



# 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**







#### **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

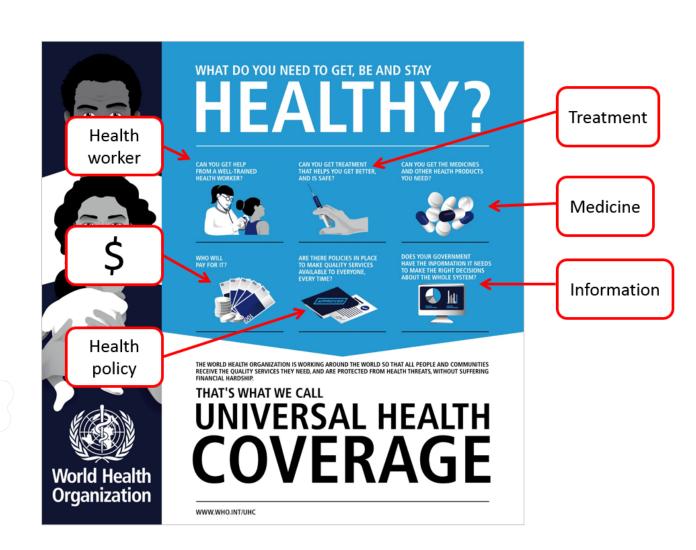
#### Online questionnaire-based survey July – September 2018

- 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**





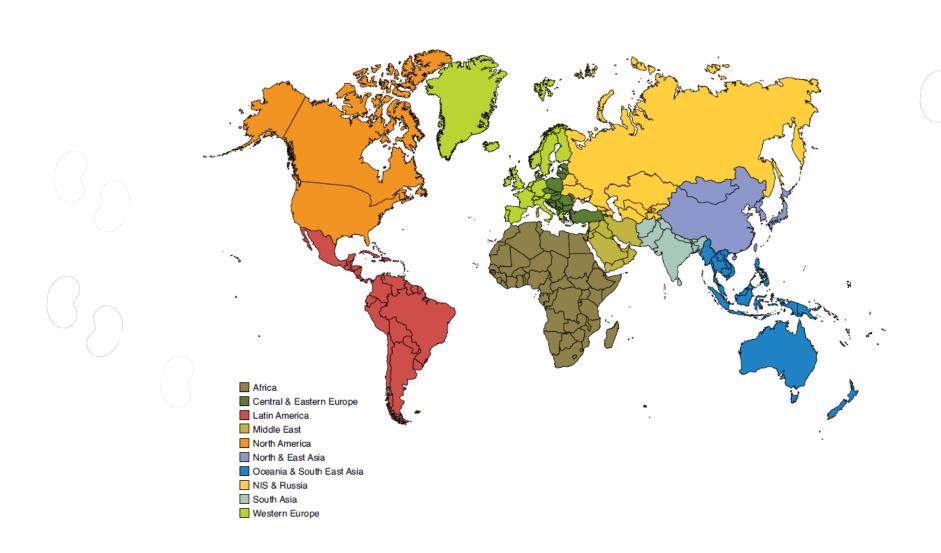
160 countries (88%)
99% world's population
317 individuals (69%) response
3 respondents/country (IQR 2-4)

113 countries participated in both GKHA surveys

# Results presented by ISN regions



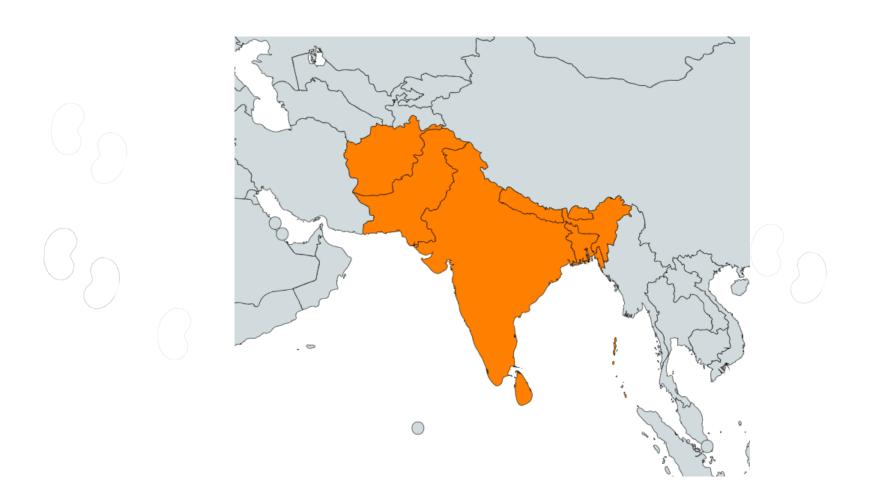




# **ISN Region: South Asia**











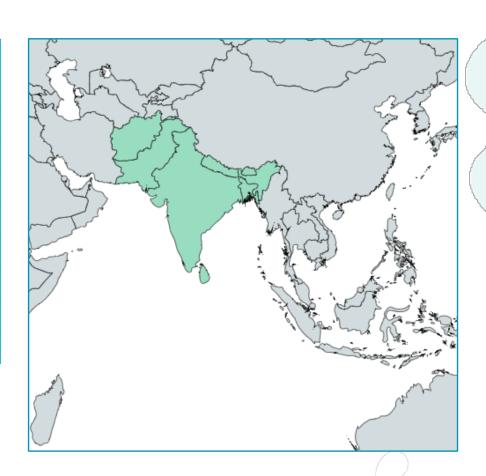
# **Demographics**





Country	World bank ranking	Area (sq km)	Total population (2018)	GDP (PPP) (\$ billion)	Total health expenditures (% of GDP)
Afghanistan	Low income	652,230	34,940,837	69.45	10.2
Bangladesh	Lower middle income	148,460	159,453,001	690.3	2.4
Bhutan	Lower middle income	38,394	766,397	7.205	3.5
India	Lower middle income	3,287,263	1,296,834,042	9474	3.9
Maldives	Upper middle income	298	392,473	6.901	10.6
Nepal	Low income	147,181	29,717,587	79.19	6.1
Pakistan	Lower middle income	796,095	207,862,518	1061	2.7
Sri Lanka	Upper middle income	65,610	22,576,592	275.8	3.0

<sup>&#</sup>x27;-': data not reported/unavailable



#### 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)
Afghanistan	5.01 (4.63 - 5.46)	1.72 (1.52 - 1.97)	1.09 (0.95 - 1.26)	4.5 (2.8 - 6.7)	30.6 (23.6 - 38.3)	13.1 (10.4 - 16.2)
Bangladesh	7.28 (6.74 - 7.9)	1.89 (1.74 - 2.05)	1.27 (1.15 - 1.39)	3.4 (2.2 - 4.7)	24.7 (19.1 - 30.6)	19.3 (16.8 - 22.0)
Bhutan	7.49 (6.93 - 8.06)	3.28 (2.75 - 3.71)	1.95 (1.61 - 2.26)	5.8 (3.8 - 8.2)	28.1 (21.9 - 34.6)	6.6 (5.4 - 8.0)
India	8.5 (7.88 - 9.16)	2.26 (2.1 - 2.37)	1.53 (1.41 - 1.63)	3.8 (2.9 - 4.9)	25.8 (21.3 - 30.7)	9.8 (9.4 - 10.3)
Maldives	9.34 (8.57 - 10.16)	5.93 (5.45 - 6.41)	2.66 (2.29 - 3.05)	7.9 (5.5 - 10.8)	24.4 (17.9 - 31.5)	-
Nepal	7.48 (6.95 - 8.11)	2.67 (2.25 - 3.04)	1.71 (1.43 - 2)	3.8 (2.6 - 5.2)	29.4 (23.6 - 35.7)	16.7 (13.8 - 19.9)
Pakistan	7.09 (6.57 - 7.67)	2.6 (2.23 - 2.96)	1.65 (1.42 - 1.93)	7.8 (5.7 - 10.3)	30.5 (24.4 - 37.4)	10.5 (8.9 - 12.2)
Sri Lanka	13.24 (12.26 - 14.31)	3.58 (3.27 - 3.9)	2.39 (2.12 - 2.67)	5.4 (3.7 - 7.7)	22.4 (16.5 - 29.3)	10.0 (8.7 - 11.4)

#### **Abbreviations:**

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

#### Data sources:

GBD study database

(<a href="http://www.healthdata.org/gbd">http://www.healthdata.org/gbd</a>), WHO data observatory

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



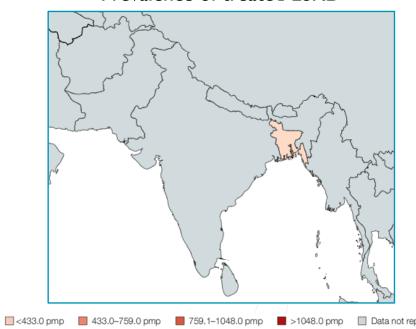
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#### **Burden of ESKD**





#### Prevalence of treated ESKD



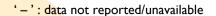
Country	Treated	ESKD	Chronic dia	lysis (HD+PD)	Chro	nic <b>HD</b>	Chron	ic PD
Country	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
Afghanistan	-	-	-	-	-	-	-	-
Bangladesh	51	117	-	113	-	112.1	-	1.8
Bhutan	-	-	-	-	-	-	-	-
India	-	-	-	49.2	-	18	-	5.8
Maldives	-	-	-	-	-	-	-	14.4
Nepal	-	-	-	11.6	-	10.1	-	1.5
Pakistan	-	-	-	53.3	-	34.3	-	0.2
Sri Lanka	-		-	-	-	-	-	0.6

Treated ESKD: all dialysis + transplant

\* pmp (per million population)

Data sources: Abu-Aisha & Elamin (Peritoneal Dialysis International) 2010, Jain et al. (JASN) 2012,

Liyanage et al. (The Lancet) 2015, 2017/2018 USRDS Annual Data Report





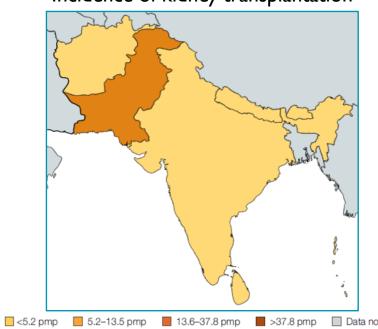


### **Burden of ESKD (cont'd)**





#### Incidence of kidney transplantation



		Ki	dney transplantation	on	
Country	Incidence overall	Prevalence overall	Incidence of deceased donor	Incidence of living donor	Incidence of pre- emptive
Afghanistan	0.18	-	0	0.18	-
Bangladesh	-	-	-	-	<u> </u>
Bhutan	4.96	-	0	4.96	-
India	3.51	-	0	3.51	-
Maldives	-	-	-	-	-
Nepal	4.75	-	0	4.75	-
Pakistan	14.08	-	0	14.08	-
Sri Lanka	0.18	-	0	0.18	-

(http://www.transplant-observatory.org/data-charts-and-tables/)







<sup>\*</sup> pmp (per million population)
Data sources: GODT database

# Annual cost of kidney replacement therapy components





Country	Hemodialysis	Peritoneal dialysis	Kidney Transplant (First year)	Kidney Transplant (later years)	HD/PD cost ratio	
Afghanistan	-	-	-	-	-	
Bangladesh	5,202	7,219	3,285	-	0.72	
Bhutan	-	-	-	-	-	
India	9,849	15,538	9,238	10,367	0.63	
Maldives	-	-	-	-	-	
Nepal	2,727	-	-	-	-	
Pakistan	4,873	8,606	-	-	0.57	
Sri Lanka	26,242	8,921	-	-	2.94	

\*Cost is in \$US 2016

#### Abbreviations:

HD (hemodialysis), PD (peritoneal dialysis)

#### Data sources:

Abraham et al. (2008), Hirachan et al. (2010), Jeloka et al. (2012), Jindal et al. (2011), Khanna (2009), Li & Chow (2001), Naqvi (2000), Ranasinghe et al. (2011), Shaikh et al. (2018), Suja et al. (2012), van der Tol et al. (2019)

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#### **Survey response**



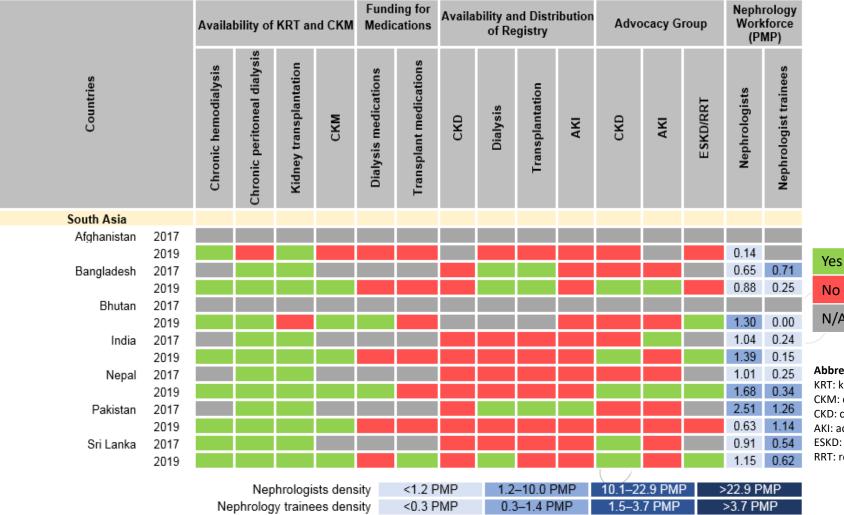


• This represents 99% of the region's population

### **Country level scorecard**







No N/A

#### **Abbreviations**

KRT: kidney replacement therapy

CKM: conservative kidney management

CKD: chronic kidney disease

AKI: acute kidney injury

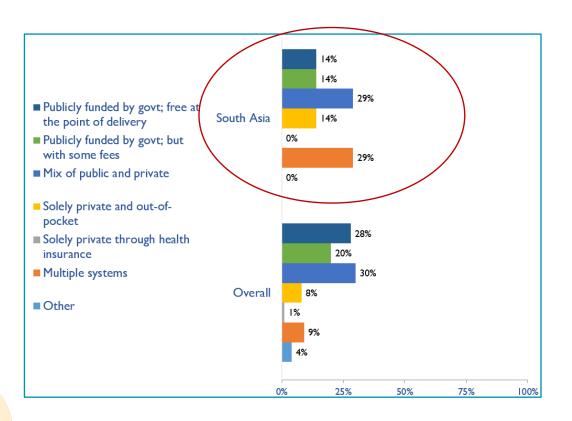
ESKD: end stage kidney disease

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
Afghanistan				X			
Bangladesh						X	
Bhutan	X						
India						×	
Nepal			Х				
Pakistan			Х				
Sri Lanka		Х					

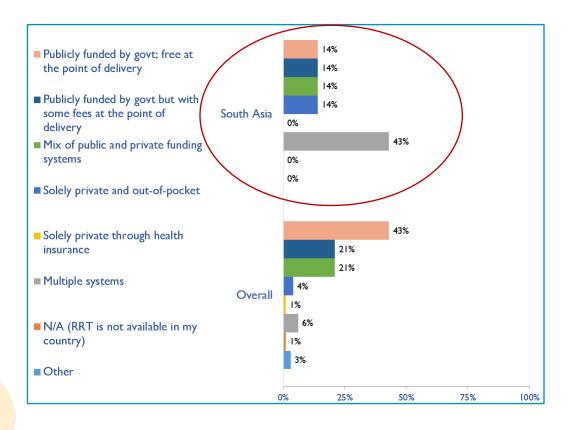




# Funding for kidney replacement therapy (KRT)







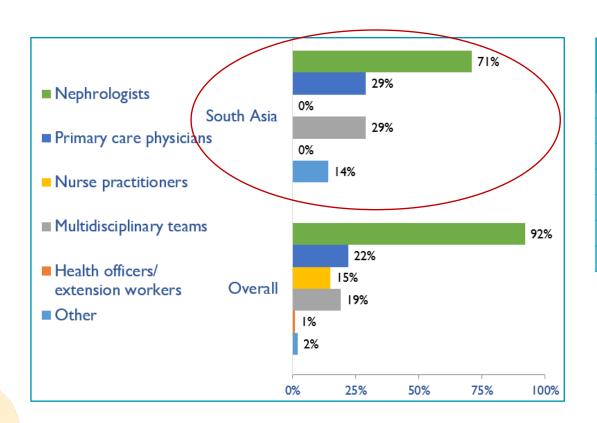
Country	Publicly funded by govt; free at the point of delivery	Publicly funded by govt but with some fees at the point of delivery	Mix of public and private funding systems	Solely private and out- of-pocket	Solely private through health insurance	Multiple systems	N/A (RRT is not available in my country)	Other	l V
Afghanistan				X					7
Bangladesh						×			1
Bhutan	Х								
India						×			
Nepal		Х							
Pakistan			)			×			
Sri Lanka			x						



### **Providers primarily responsible for ESKD care**







Country	Nephrologists	Primary care physicians	Nurse practitioners or specialized nurses	Multidisciplinary teams	Health officers/ extension workers	Other
Afghanistan		X			/	
Bangladesh	X					
Bhutan				Х		
India	X	X		Х		
Nepal	Х					
Pakistan	Х					Х
Sri Lanka	Х					



# **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
Afghanistan														
Bangladesh														
Bhutan														
India														
Nepal														
Pakistan														
Sri Lanka														

No shortage

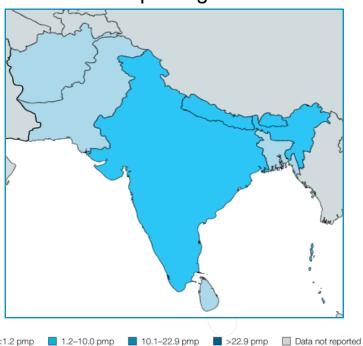
Shortage

# Prevalence of nephrologists and trainees





#### Nephrologists



#### Nephrology trainees



	Country	Nephrologists PMP	Nephrology trainees PMP
	Afghanistan	0.14	J -
	Bangladesh	0.88	0.25
	Bhutan	1.30	0.00
	India	1.39	0.15
)	Nepal	1.68	0.34
	Pakistan	0.63	1.14
	Sri Lanka	1.15	0.62

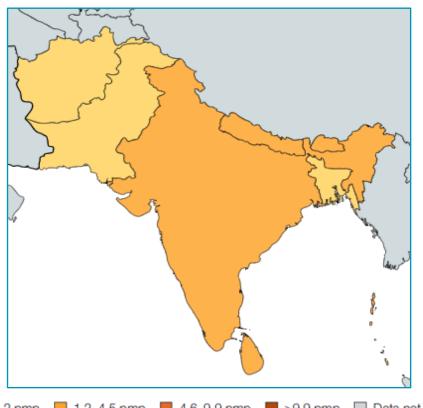
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### **Capacity for chronic dialysis (HD)**





#### Chronic HD centers



- Chronic HD services are available in all countries of the region
- The South Asia average of HD treatment centers is 1.39 pmp

Country	Chronic HD Centres PMP
Afghanistan	0.29
Bangladesh	0.63
Bhutan	3.91
India	1.39
Nepal	1.72
Pakistan	0.58
Sri Lanka	1.71

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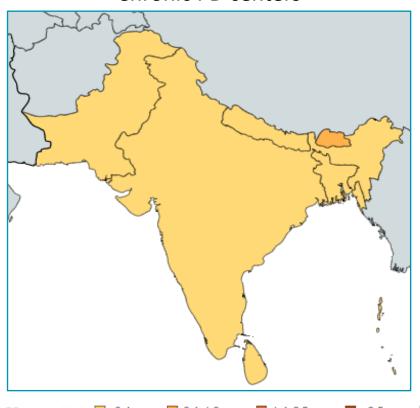


# **Capacity for chronic dialysis (PD)**





#### Chronic PD centers



- Chronic PD services are available in 6 (86%) countries of the region.
- The South Asia average of PD treatment centers is 0.15 pmp.

Country	Chronic PD Centres PMP
Afghanistan	( <u>-</u> )
Bangladesh	0.04
Bhutan	1.30
India	0.23
Nepal	0.17
Pakistan	0.01
Sri Lanka	0.13
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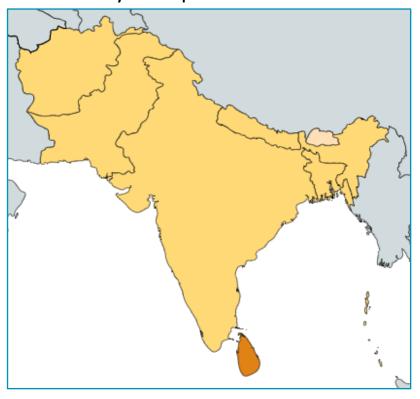


### **Capacity for kidney transplantation**





#### Kidney transplantation centers



- Kidney transplantation services are available in 6 (86%) countries of the region.
- The South Asia average of kidney transplantation centers is 0.07 pmp.

Country	Kidney Transplantation availability	Transplant centers PMP						
Afghanistan	X	0.06						
Bangladesh	×	0.04						
Bhutan		-						
India	×	0.19						
Nepal	×	0.13						
Pakistan	×	0.07						
Sri Lanka	Х	0.51						

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X:Yes



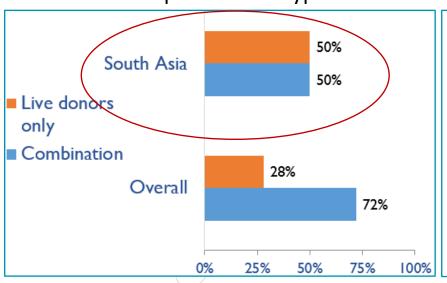


# **Capacity for kidney transplantation (cont'd)**

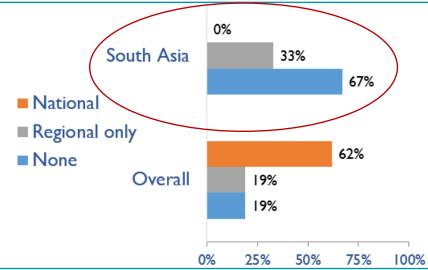




#### Transplant donor type



#### Transplant waitlist



	Dono	or type	Trai	nsplant wait	tlist
Country	Live donors only	Combination	National	Regional only	None
Afghanistan	Х			Х	
Bangladesh	Х				Х
Bhutan					
India		X		X	
Nepal	X				Х
Pakistan		X			Х
Sri Lanka		Х			Х



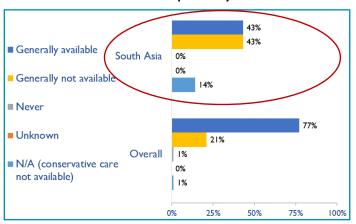


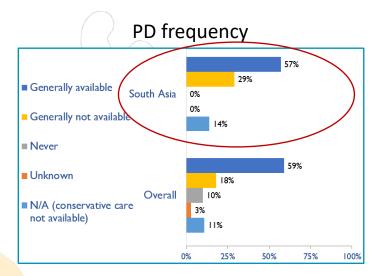
### Availability of services within dialysis care





#### HD frequency





Country	HD frequency a center-based service that involves treatment 3x week/3-4x hours					PD frequency ability to do adequate exchanges 3-4x day (or equivalent cycles on automated PD)				
Country	Generally available	Generally not available	Never	Unknown	N/A (dialysis not provided)	Generally available	Generally not available	Never	Unknown	N/A (dialysis not provided)
Afghanistan					Х					Х
Bangladesh		Х				X				
Bhutan		Х					X			
India	Х					Х				
Nepal	Х					X				
Pakistan	Х					Х				
Sri Lanka		Х					X			

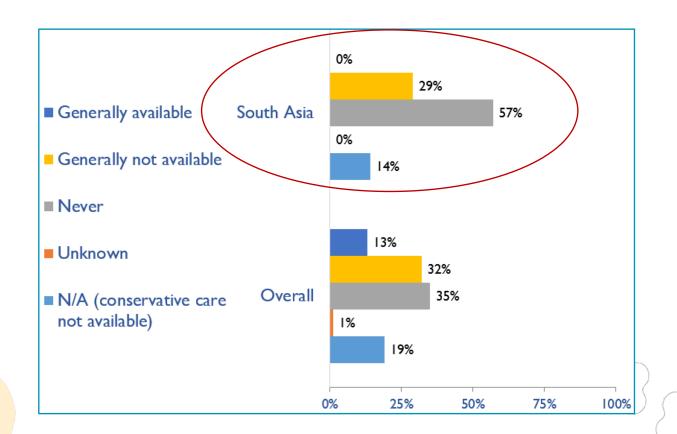




### **Availability of home hemodialysis**







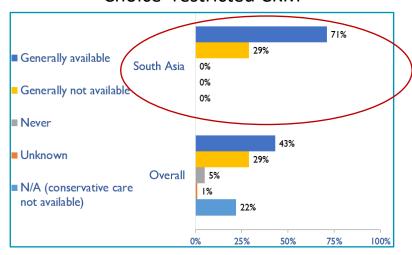
	Availability of Home hemodialysis									
Country	Generally available	Generally not available	Never	Unknown	N/A (dialysis not provided)					
Afghanistan			X							
Bangladesh			X							
Bhutan			X							
India		X								
Nepal			X							
Pakistan			X							
Sri Lanka		X								

# Capacity for conservative kidney management (CKM)

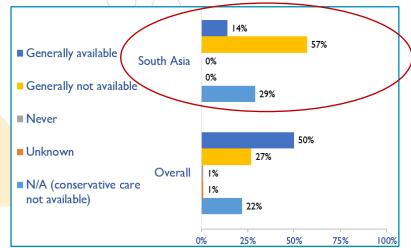




#### Choice-restricted CKM



#### Chosen or medically advised CKM



	Established choice-restricted conservative care					Established conservative care that is chosen or medically advised				
Country	Generally available	Generally not available	Never	Unknown	N/A (conservative care not available)	Generally available	Generally not available	Never	Unknown	N/A (conservative care not available)
Afghanistan		×					×			
Bangladesh	X									Х
Bhutan		X					×			
India	×						×			
Nepal	×						×			
Pakistan	Х									Х
Sri Lanka	Х					Х				

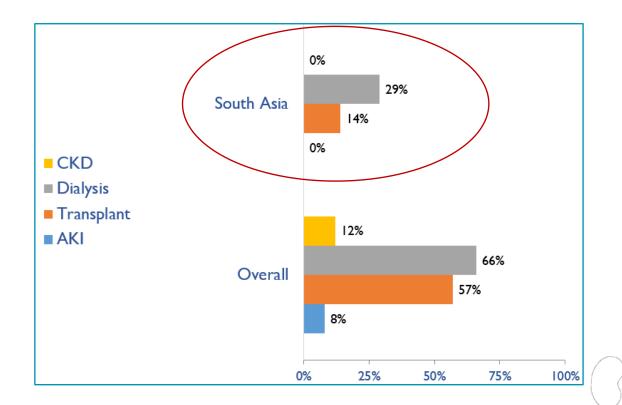




### **Availability of official registry**







Country	CKD	Dialysis	Transplant	AKI
Afghanistan		×		
Bangladesh			X	
Bhutan				
India				
Nepal				
Pakistan				
Sri Lanka		×		

### **Summary of 2019 GKHA findings**



- KRT is highly availability, but limited access and quality
- Conservative kidney management is available, often choice-restricted
- Government funding for kidney care is low
- Few registries across all levels of kidney disease
- Many workforce limitations across all provider types
- Little advocacy for kidney disease in South Asia

#### **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:





