn in 2025, with a stable annual growth of 3%



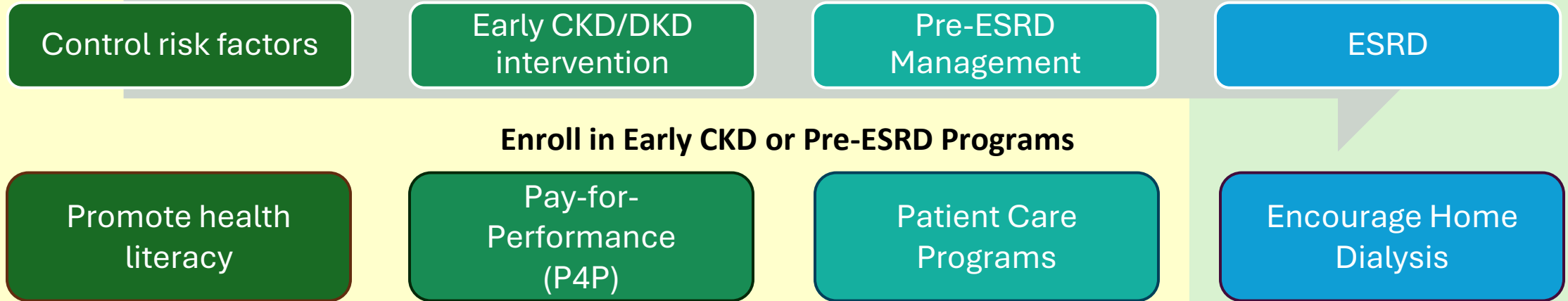
INTEGRATED CARE FRAMEWORK FOR STAGES OF KIDNEY DISEASE

The “888” Three-Highs Prevention and Control Program in 2030

80% Early identification and early intervention
 80% conduct interventions
 80% Integrated digital care

Taiwan Home Dialysis White Paper

18% Home Dialysis in 2035



- **Integrated Healthcare:** Integrate medical services/Community based/Innovative care Models
- **Transform Lifestyles:** Lifestyle assessment/ Patient empowerment/bundled payment
- **Introduce Innovative Digital Care:** AI-driven Precision Medicine (T-CaReMe) and smart care models

- Promote Peritoneal Dialysis
- Provide Incentives for Home Dialysis
- Encourage Kidney Transplantation

TAIWAN'S CLINICAL CARE PATHWAY FOR CHRONIC KIDNEY DISEASE

Evaluate CKD risk factors and conduct kidney function testing

1 2



CKD risk factors

(e.g., HT, DM, dyslipidemia)



eGFR



Urine protein

(uACR · uPCR · UA)

Stratify CKD risk based on evaluation results

3

**Health adult
Population**

**CKD high-risk
population**

CKD population

Early CKD

Pre-ESRD

Different care strategies based on CKD risk stratification

4 5 6 7 8 9

Promote health literacy

- 30yr old+ to offer free health check test every 1-5 yr



Control risk factors

- Annual kidney check



Enroll in Early CKD or Pre-ESRD Programs



Monitoring CKD status and & treatment goals



Multidisciplinary team care



Lifestyle counseling & interventions



RAS and SGLT2 inhibitors

Early CKD

Check kidney function at least every 6 months

Pre-ESRD

Check kidney function at least every 3 months

Screening to
Enrollment
(1,2,3)

Patient
Empowerment
(4,5,6,7)

Clinical
Management
(8,9,10)

Nephrology Consultation Referral 10

Rapidly Progressive / Advanced

- eGFR < 45 mL/min/1.73m²
- Unexplained annual eGFR decline > 5 mL/min/1.73m² /yr
- Confirmed increase in proteinuria (uACR > 30mg/g or uPCR > 500mg/g)
- Persistent unexplained microscopic hematuria

Suspected Extra-renal Disease

- Persistent unexplained electrolyte abnormalities
- Resistant hypertension (requiring ≥4 antihypertensive agents)
- Unexplained clinical course inconsistent with exacted diagnosis

Taiwan Home Dialysis White Paper



Strengthen Collaboration with ISN/ISPD to reach 18% Home Dialysis Penetration by 2035

ISPD MOU



IHDC manifesto



Person-Centered Care — Healthy Aging — Sustainable System

5 Strategic Pillars



1 Payment Reform

Hospital-Led
Patient-Centered
Outcome-Driven



2 Empowerment

HCP Excellence
Patients Empowered
SDM



3 Coordinated Care

Community Dialysis
Long-Term Care
Effective Referral



4 Innovative Care

Digital Management
Telemedicine
Smart Healthcare



5 Quality Excellence

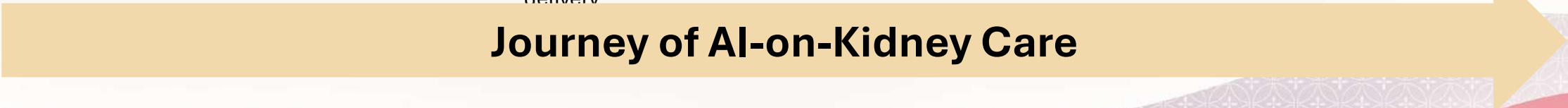
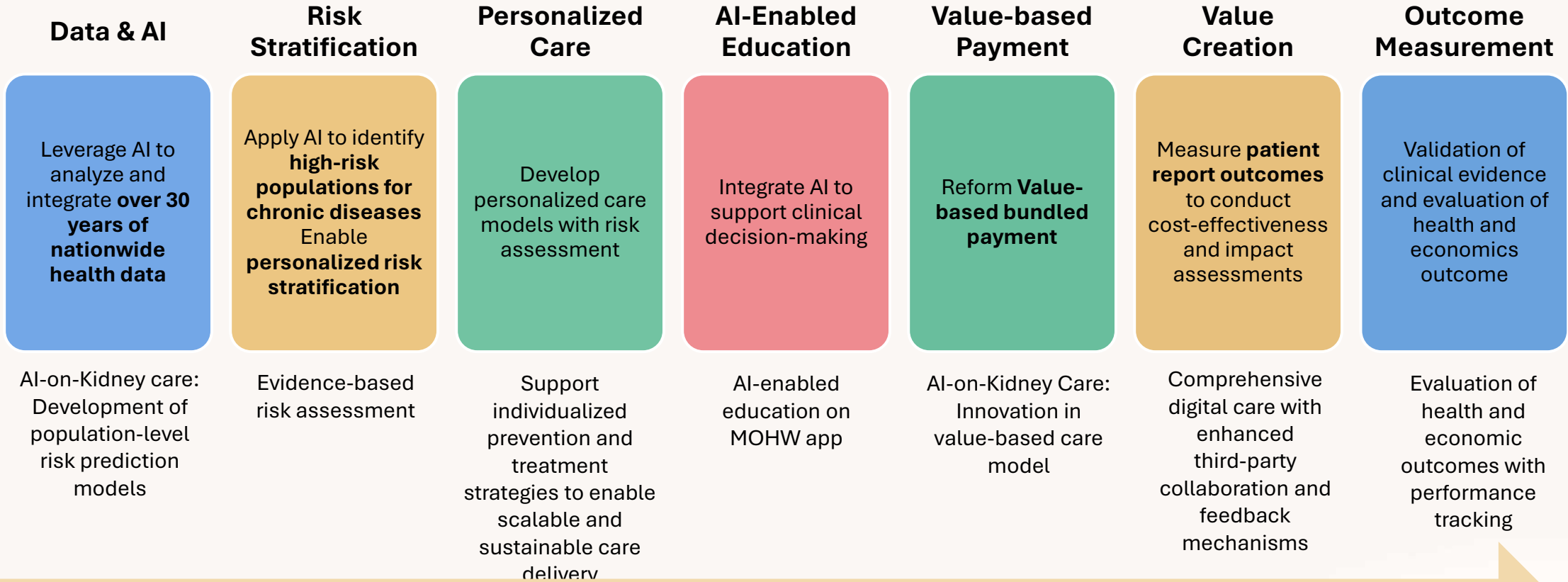
Well-Being for All
Global Model
Sustainable Systems

Taiwan Home Dialysis White Paper at APCN 2026



DATA-DRIVEN PERSONALIZED AND VALUE-BASED KIDNEY CARE

HEALTHCARE A NEW ERA FOR TAIWAN'S HEALTHCARE TRANSFORMATION



LESSONS FROM TAIWAN'S KIDNEY HEALTH REVOLUTION



Pillar I: Link to Specialist Certification

Strict credentialing ensures that all renal care is led by board-certified nephrologists, maintaining the highest level of clinical expertise and patient safety.



Pillar II: Link to Accreditation

A rigorous certification system for "Kidney Health Promotion Institutions" ensures that multidisciplinary teams strictly adhere to international clinical guidelines and quality standards.



Pillar I: Link to Reimbursement

The National Health Insurance system utilizes a pay-for-performance model that financially incentivizes clinics to achieve specific clinical outcomes rather than just volume of care.



THANK YOU

FOR LISTENING TO MY PRESENTATION





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MARCH 28-31, 2026 | YOKOHAMA, JAPAN

Advancing Kidney Disease Prevention and Care

Evidence and innovation from China

Luxia Zhang MD, MPH

National Institute of Health Data Science , Peking University

Renal Division, Peking University First Hospital

Mar, 2026

- I have no actual or potential conflict of interest in relation to this presentation.



The CKD challenges in China

- Ageing population with high prevalence of DM and HTN
- Large CKD population, embedded in CKM syndrome
- Low awareness leading to late presence
- Limited and unevenly distributed nephrology workforce

Ageing population: 28% aged ≥ 60 y by 2040

High metabolic burden: DM + pre-DM 50.5%; HTN 31.6%

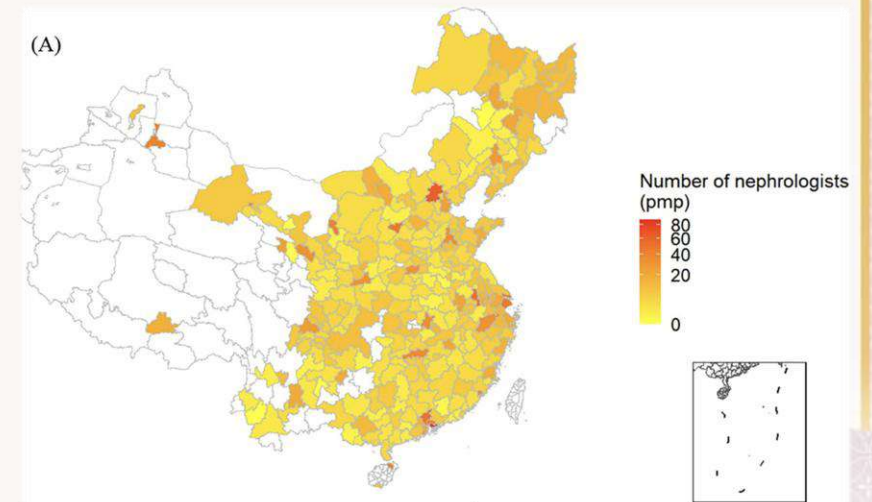
CKM prevalence rising: 77.1% in 2010 $\rightarrow$ 83.7% in 2019

Low awareness of CKD: 12.5% in 2010 $\rightarrow$ 10.0% in 2019

He et. JACC, 2025; Zhang et al, Lancet, 2012

Wang et al, JAMA Int med, 2023

Wu et al, Hum Resour Health, 2023



CK-NET China Kidney Disease Network

An academic initiative lead by
Peking University



The first of
its kind **in China**



Leveraging the power of big
data in **kidney disease**



To integrate various sources of data involving kidney disease in China, and to use cutting-edge technology to provide data-driven and data-informed evidence for policy decision-making, strengthen academic research, and promote effective disease management in nephrology.



Annual Data Report of CK-NET

An innovative multi-source data platform for disease surveillance



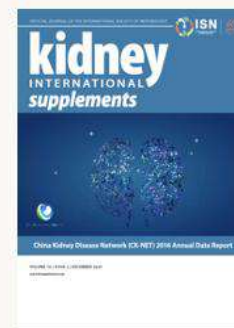
2017



2019



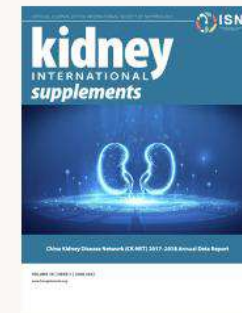
2019



2020



2021



2025

Pre-KRT CKD, AKI

KRT

Pts under 18 years

AI, environment
and kidney health

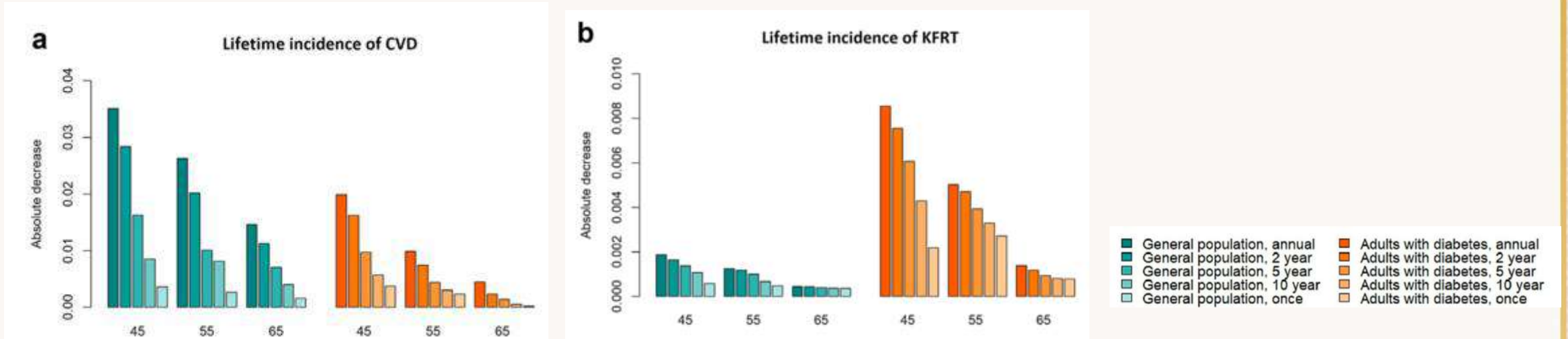
New Data, New Opportunities in 2026

National real-time Basic Health Insurance claims dataset

From epidemiology to policy



Cost-effectiveness of population-based screening for chronic kidney disease among the general population and adults with diabetes in China: a modelling study

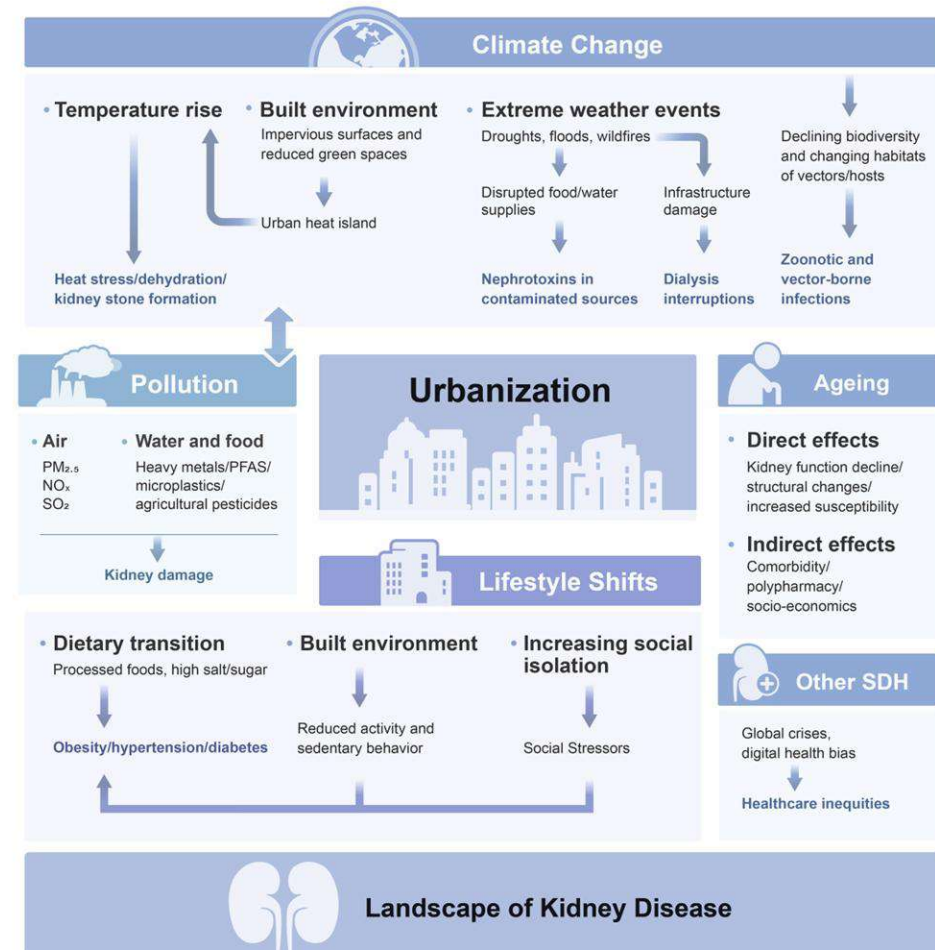
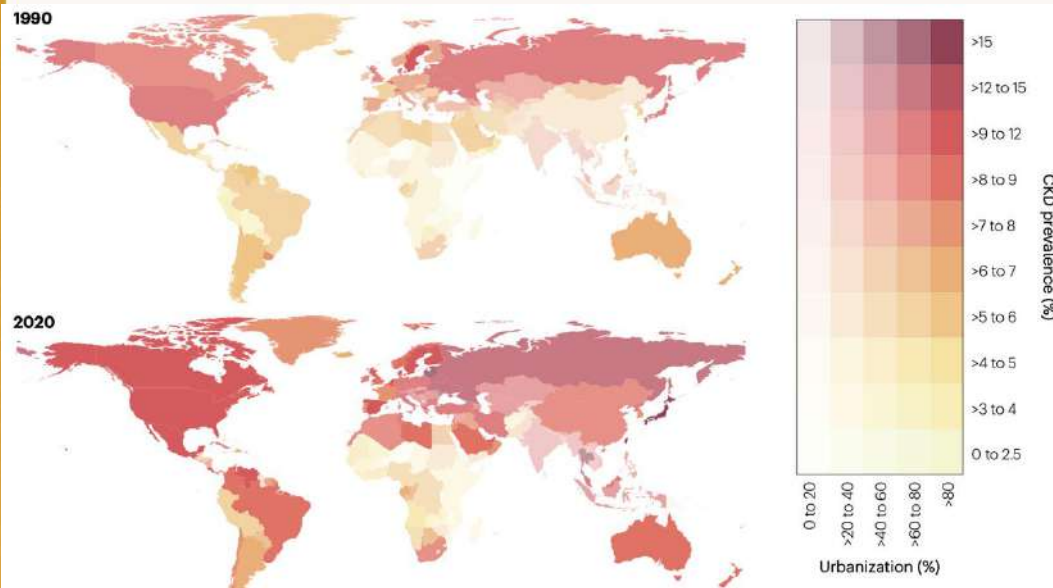


- ❑ Develop a microsimulation model for CKD based on high-quality data in China
- ❑ Annual kidney screening from age 45 (current intervention) → avoid 19M CVD and 1M kidney failure
- ❑ Subsequent cost-effectiveness evaluation of diverse screening and treatment strategies

“Kidney health for all” – beyond CKM

Re-thinking kidney health

Understanding and addressing “root cause”



Digital health and AI

Opportunities for equitable kidney care



Intelligent Urine Analysis Toolkit

- AUC 0.962
- Sensitivity: 94.0%
- Specificity: 81.4%



National Exemplary Digital Product for NCDs Prevention and Control



- Strong performance in **eGFR** and **potassium** prediction
- Potential as a POC tool for kidney disease management



KidneyTalk

<https://kidneytalk.bjmu.edu.cn/>

```

graph TD
    subgraph Application
        A[Application: Analytics, Research, Education, Management, Diagnostics, Medications, Medical chart]
    end
    subgraph Platform
        subgraph WebUI
            W[WebUI]
        end
        subgraph API
            API[API]
        end
        subgraph Agents
            AG[Agents]
        end
        subgraph KidneyTalk
            K[Medical Language Model, Medical Image Model, Medical Multi-modality Model]
        end
        subgraph FineTuning
            FT[Fine-tuning]
        end
        subgraph Evaluation
            E[Evaluation]
        end
        subgraph Deployment
            D[Deployment]
        end
    end
    subgraph Base
        subgraph MedicalData
            MD[Medical data: Data, Image, Lab test, Others]
        end
        subgraph MedicalKnowledge
            MK[Medical knowledge: Pathophysiology, Textbook, Guidelines, Others]
        end
        subgraph FoundationModel
            FM[Foundation Model: Foundation Model, Foundation Model]
        end
    end
    Base --> Platform
    Platform --> Application
  
```

- The first LLM in nephrology developed in China
- Applicable across clinical care , research and medical education

Extending equitable access to kidney care beyond specialist settings

Global Lessons from China's Experience



- Large-scale data and modeling to guide policy-making in resource-constrained settings
- Beyond kidneys: address root causes and promote kidney health through multidisciplinary collaboration
- Leverage digital and intelligent technologies to promote equitable detection and care
- Opportunities for cross-country collaboration and comparative learning



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Thank You

<http://www.nihds.pku.edu.cn>



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ADDRESSING KIDNEY DISEASE THROUGH THE NATIONAL HEALTH PLAN 2030

Kook-Hwan Oh, MD, PhD

Seoul National University College of Medicine



WCN'26 DISCLOSURES



- In General : Kook-Hwan Oh receives research funds from
 - the Korea Center for Disease Control and Prevention (KCDC),
 - Baxter, Korea
 - Fresenius Medical Care, Korea
 - KHK, Korea
 - Chong Kun Dang, Korea
- There are **no disclosures** related with this presentation.



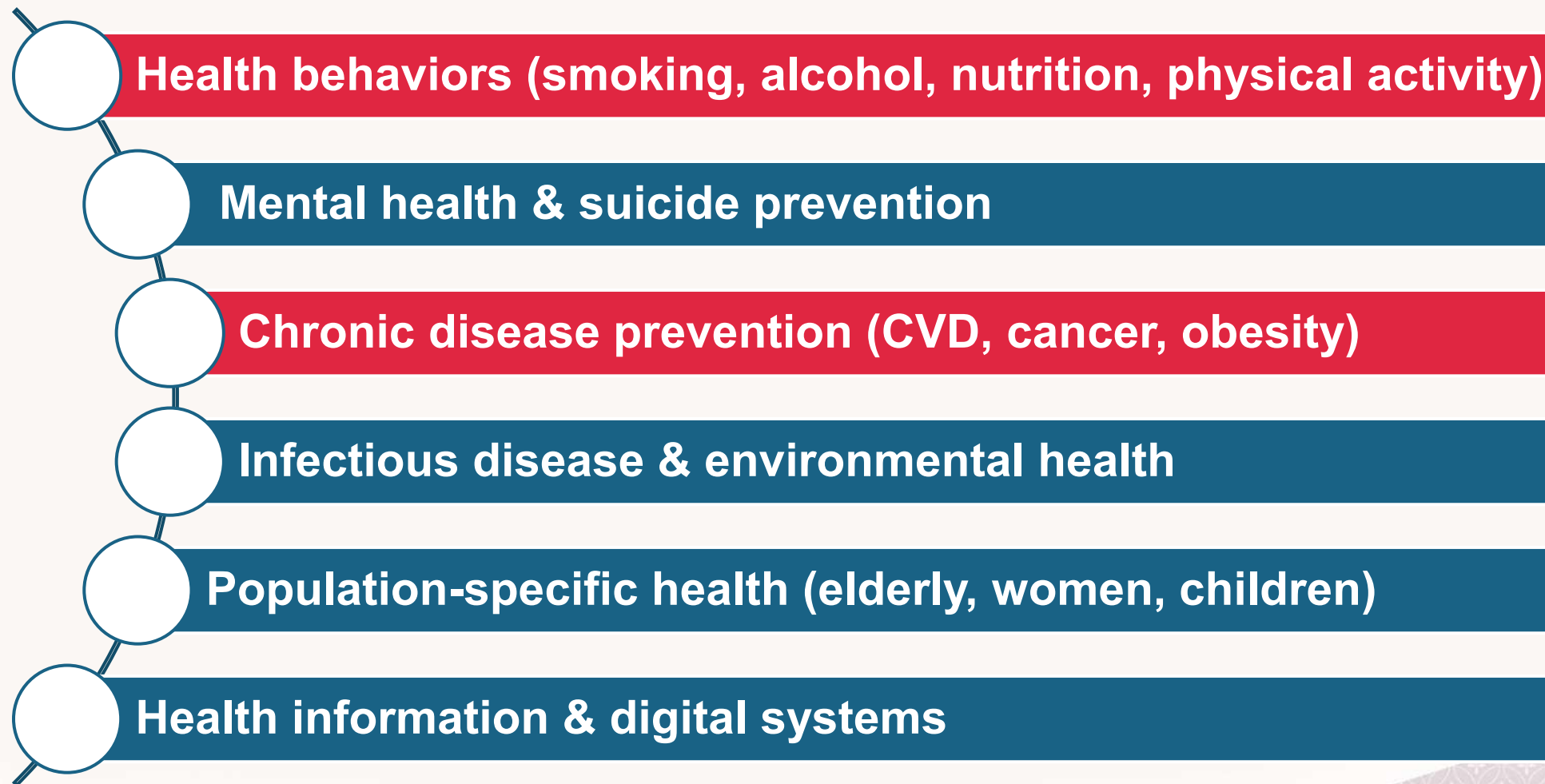
National 10-year public health strategy

- Established under National Health Promotion Act
- Shift from treatment-centered **to prevention-centered** policy
- Response to **aging population and chronic disease burden**



1. Increase Healthy Life Expectancy (+2.9 years by 2030)
2. Reduce health inequalities
3. Strengthen public health systems
4. Promote sustainable health governance

MAJOR STRATEGIC DOMAINS



National policy for CKD under HP 2030: Three tiers



Level	Primary Prevention	Secondary prevention	Tertiary prevention
Subjects	General population High-risk population	CKD patients	Patients in need of dialysis/kidney transplantation
Actions/policy	- Control of diabetes , HTN - Obesity Prevention - Salt reduction - Health promotion campaign - Screening - Focused on high risk population	- Early detection & screening - Urine protein & serum creatinine monitoring - Risk stratification in primary care - Early intervention - Integrated care/management - CKD education	- Patient registry - HD center quality control - PD promotion - Encourage kidney transplantation - Shared decision making - Patient education

primary

secondary

tertiary

- 국민건강보험이 함께하는
행복한 가정을 위한 작은실천~**

건강검진

☆ 일반건강검진

직장가입자, 자영업자 등 만 40세 이상 직장세대 및 직장정년퇴직자,
만 40세~만 64세 의료급여 세대중, 만 41세~만 64세 의료급여세대중
※ 검진주기 : 2년제 (일반직업가입자 의사주요 1년제 1회)

◎ 장애전환가 건강검진단

만 40세~만 64세를 해당하는 모든 국민을 대상으로 연방별 맞춤형
의료간담회, 상담회 실시. 정신건강증진 사업의 생활습관 평가 등
의사소통을 실시

◎ 암검진

 - 대상자 : 출생년도에 따라 흡연률, 연령 및 검진종류를 책정하는 자.
 - 위암 (만 40세이상, 2년주기)
 - 대장결장암 (만 50세이상 여성, 2년주기)
대장암 (만 40세이상 남성, 2년주기)
 - 간암 (만 40세이상 고위험군, 1년검진주기)
 - 폐암 (만 50세이상, 1년주기)

◎ 영유아검진

생후 3개월부터 7세가 될 때까지 영유아

국가건강검진 활동을 위해

① 전화로 (www.nhs.go.kr) 신청접촉 서비스 제공
- 건강검진 및 예방접종 관련 정보제공 확인여부 수 있습니다.

② 국가건강정보를 활용한 안내와 연계
- 유선전화 상담할 수없다면 아래 국가건강정보를 통해 사생활
보호하면서 궁금한 사항이나 문의사항을 확인할 수 있습니다.
다. 건강관리서 관내 보건소를 방문 접수하면 전화 상담
이용가능함. 상담시 의료 전문가와의 상담을 희망하든 원하든
선택하여 전화상담 또는 방문상담을 통해서도 가능합니다.
보건복지국립의료원 상담 센터
- 상담시간 : 월 ~ 목요일 오전 9시부터 오후 5시까지

의료발행 청소년 건강검진 안내

검사대상 : 14周岁以下의 청소년 및 청소년
※ 14세~24세는 다른 국가건강검진 중첩 불가
검사내용 : 흉부촬영 소음검진, 혈액검사, 생리조기조사,
신체기능검사, 구강검진
[특수검진] 내과·정신과·외과·치과·예방접종센터,
피부과·방사선과 등
의료발행 청소년 상담전화 :
[문의번호 : 1298, 1299호 : 지역번호+1298]

보건복지부
Ministry of Health and Welfare
총괄처 129

국민건강보험
National Health Insurance
고객센터 1294-1000

CKD PREVENTION AND EARLY INTERVENTION CAMPAIGN DRIVEN BY THE GOVERNMENT



2020.3.12.

질병관리본부
KCDC

만성콩팥병 예방과 관리를 위한 9대 생활수칙

음식은 싱겁게 먹고 단백질을 섭취는 가급적 줄입니다.	칼륨이 많은 과일과 채소의 지나친 섭취를 피합니다.	콩팥의 상태에 따라 수분을 적절히 섭취합니다.
담배는 반드시 끊고 술은 하루에 한두 잔 이하로 줄입니다.	적정 체중을 유지합니다.	주 3일 이상 30분에서 1시간 정도 적절한 운동을 합니다.
고혈압과 당뇨병을 꾸준히 치료합니다.	정기적으로 소변 단백뇨와 혈액 크레아티닌 검사를 합니다.	꼭 필요한 약을 콩팥 기능에 맞게 복용합니다.

만성콩팥병 예방과 관리를 위한 9대 생활 수칙

Guidelines for your health

Kidney

Prevention

대한신장학회 대한소아신장학회 보건복지부 질병관리본부

www.kcn.or.kr / www.kagn.org / www.mw.go.kr / www.kcdc.go.kr

만성콩팥병 예방과 관리를 위한 9대 생활 수칙

99

1. 음식은 싱겁게 먹고 단백질을 섭취는 가급적 줄입니다.
2. 칼륨이 많은 과일과 채소의 지나친 섭취를 피합니다.
3. 콩팥의 상태에 따라 수분을 적절히 섭취합니다.
4. 담배는 반드시 끊고 술은 하루에 한두 잔 이하로 줄입니다.
5. 적정 체중을 유지합니다.
6. 주 3일 이상 30분에서 1시간 정도 적절한 운동을 합니다.
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8. 정기적으로 소변 단백뇨와 혈액 크레아티닌 검사를 합니다.
9. 꼭 필요한 약을 콩팥 기능에 맞게 복용합니다.

KCDC : Korea Center for Disease Control and Prevention

World Kidney Day Campaign by the KSN



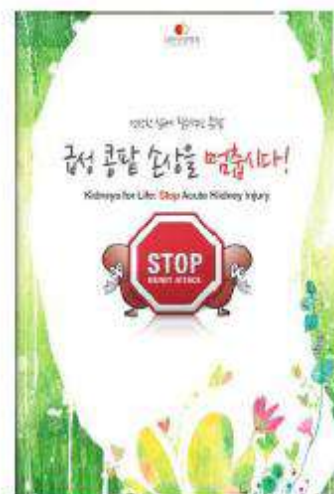
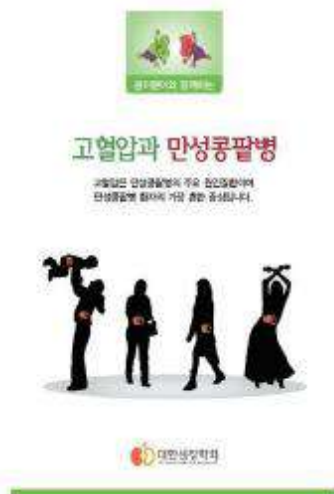
2015	Kidney health for all!
2016	Kidney disease & Children
2017	Kidney disease & Obesity
2018	Kidneys & Women's Health
2019	Kidney health for Everyone Everywhere
2020	Kidney Health for Everyone Everywhere – Equitable Access to Care



Kidney Health Dance & Golden bell for kidney health



BROCHURES FOR CKD EDUCATION RELEASED BY KSN



콩이 콩이와 함께하는 알기 쉬운 콩팥병

만성콩팥병 원자 건강한 겨울나기



콩이 콩이와 함께하는 알기 쉬운 콩팥병

은하고 무섭지만 예방과 치료가 가능한 만성콩팥병



대한신장학회

콩이 콩이와 함께하는 알기 쉬운 콩팥병



INTERNET-BASED PATIENT EDUCATION (WEBSITE HTTP://KSN.OR.KR)

일반인을 위한 콩팥병 정보

콩팥병 정보

현명한 콩팥병 관리 (동영상)

자주하는 질문(FAQ)

나의 콩팥 기능은?

투석전문의를/인공신장실 찾기

관련 e BOOK

현명한 콩팥병 관리 (동영상)

일반인을 위한 콩팥병 정보 > 현명한 콩팥병 관리 (동영상)

□ 만성콩팥병



□ 사구체 신염



동영상으로 건강과 질병 정보 제공
(홈페이지에서 누구나 이용 가능)



하이드:만성콩팥병관리



하이드:만성콩팥병관리

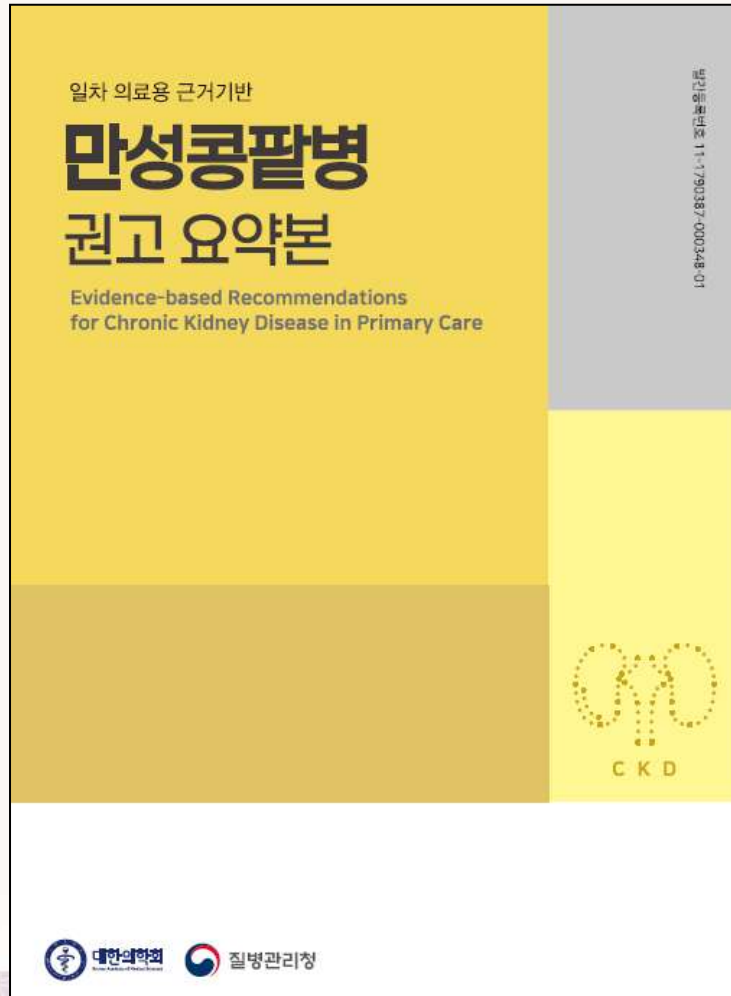


만성콩팥병 환자를 위한
영양-식생활 관리앱 하이드

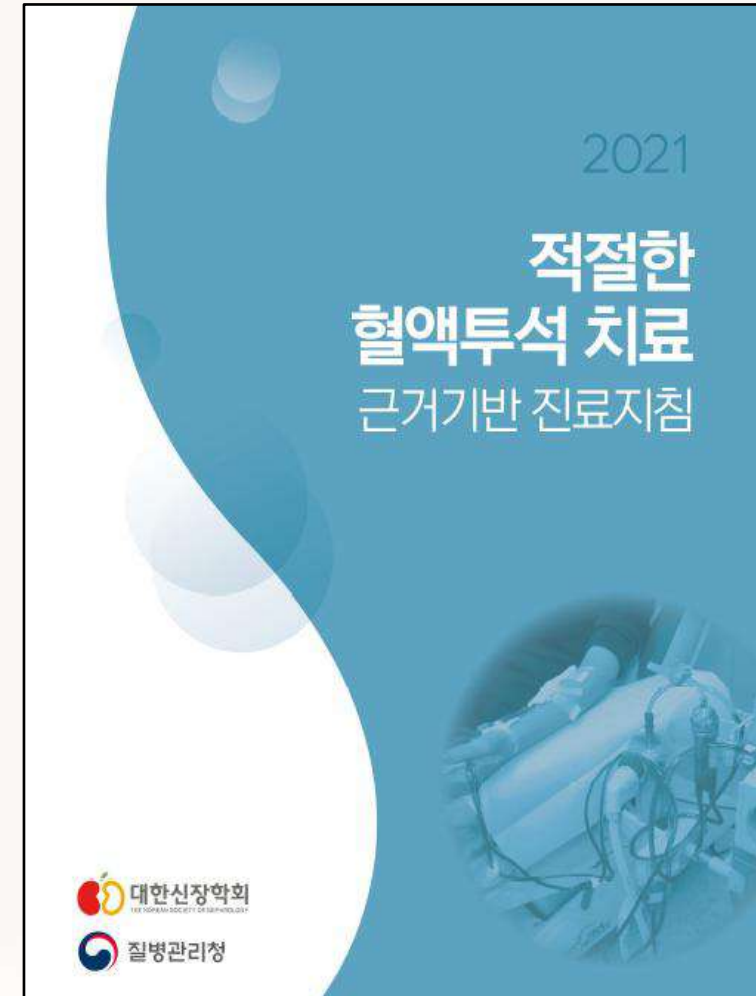
CLINICAL PRACTICE GUIDELINES FOR CKD



CKD Guideline for Primary Care Clinic

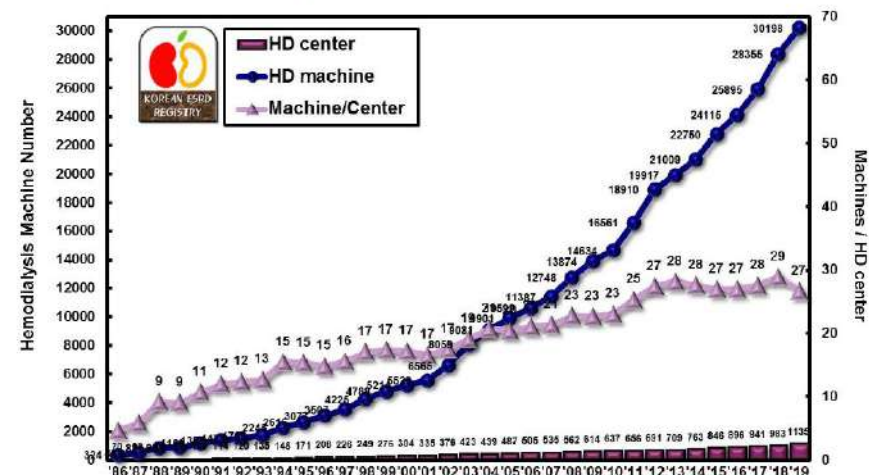
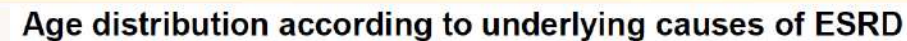


Hemodialysis Guideline

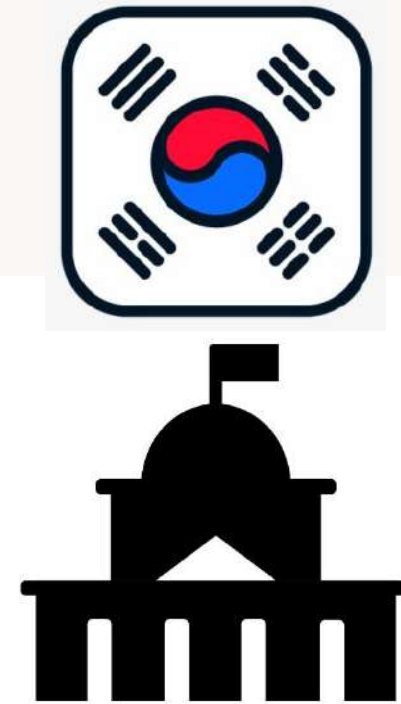


- Expanding insurance coverage by pilot project





GOVERNMENT-FUNDED NATION-WIDE CKD COHORT/REGISTRY



KSN HD Unit Accreditation (since 2009, <http://ksn.nephline.com>)



1 Application for accreditation

(Notification → Application for accreditation → Data submission)

2 Online review (Review of entered data→ Ethics evaluation)

3 On-site assessment

4 Comprehensive evaluation

(Combining the results of the online review and on-site assessment
→ Request for supplementation of data)

5 Final evaluation

6 Issue of certificate

**267 accredited HD units in 2020
(41.9% of 637 KSN member institutions)**



SHARED DECISION MAKING (SDM) CAMPAIGN



- A need for a change in emphasis of care (KDIGO Controversies Conference, 2018)
- Change from 'adequate dialysis' to 'goal-directed' dialysis using 'shared decision making'

What is Shared Decision Making?



Doctor to
patient



Provide plenty
of information
on the
treatment
choice



To help with the best
choice based on the
patient value and
preference



Cooperation
between doctors
and patients



**투석환자의
국가관리체계 구축 및
건강권 증진을 위한
정책토론회**



일시 >> 2017. 11. 14.(화) 14:00
장소 >> 국회의원회관 제3세미나실

주최 >> 국회의원 오제세 (더불어민주당)
대한신장학회
대한소아신장학회

대한신장학회·대한소아신장학회·오제세 의원,
‘투석환자의 관리체계 구축 및 건강권 증진’을 위한 정책토론회 성료

- 투석환자 10만 명 시대, 투석 환자 및 치료에 대한 관리체계 필요
- 투석환자들이 믿고 치료받을 수 있는 진료환경 위한 관리체계 구축 필요
- 소아·청소년 투석환자를 위한 인프라 구축과 적절한 투석치료를 받을 수 있는 건강권 확립 방안 필요



KSN'S PROPOSAL FOR CKD MANAGEMENT ACT



- **Article 4 : Mandates the establishment of a comprehensive national CKD management plan, to be updated every five years.**
- **Article 5: National CKD Management Committee**
- **Article 9: CKD Registry and Statistics Program**
- **Article 11: Financial Support for End-Stage Kidney Disease (ESKD) Patients**
- **Articles 14–15: Dialysis Center Certification Program**
- **Article 12: Access to Financial Information**
- **Article 13: National Patient Registration System**
- **Articles 17, 18, 20: Data Protection**

만성콩팥병관리법안
(남인순의원 대표발의)

의안
번호

발의연월일 : 2025. 12. .
발 의 자 : 남인순 의원
찬 성 자 :

SUMMARY AND CONCLUSION



The national health burden from CKD/ESKD is rapidly growing in Korea

Government is the only payer in health care. Government policy in collaboration with the nephrology society to target CKD : primary, secondary and tertiary prevention

Korean nephrology society proposed CKD Management Act to the government for more coordinated management of CKD by the government

Integrated care concept need to be introduced into CKD policy

Extend the reimbursement range for repeated CKD education, SDM, and home management for PD



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OF NEPHROLOGY

MARCH 28-31, 2026 | YOKOHAMA, JAPAN





GLOBAL KIDNEY POLICY FORUM

Kidney Care Challenges &
Opportunities in North and East Asia

**Bridging the Gap Between Policy
and Patient Realities**

Manvir Victor

Chair – Patient Liaison Advisory Group

Scan to follow me





- People led stories of human dedication & achievement score highest as it becomes a human success story.
- In Malaysia, we climbed Mount Kinabalu 4,095 meters (13,435 feet) first in 2022 with 3 Transplant patients and 17 healthy people
- In 2024, the climb was with 1 dialysis patient (also climbed in 2022) and 25 healthy people
- In 2026, we are attempting a Guinness Book of World Records by having 17 transplant patients, 3 dialysis and 22 healthy people complete the climb.



- The overflow from this has been :-
- Minister of Health joining & endorsing our walks & the Climb
- DG of Health acknowledgement of the project
- Over 84 walks held nationwide with about 1450 pax attending
- Public awareness of transplants + 5 people has successful transplants after coming for walks
- Fundraising for healthcare projects
- Working with Transplant, Nephrology & big pharma dedicated to transplants
- Jointly working with above orgs to create a National Transplant Institute in Malaysia. With support from patients/taxpayers/voters



- What we have learned to share with others:
 1. On ground activation is key to engagement
 2. Consistent messaging build rapport & trust
 3. An anchor event yearly plus smaller events more regularly
 4. Partnership with professional bodies essential. We have Malaysian Society of Transplant & National Kidney Foundation
 5. Strategy as person/citizen/voter/taxpayer ensures that Govt looks at patient in different lens.



- <https://youtu.be/i-so8uZDNmw?feature=shared>