Why financing Kidney Health matters

ISN Position Paper - August 2026

Recommendation #1 — What should be financed?

We call on:

- National governments to include diagnostics, medicines and medical devices for essential NCDs (including kidney disease) within national UHC benefit packages, delivered through primary health care
- WHO to provide guidance and technical support to help countries develop and implement integrated NCD benefit packages

Recommendation #2 — How should care be financed?

We call on:

- National governments to use strategic purchasing and provider-payment arrangements that prioritize prevention, continuity and coordinated, person-centered care.
- WHO to support countries with technical guidance on costing, strategic purchasing, provider-payment design and performance monitoring for integrated NCD care.

Recommendation #3 — How can financing improve access to care?

We call on:

- National governments to strengthen mechanisms for pricing, reimbursement, procurement, regulation and supply chains to ensure affordable and reliable access to essential NCD health products.
- WHO to support cross-country regulatory cooperation, quality assurance, price transparency and regional procurement, and to accelerate access to affordable, quality – assured generic NCD medicines and health products

Recommendation #4 — Who will deliver care?

We call on:

- National governments to invest in multidisciplinary primary-care teams through workforce planning, education, task-sharing and effective referral pathways.
- WHO to support countries in adapting workforce standards, task-sharing guidance and referral protocols, and strengthening workforce data and planning for integrated NCD care.

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Noncommunicable diseases (NCDs) are the leading cause of death and disability worldwide, accounting for around two-thirds of the disease burden in many countries[1]. Their impact is expected to grow further due to population ageing and rising risk factors, such as hypertension and unhealthy diets[2]. Yet NCDs remain significantly underfunded[3], particularly in low- and middle-income countries (LMICs), where health systems are already under pressure and access to essential diagnostics, medicines and technologies remains limited.

Kidney disease clearly illustrates the consequences of this financing gap. Affecting more than 850 million people globally[4], it is closely linked to diabetes, hypertension and cardiovascular disease and is often diagnosed only at an advanced stage, when treatment is costly and often inaccessible. Investing in prevention, early detection and integrated kidney care through universal health coverage is, therefore, essential to reduce avoidable illness and deaths, protect families from financial hardship and strengthen health systems.

In May 2025, WHO Member States adopted the first-ever World Health Assembly resolution on kidney health[5] (WHA78.6), calling for kidney disease prevention, and early detection and management to be integrated into national health policies and UHC benefit packages. The resolution also requests WHO guidance on sustainable financing for kidney disease prevention, diagnostics and treatment.

As countries prepare for the Third International Dialogue on Sustainable Financing for NCDs and Mental Health and the 2027 UN High-Level Meeting on Universal Health Coverage, the priority is to translate this landmark commitment into action, by defining what should be financed, how care should be financed, how access should be ensured and who will deliver care.

What should be financed?

Financing should prioritize an integrated package of people-centered NCD services delivered through primary health care, including coverage for prevention, early detection, essential diagnostics and medicines, and long-term management and provide guidance on clear referral pathways. This approach is particularly important as multimorbidity becomes more common and health systems[6], especially in resource-constrained settings, must make efficient use of limited staff, infrastructure and funding.

Because kidney disease shares risk factors and care pathways with diabetes, obesity, hypertension, and cardiovascular disease, and is often a complication of these conditions, the kidney disease package serves as a comprehensive resource that can be integrated into existing NCD services. KDIGO

[1] Watkins D, Msemburi W, Pickersgill S et al. NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries, The Lancet, 399, 1266-1278

[2] Vollset S, Ababneh H, Abate Y et al. Burden of disease scenarios for 204 countries and territories, 2022–2050: a forecasting analysis for the Global Burden of Disease Study 2021, The Lancet, 403, 2204-2256

[3] Watkins D, Qi J, Kawakatsu Y et al. Resource requirements for essential universal health coverage: a modelling study based on findings from Disease Control Priorities, 3rd edition The Lancet Global Health, 8, e829-e839

[4] Kidney disease: a global health priority. Nat Rev Nephrol 20, 421–423 (2024). https://doi.org/10.1038/s41581-024-00829-x

[5] WHO Resolution on reducing the burden of noncommunicable diseases through the promotion of kidney health and strengthening the prevention and control of kidney disease, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF6-en.pdf

[6] Chowdhury et al. Global and regional prevalence of multimorbidity in the adult population. EClinicalMedicine, Volume 57, 2023, https://doi.org/10.1016/j.eclinm.2023.101860

recommends eGFR and urine albumin testing for early detection[7], enabling timely access to evidence-based treatments, including SGLT2 inhibitors and other kidney-protective therapies.

However, access remains highly unequal. The ISN Global Kidney Health Atlas has documented major disparities in the availability and public financing of kidney diagnostics, medicines and non-dialysis care, particularly in lower-income settings[8]. For example, non-dialysis kidney disease care was publicly funded and free at the point of delivery in only 10% of participating African countries, compared with 73% in Western Europe[9].

Recommendation #1

We call on:

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- WHO to provide guidance and technical support to help countries develop and implement integrated NCD benefit packages

How should care be financed?

Rather than rewarding the volume of services delivered, financing mechanisms should incentivize prevention, early diagnosis, continuity of care and coordinated management across the NCD care pathway[10]. Strategic purchasing, understood as allocating pooled funds according to population health needs, and provider performance payments[11], can help governments direct resources according to population needs, service quality and health outcomes.

Kidney disease illustrates the value of investing earlier in the care pathway. The costs of care rise substantially as the disease progresses, particularly once kidney-replacement therapy (KRT) is required. Financing targeted testing for people at increased risk, including those with diabetes or hypertension, together with evidence-based medicines and coordinated primary care, can delay progression, reduce complications and postpone the need for resource-intensive treatments.

Recommendation #2

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- National governments to use strategic purchasing and provider-payment arrangements that prioritize prevention, continuity and coordinated, person-centered care.
- WHO to support countries with technical guidance on costing, strategic purchasing, provider-payment design and performance monitoring for integrated NCD care.

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[7] A Levin et al., Executive summary of the KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease: known knowns and known unknowns, Kidney International (2024) 105, 684–701

[8] Dearbhla M. Kelly et al., Global availability of medications and health technologies for kidney care: A multinational study from the ISN-GKHA, PLOS-Global Public Health, February 10, 2025 https://doi.org/10.1371/journal.pgph.0004268

[9] Ibidem

[10] WHO–World Bank policy brief, Financing for NCDs and Mental Health: Making the Money Work Better (2025), Financing for NCDs and Mental Health: Making the Money Work Better- Policy Brief , last accessed on 16.7.2026

[11] WHO definition of strategic purchasing, WHO brief, Promoting strategic purchasing, Promoting strategic purchasing, last accessed on 16.7.2026

How can financing improve access to care?

Although scientific advances have expanded the options for preventing and treating NCDs, their benefits remain limited. Out-of-pocket payments, high prices, shortages, weak supply systems and continue to limit access, particularly in low- and middle-income countries. This is particularly true for chronic conditions like hypertension, which can affect large populations, remain asymptomatic for years, and often require lifelong, out-of-pocket treatment by patients.[12]

Kidney disease further illustrates this access challenge. Several evidence-based therapies can slow disease progression, reduce cardiovascular complications and delay kidney failure. These include renin–angiotensin system inhibitors (ACE inhibitors and angiotensin receptor blockers), sodium-glucose cotransporter-2 (SGLT2) inhibitors, non-steroidal mineralocorticoid receptor antagonists, alongside effective blood pressure control and management of diabetes and other risk factors[13]. Many of these interventions, including renin–angiotensin system inhibitors, are available as low-cost generics, while newer therapies are progressively becoming more affordable. Combined with early basic diagnostics and regular monitoring, these treatments offer substantial opportunities to prevent kidney failure and other complications[14]. However, evidence demonstrates substantial disparities in the availability and public financing of kidney medicines, monitoring technologies and non-dialysis care, preventing many people from benefiting from these advances[15].

Governments can improve access through transparent and evidence-informed pricing and reimbursement policies, health technology assessment, quality-assured generics, effective supply chains and efficient regulatory pathways. Together, these measures can improve affordability, prevent shortages and support reliable access to essential products across the kidney-care continuum[16].

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- WHO to support cross-country regulatory cooperation, quality assurance, price transparency and regional procurement, and to accelerate access to affordable, quality – assured generic NCD medicines and health products

[12] WHO, ensuring equitable access to essential medicines and health technologies for noncommunicable diseases, https://www.who.int/news-room/commentaries/detail/ensuring-equitable-access-to-essential-medicines-and-health-technologies-for-noncommunicable-diseases, last accessed on 17.07.2026

[13] Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. 2024 Apr;105(4S):S117-S314. doi: 10.1016/j.kint.2023.10.018. PMID: 38490803.

[14] Lees J, Škoberne A, Zhang L et al.
Chronic kidney disease, complex conditions, and advancing therapeutics: new hope and challenges
The Lancet, 2026; 407, 2444-2460

[15] Dearbhla M. Kelly et al., Global availability of medications and health technologies for kidney care: A multinational study from the ISN-GKHA, Ibid

[16] WHO guideline on country pharmaceutical pricing policies, second edition. Geneva: World Health Organization; 2020. https://apps.who.int/iris/bitstream/handle/10665/335692/9789240011878-eng.pdf , last accessed on 17.07.2026

Who will deliver care?

Sustainable financing must include investment in the people who deliver care. Integrated NCD services can be delivered through multidisciplinary teams, with trained nurses, pharmacists, dietitians and community health workers contributing to prevention, early detection, patient education, treatment support and long-term follow-up. Effective task-sharing requires clearly defined roles, appropriate training, clinical protocols and functioning referral pathways[17] [18].

Kidney disease demonstrates why this model is needed. Severe global shortages of nephrologists and other kidney health professionals mean that care cannot rely on specialists alone[19]. Many people with early-stage or stable kidney disease can be detected and managed through primary care when teams have access to eGFR and urine albumin testing, evidence-based treatment protocols and specialist advice. KDIGO supports risk-based referrals for people with complex disease or a higher risk of progression, alongside multidisciplinary care involving nephrologists, primary-care providers, nurses, pharmacists, dietitians and other professionals[20].

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[17] WHO. Package of Essential Noncommunicable Disease Interventions for Primary Health Care. 2020, WHO package of essential noncommunicable (PEN) disease interventions for primary health care, last accessed on 17.7.2026

[18] WHO African Health Observatory. Task Sharing and Task Shifting: Optimizing the Primary Health Care Workforce for Improved Delivery of NCD Services. 2024, https://ahop.aho.afro.who.int/wp-content/uploads/2024/02/Kenya-PB2-EN-Summary-v0.1.pdf, last accessed on 17.07.2026

[19] The 2023 ISN Global Kidney Health Atlas workforce assessment, based on responses from 167 countries, demonstrates why care cannot depend exclusively on nephrologists. 64% of countries reported nephrologist shortages, alongside shortages of dialysis nurses and other kidney-care professionals, with the most severe gaps in lower-income settings. Bello AK, et al. (2023). ISN–Global Kidney Health Atlas. https://www.theisn.org/wp-content/uploads/media/ISN%20Atlas_2023%20Digital.pdf last accessed 17.7.2026

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