

THE GLOBAL KIDNEY HEALTH ATLAS



Overview



- Aim
- Methods
- Key Results
- Implications

Aim of the Global Kidney Health Atlas



To understand, compare and monitor how different countries around the world detect, treat, monitor and advocate for people with kidney disease (AKI or CKD)

Key focus on availability, accessibility, affordability and quality of ESKD care

Global Kidney Health Atlas survey





2016 (2018) 2022 2026

Design and scope





Desk research (across countries and regions)

- Published and grey literature review
- Systematic review ESKD burden and outcomes
- Data extraction from major renal registries (USRDS, ERA-EDTA) and relevant national registries where available
- Scoping review of KRT cost estimates

Online questionnaire-based survey July – September 2018

- 3 languages (English, French, Spanish)
- Across 182 countries
- ≥3 stakeholders per country
 - National nephrology society leadership
 - Healthcare policymakers
 - Patients / patient advocacy groups
- Discrepancies resolved by follow-up conferences with regional and country nephrology leaders

Overall survey components

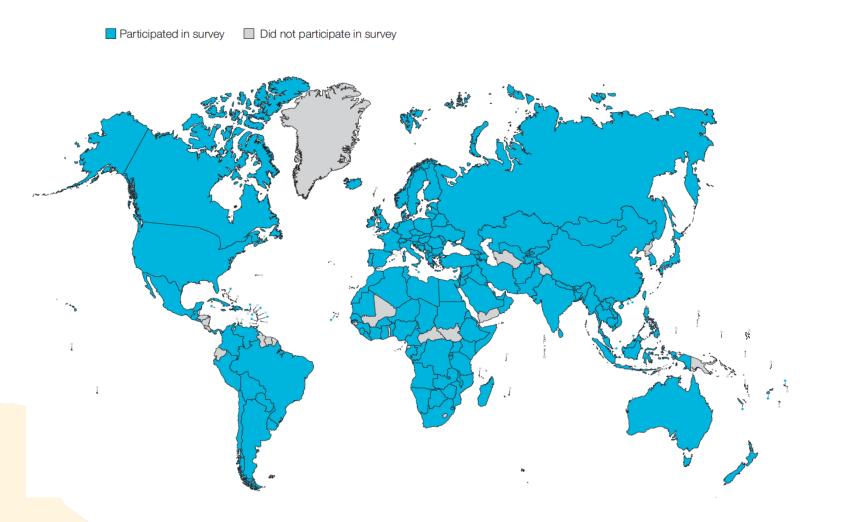






Overall GKHA response





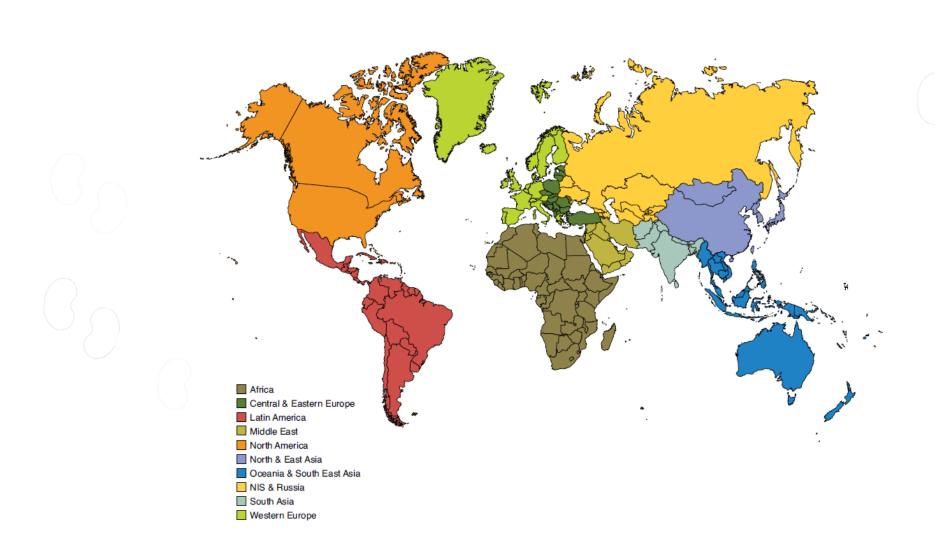
160 countries (88%)
99% world's population
317 individuals (69%) response
3 respondents/country (IQR 2-4)

113 countries participated in both GKHA surveys

Results presented by ISN regions







ISN Region: North & East Asia







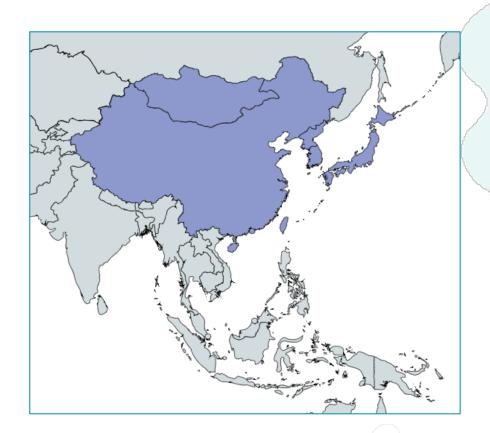
Demographics





Country	World bank ranking	Area (sq km)	Total population (2018)	GDP (PPP) (\$ billion)	Total health expenditures (% of GDP)
China	Upper middle income	9,596,960	1,384,688,986	23210	5.0
Hong Kong SAR, China	High income	1,108	7,213,338	455.9	-
Japan	High income	377,915	126,168,156	5443	10.9
Korea, Dem. People's Rep.	Low income	120,538	25,381,085	40	-
Korea, Rep.	High income	99,720	51,418,097	2035	7.4
Macao SAR, China	High income	28.2	606,340	71.82	-
Mongolia	Lower middle income	1,564,116	3,103,428	39.73	3.9
Taiwan, China	High income	35,980	23,545,963	1189	-

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CKD and its risk factors burden





Country	CKD Prevalence % (95% CI)	Death attributed to CKD % (95% CI)	DALYS attributed to CKD % (95% CI)	Obesity % (95% CI)	Increased BP % (95% CI)	Smoking % (95% CI)
China	9.76 (8.98 - 10.6)	1.68 (1.54 - 1.72)	1.32 (1.21 - 1.41)	6.6 (5.1 - 8.4)	19.2 (14.9 - 24.0)	22.0 (21.6 - 22.4)
Hong Kong SAR, China	-	-	-	-	-	-
Japan	17.62 (16.43 - 19.08)	2.6 (2.48 - 2.79)	1.92 (1.74 - 2.08)	4.4 (3.3 - 5.7)	17.6 (14.1 - 21.5)	17.2 (16.8 - 17.6)
Korea, Dem. People's Rep.	8.95 (8.27 - 9.68)	1.55 (1.37 - 1.74)	1.46 (1.3 - 1.62)	7.1 (3.8 - 6.2)	18.2 (12.7 - 24.9)	19.2 (17.4 - 21.1)
Korea, Rep.	10.85 (10.01 - 11.71)	2.03 (1.91 - 2.16)	1.4 (1.26 - 1.53)	4.9 (4.2 - 10.6)	II (8.2 - I4.3)	22.1 (20.5 - 23.7)
Macao SAR, China	-	-	-	-	-	-
Mongolia	8.68 (8.0 - 9.39)	1.55 (1.43 - 1.84)	1.25 (1.14 - 1.5)	19.6 (15.6 - 23.9)	29.0 (22.5 - 35.9)	21.7 (19.1 - 24.5)
Taiwan, China	12.2 (11.32 - 13.12)	3.75 (3.57 - 3.93)	2.53 (2.3 - 2.72)	-	-	11.5 (9.8 - 13.4)

Abbreviations:

CKD (Chronic Kidney Disease), DALYS (disability-adjusted life years), BP (blood pressure), CI (confidence interval)

Data source:

GBD study database

(http://www.healthdata.org/gbd),

WHO data observatory

(https://www.who.int/gho/en/)

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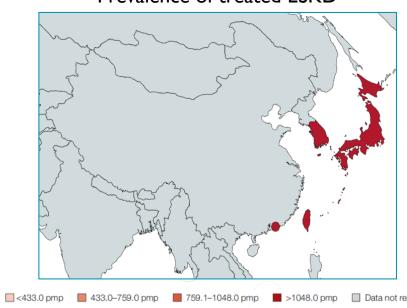


Burden of ESKD





Prevalence of treated ESKD



Treated ESKD: all dialysis + transplant

Country	Treated ESKD		Chronic dia	lysis (HD+PD)	Chro	nic HD	Chronic PD	
Country	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
China	-	_	-	88.4	94.4	76.3	-	12.1
Hong Kong SAR, China	171	1315	154.7	818	22.1	165.8	132.6	531
Japan	296	2599	-	2532	-	2148.4	-	71.9
Korea, Dem. People's Rep.	-	-	-	-	-	-	-	-
Korea, Rep.	311	1816	250	1464	-	1216	-	143
Macao SAR, China	-	-	-	-	-	-	-	-
Mongolia	-	- /	-	-	-	-	-	-
Taiwan, China	493	3392	-	3251	-	2106.8	-	216

^{*} pmp (per million population)

Data source: Chi Bon Leung et al. (Kidney Int. Suppl.) 2015,

Jain et al. (JASN) 2012, 2017/2018 USRDS Annual Data Report

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Burden of ESKD (cont'd)





Incidence of kidney transplantation



		Ki	idney transplantation	on	
Country	Incidence overall	Prevalence overall	Incidence of deceased donor	Incidence of living donor	Incidence of pre- emptive
China	6.52	-	5.23	1.3	-
Hong Kong SAR, China	_	497	-	-	-
Japan	13.05	67	1.4	11.65	-
Korea, Dem. People's Rep.	-	-	-	-	-
Korea, Rep.	-	352	<u> </u>	-	-
Macao SAR, China	-	-		-	-
Mongolia	6.67	-	0	6.67	-
Taiwan, China		141	-	-	-

^{*} pmp (per million population)

Data source: GODT database (http://www.transplant-observatory.org/data-charts-and-tables/),
2017/2018 USRDS Annual Data Report

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Annual cost of kidney replacement therapy components





Country	Hemodialysis	Peritoneal dialysis	Kidney Transplant (First year)	Kidney Transplant (later years)	HD/PD cost ratio	
China	22,617	8,122	25,356	-	2.78	
Hong Kong SAR, China	35,074	15,199	-	-	2.31	
Japan	52,834	58,103	43,374	22,886	0.91	
Korea, Dem. People's Rep.	-	-	-	-	-	
Korea, Rep.	19,812	15,330	50,613	35,765	1.29	
Macao SAR, China	-	-	-	-	-	
Mongolia	-	-	-	5,392	-	
Taiwan, China	-	-	-	-	-	

*Cost is in \$US 2016 **Abbreviations**:
HD (hemodialysis),

PD (peritoneal dialysis)

Data source: Fukuhara et al. (2007), Hu et al. (1998), Kwon et al. (2011), Lee et al. (2014), Li & Chow (2001), Neil et al. (2009), Shimizu et al. (2012), Tumurbaatar et al. (2012), van der Tol et al. (2019), Yu et al. (2007)

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Survey response





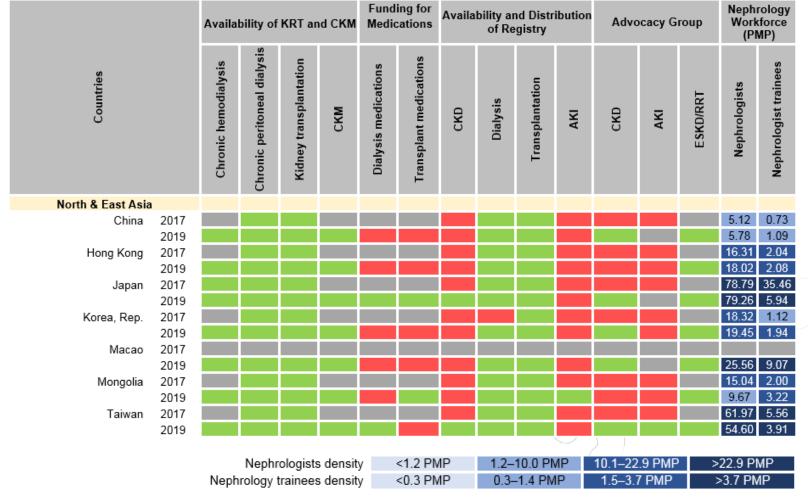
 7 of 8 countries (88%) in North & East Asia responded to the 2018 survey

This represents 98.4% of the region's population

Country level scorecard







Yes No N/A

Abbreviations

KRT: kidney replacement therapy CKM: conservative kidney management

CKD: chronic kidney disease AKI: acute kidney injury

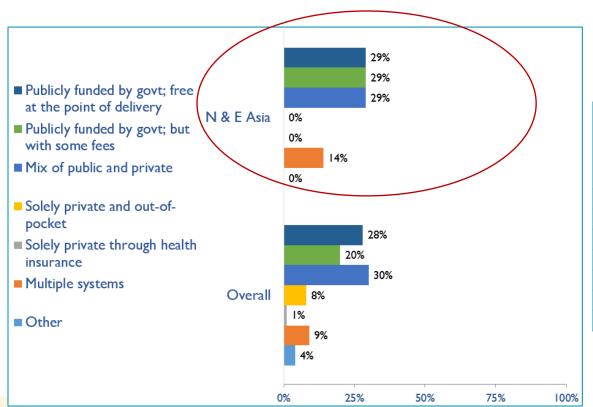
ESKD: end stage kidney disease

RRT: renal replacement therapy

Funding for non-dialysis CKD





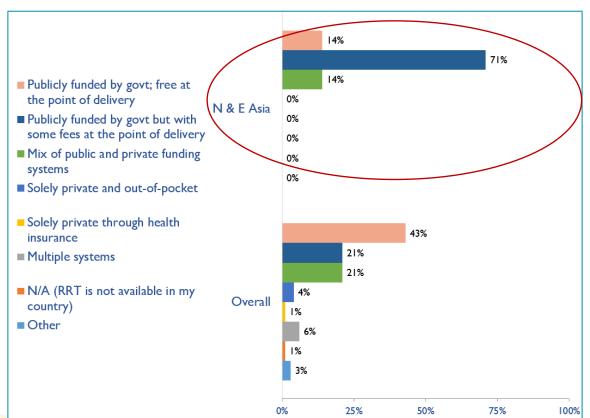


Country	Publicly funded by govt; free at the point of delivery	Publicly funded by govt but with some fees at the point of delivery	Mix of public and private funding systems	Solely private and out- of-pocket	Solely private through health insurance	Multiple systems	Other)
China			Χ					Sec.
Hong Kong SAR, China			Χ					
Japan		X						
Korea, Rep.		X						
Macao SAR, China						Х		
Mongolia	Χ							
Taiwan, China	Х							

Funding for kidney replacement therapy (KRT)







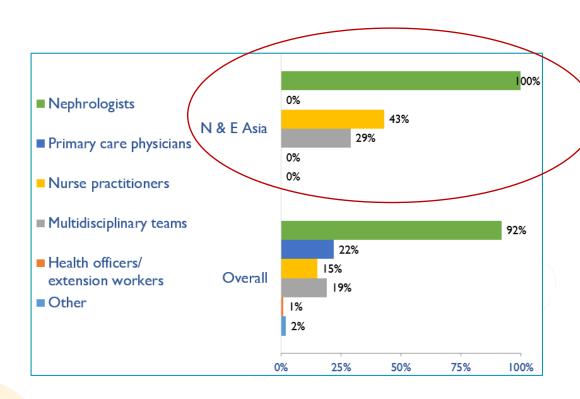
Country	Publicly funded by govt; free at the point of delivery	Publicly funded by govt but with some fees at the point of delivery	Mix of public and private funding systems	Solely private and out- of-pocket	Solely private through health insurance	Multiple systems	N/A (RRT is not available in my country)	Other	
China		X						٦	No.
Hong Kong SAR, China			Χ						
Japan		X							
Korea, Rep.		X							
Macao SAR, China		×							
Mongolia	Х		\cap						
Taiwan, China		x							



Providers primarily responsible for ESKD care







\				\ / / 1		
Country	Nephrologists	Primary care physicians	Nurse practitioners or specialized nurses	Multidisciplinary teams	Health officers/ extension workers	Other
China	X		X			
Hong Kong SAR, China	X		X			
Japan	X		X	X		
Korea, Rep.	X					
Macao SAR, China	X					
Mongolia	X					
Taiwan, China	X			X		

Shortage of ESKD care providers





Country	Nephrologists	Transplant surgeons	Surgeons (HD access)	Surgeons (PD access)	Interventional radiologists (HD access)	Interventional radiologists (PD access)	Laboratory technicians	Dietitians	Radiologists (ultrasound)	Vascular access coordinators	Counsellors/ psychologists	Transplant coordinators	Dialysis nurses	Dialysis technicians	No shortage
China															
Hong Kong SAR, China															
Japan															
Korea, Rep.															
Macao SAR, China															
Mongolia															
Taiwan, China															

No shortage

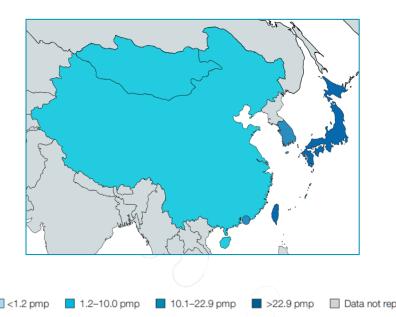
Shortage

Prevalence of nephrologists and trainees

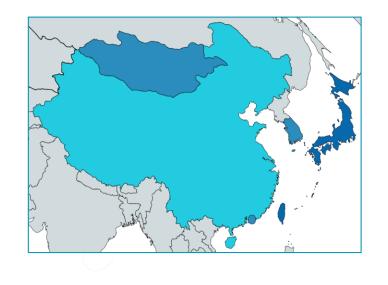




Nephrologists



Nephrology trainees



Country	Nephrologists PMP	Nephrology trainees PMP
China	5.78	1.09
Hong Kong SAR, China	18.02	2.08
Japan	79.26	5.94
Korea, Rep.	19.45	1.94
Macao SAR, China	25.56	9.07
Mongolia	9.67	3.22
Taiwan, China	54.60	3.91

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Data not reported

Capacity for chronic dialysis (HD)





Chronic HD centers



■ 4.6–9.9 pmp ■ >9.9 pmp

- Chronic HD services are available in all countries of the region
- The North & East Asia average of HD treatment centers is 14.16 pmp

Country	Chronic HD Centres PMP
China	0.54
Hong Kong SAR, China	1.80
Japan	34.84
Korea, Rep.	14.16
Macao SAR, China	4.95
Mongolia	16.11
Taiwan, China	35.36

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Capacity for chronic dialysis (PD)





Chronic PD centers



☐ Chronic PD not provided ☐ <0.4 pmp ☐ 0.4–1.3 pmp ☐ 1.4–2.5 pmp ☐ >2.5 pmp ☐ Data not reported

- Chronic PD services are available in all countries of the region
- The North & East Asia average of PD treatment centers is 1.94 pmp

Country	Chronic PD Centres PMP
China	0.36
Hong Kong SAR, China	1.94
Japan	3.96
Korea, Rep.	1.94
Macao SAR, China	1.65
Mongolia	1.61
Taiwan, China	5.44

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Capacity for kidney transplantation





Kidney transplantation centers



- Kidney transplantation services are available in all countries of the region
- The North & East Asia average of Kidney transplantation centers is 0.55 pmp

Country	Kidney Transplantation availability	Transplant centers PMP
China	X	0.36
Hong Kong SAR, China	X	0.55
apan	X	1.14
Korea, Rep.	Χ	1.23
Macao SAR, China	X	1.65
Mongolia	X	0.32
Taiwan, China	Х	0.42

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X:Yes

Kidney	transplantation no	t provided
D .	the second second	













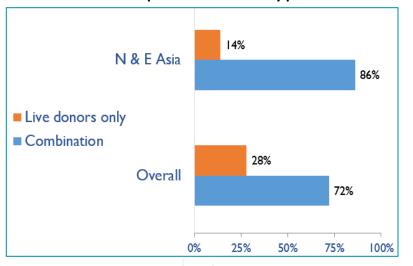


Capacity for kidney transplantation (cont'd)

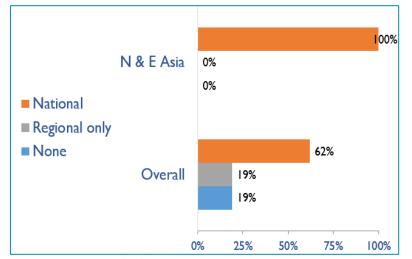




Transplant donor type



Transplant waitlist



	Dono	or type	Transplant waitlist			
Country	Live donors only	Combination	National	Regional only	None	
China		X	X			
Hong Kong SAR, China		X	Х			
Japan		X	Х			
Korea, Rep.		X	Х			
Macao SAR, China	X		Х			
Mongolia		X	X			
Taiwan, China		Х	Х			





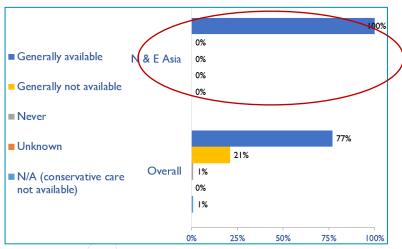


Availability of services within dialysis care





HD frequency



PD frequency



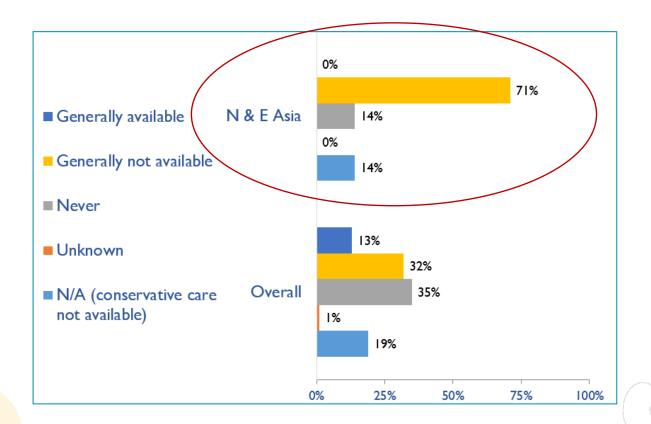
Country	HD frequency a center-based service that involves treatment 3x week/3-4x hours N/A					PD frequency ability to do adequate exchanges 3-4x day (or equivalent cycles on automated PD) Generally N/A				
	Generally	not Never available	Never	Unknown	(dialysis not provided)	Generally available	not available	Never	Unknown	(dialysis not provided)
China	×					×				
Hong Kong SAR, China	X					Х				
Japan	Х					Х				
Korea, Rep.	Х					X				
Macao SAR, China	Х						Х			
Mongolia	X					X				
Taiwan, China	X					X				

X:Yes

Availability of home hemodialysis







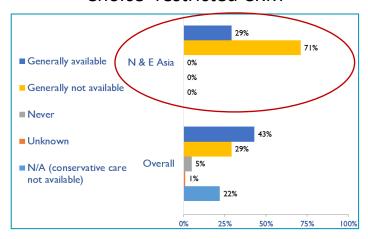
	Availability of Home hemodialysis									
Country	Generally available	Generally not available	' Never		N/A (dialysis not provided)					
China		X								
Hong Kong SAR, China		X								
Japan		X								
Korea, Rep.		X								
Macao SAR, China			X							
Mongolia					Х					
Taiwan, China		X								

Capacity for conservative kidney management (CKM)

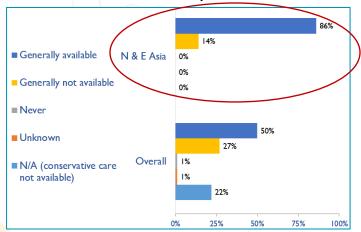




Choice-restricted CKM



Chosen or medically advised CKM



Country	Established choice-restricted conservative care					Established conservative care that is chosen or medically advised				
	Generally available	Generally not available	Never	Unknown	N/A (conservative care not available)	Generally available	Generally not available	Never	Unknown	N/A (conservative not available)
China	×					X				
Hong Kong SAR, China	Х					Х				
Japan		×				X				
Korea, Rep.		Х				Х				
Macao SAR, China		Х					Х			
Mongolia		Х				X				
Taiwan, China		Х				Х				

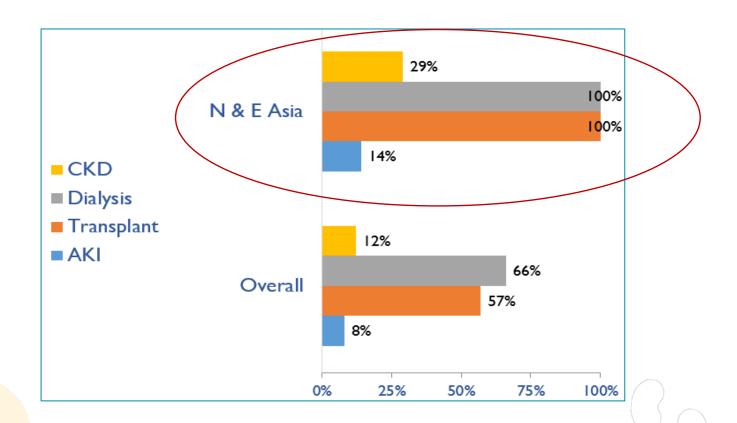




Availability of official registry







Country	CKD	Dialysis	Transplant	AKI
China		X	X	
Hong Kong SAR, China		X	X	
Japan	Х	X	Х	
Korea, Rep.		X	X	
Macao SAR, China		X	X	
Mongolia		Х	Х	Х
Taiwan, China	Х	×	Х	

Summary of 2019 GKHA findings



- KRT availability, access, and quality is high
- Conservative kidney management is available, typically chosen or medically-advised
- Government funding for medication is low but high for kidney care services
- High registry use in end-stage kidney disease
- Large variation in workforce capacity, highest in Japan, Korea, Taiwan
- Strong advocacy for chronic kidney disease in North & East Asia, limited for acute

Implications



- Increase health care financing for ESKD prevention and management
- Address workforce shortages through multidisciplinary teams and telemedicine
- Incorporate the collection and reporting of quality indicators in ESKD care
- Expand health information systems to prevent and manage ESKD
- Promote ESKD prevention and treatment by implementing policies, strategies, and advocacy, and mitigating barriers

To access the Atlas report:





