

An Open Letter to the Delegates to the 77th World Health Assembly

Issued: May 27, 2024

Re: The GLOBAL PATIENT ALLIANCE for KIDNEY HEALTH — comprising 31 of the world's leading kidney-health patient-advocacy associations — calls on WHA delegates to recognize chronic kidney disease as an urgent global health priority.

Dear Delegates,

On behalf of the Global Patient Alliance for Kidney Health (GloPAKH), thank you for traveling to Geneva to serve as a delegate to the 77th World Health Assembly (WHA.) GloPAKH is an alliance of kidney health patient-advocacy organizations from across the world campaigning to raise awareness and improve access to early detection and treatment. GloPAKH's growing membership - comprising 31 national kidney-health patient-advocacy associations spanning 27 countries across all five continents - contributes the perspective of people with lived experience to inform the policy dialogue on issues impacting kidney health. In so doing, GloPAKH is complementing professional nephrology societies, the World Health Organization, the NCD Alliance and other key actors in this arena.

In conjunction with the Chronic Kidney Disease Patient Forum, a side event being convened at the WHA, **GloPAKH** is issuing this open letter calling on policymakers to:

- Treat chronic kidney disease as a public health priority; and
- Promptly take the necessary actions detailed below at both global and national levels to ensure that at-risk people can access comprehensive screening and early treatment, so that disease progression can be slowed, and that CKD-related mortality prevented.

A quiet, urgent epidemic: the burden and effects of chronic kidney disease

Chronic Kidney Disease (CKD) — the progressive decline of kidney function — affects 850 million people, about 10% of the world population. Because it is frequently asymptomatic until it evolves to later, more severe stages that can lead to dialysis, kidney transplant or (usually premature) death, CKD is vastly underdiagnosed: fewer than 10% of people with CKD are aware of their disease. And, even if they are aware, many lack access to proper treatment, contributing to 19 million deaths each year.

CKD is intertwined with the more familiar non-communicable diseases (NCDs): it often affects people with hypertension, cardiovascular disease and diabetes, with the latter accounting for 30% of all CKD populations. Moreover, low- and lower-middle-income countries, which constitute two-thirds of the world's kidney-disease burden and where access to diagnosis and treatment can be difficult, are particularly impacted.

The effects of this situation are dire:

• significantly reduced patient quality of life and life expectancy (~25-year decrease if no action is taken and CKD reaches advanced stages);

- missed workdays for diagnosed patients and their caregivers totalling in the millions annually at a national level;
- considerable healthcare costs of end-stage kidney disease treatment (2–3% of the annual healthcare budget in high-income countries); and,
- vast quantities of water consumed, and waste generated by dialysis treatment.

Already today CKD is the third fastest-growing cause of death worldwide. But ageing populations, the rising burden of NCDs and climate change, with its higher temperatures and lesser access to fresh water, will further worsen the picture. By 2040, CKD is expected to become the world's fifth leading cause of mortality.

Policy makers must act now, urgently, without additional delay. The good news is that effective action is possible.

The opportunity for effective action

CKD currently faces two major obstacles: Low awareness among the public and primary care physicians; and low prioritization by national policy makers and global-level actors. This translates into low rates of early detection, care and treatment of CKD.

Yet **early action** is **the best strategy**: the most effective for patients and the most cost-effective for policy makers. Early diagnosis can be life-changing — delaying diagnosis by a year may lead to a 40% increase in risk of progression to late-stage disease, with a 63% higher likelihood of kidney failure requiring dialysis or transplant. Also, as CKD progresses, it becomes more taxing and costly for both patients and health systems.

There are concrete opportunities available today to move rapidly in the direction of early action against CKD. Its high prevalence in individuals with hypertension, cardiovascular disease and diabetes enables targeted, early identification using shared risk factors. Simple blood and urine tests can be used to measure kidney function, it is a matter of using them early enough to help at-risk people.

Furthermore, readily available and affordable treatment options for CKD have expanded. But, because of the low awareness and prioritization of kidney health, adoption of relevant health policies and guidelines has lagged behind.

2024 is a critical year for action. At the global level, technical preparations are ongoing for the *Fourth High-Level Meeting (HLM)* of the United Nations General Assembly on NCDs in September 2025. The 4th HLM will examine the progress made in the prevention and control of NCDs and determine the ambition for the future NCD response. Now is the time to ensure appropriate attention to, and prioritization of, CKD within this UN process alongside the major familiar NCDs. This will help set the tone for suitably CKD-attuned national-level policy making in countries worldwide.

The benefits of prioritizing chronic kidney disease

Acting on early screening, diagnosis and treatment of CKD will deliver five important benefits. It will:

- Transform lives for patients and populations by slowing or halting the progression of CKD, preventing kidney failure and reducing cardiovascular risk, thus enabling patients to live healthier, longer lives and to better contribute to their families and society.
- Ease the burden on caregivers thereby positively impacting their psychological, physical and economic well-being.
- Improve healthcare system resilience by decreasing both the burden on health systems and the associated costs, allowing investment to be redirected to other areas of need.
- Increase productivity and support economies by lowering patient and caregiver absenteeism.

 Secure a more sustainable future — by reducing the environmental impact of CKD through lower dialysis-related fresh water and electricity consumption, carbon emissions and healthcare waste levels.

How to make change for kidney health

GloPAKH calls upon policy makers to:

At the global level:

 Prioritise chronic kidney disease (CKD) alongside other non-communicable diseases (NCDs) in the preparatory work leading up the September 2025 Fourth High-Level Meeting (HLM) of the United Nations General Assembly on NCDs. Concretely, ensure appropriate mention of CKD in key HLM preparatory documents, as well as in the new Political Declaration on NCDs and the global indicators and targets for NCD prevention and control that will be adopted towards 2050.

At the national level:

- Increase education and awareness about CKD, most importantly among primary care physicians
 via clinical education programmes. In addition, expand public awareness through population-wide
 campaigns; and support patient-advocacy groups to communicate more widely with clear
 messaging on CKD.
- Implement targeted screening for at-risk individuals to detect and diagnose CKD at earlier stages
 of this chronic progressive disease. In addition, provide persuasive incentives to encourage testing
 of at-risk patients; and integrate CKD testing into health checks in countries that have these.
- Integrate CKD management strategies into those of other NCDs, notably (but not only) in terms
 of identification and screening of at-risk patients. Address CKD both separately and alongside
 heart disease and diabetes strategies.
- Adapt well-respected, evidence-based international guidelines for national use, in particular tailoring them for both patients and clinicians. From the guidelines, develop targeted and simplified tools aimed at primary care providers. And include the teaching of guideline-based care in medical school curricula.
- Enable access to care and recommended treatments to slow CKD progression and prevent kidney
 failure. CKD is a complex disease that puts patients at increased risk of other serious conditions
 including heart failure, stroke and bone disease. Clear care pathways and integrated disease
 management strategies across primary and secondary care are critical to enable swift access to
 readily available interventions, slowing disease progression and reducing co-morbidities.

In March of this year, GloPAKH joined with partners to launch the Make the Change for Kidney Health campaign with a call for governments and policymakers to act now to CKD as an urgent health policy priority, to bring the best possible outcomes for patients, caregivers, health systems, the economy and our planet. As the World Health Organization prepare set the agenda for the high-level meeting on NCD's in 2025, the delegates to the World Health Assembly should encourage the prioritization of CKD as an urgent global public health priority.

Sincerely,

Brian Kennedy

Executive Director, Global Alliance for Patient Access

The Secretariat to the Global Patient Alliance for Kidney Health (GloPAKH)

Useful resources:

- The Global Patient Alliance for Kidney Health https://globalkidneyalliance.org
- "Chronic kidney disease. Driving change to address the urgent and silent epidemic in Europe" Economist Impact (2024) https://impact.economist.com/projects/chronic-kidney-disease/
- "Time to sound the alarm about the hidden epidemic of kidney disease" Nature **628**, 7-8 (2024) https://www.nature.com/articles/d41586-024-00961-5
- "Urgent call to policymakers make chronic kidney disease a public health priority" Politico
 (18 March 2024) https://www.politico.eu/sponsored-content/urgent-call-to-policymakers-make-chronic-kidney-disease-a-public-health-priority/
- Make the Change for Kidney Health A global awareness campaign -https://globalkidneyalliance.org/make-the-change/