



Global Patient Alliance for Kidney Health Stakeholder Roundtable

*Co-hosted with Thailand's Ministry of Public Health
Convened Alongside the 79th World Health Assembly*

Geneva, Switzerland • May 2026

Introduction

On May 20, 2026, alongside the 79th World Health Assembly, the Global Patient Alliance for Kidney Health and the Kingdom of Thailand's Ministry of Public Health convened a stakeholder roundtable in Geneva, Switzerland. The meeting was organized in collaboration with and sponsored by AstraZeneca. Government ministers, clinicians, patient advocates and industry representatives from Thailand, Egypt, Vietnam, Kenya, the United Kingdom and beyond gathered to discuss how to translate two recent global commitments, the World Health Organization Kidney Health Resolution and the political declaration of the 2025 United Nations High-Level Meeting on noncommunicable diseases, into concrete national-level action.

Brian Kennedy, Executive Director of the Global Alliance for Patient Access, which serves as Secretariat to GloPAKH, welcomed participants and moderated the discussion, framing the roundtable around policy levers and pathways to accessible screening and early-stage diagnosis and treatment for chronic kidney disease.

An Unprecedented Window for Action

H.E. Pattana Promphat, Thailand's Minister of Public Health, and Michel Demaré, Chair of the Board of AstraZeneca, opened the substantive discussion with remarks that set a tone of urgency and opportunity. Both speakers pointed to the WHO Kidney Health Resolution and the UNHLM political declaration as evidence that kidney health has achieved a level of political recognition it has not previously held. Minister Promphat reflected on the year since the resolution's adoption, describing the shift from adoption to implementation as the defining task now facing the global kidney health community. Participants agreed that this alignment of political commitment represents a genuine opening, and that the work ahead is to ensure it translates into national policy rather than remaining a global statement of intent.



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National Approaches to CKD Prevention and Early Intervention

The roundtable's core discussion centered on country case studies illustrating what implementation can look like in practice. H.E. Dr. Khaled Abdel Ghaffar of Egypt's Ministry of Health and Population described the factors that have made kidney health a national priority, noting that CKD accounts for more than \$250 million in annual direct health system costs in Egypt. Vietnam, represented by H.E. Dzung Phan Mai and Dr. Duong Huy Luong of the Ministry of Health, detailed a grassroots screening and detection program that conducts annual health checks for CKD and related comorbidities on approximately 100 million people, with particular attention paid to continuity of care and referral to specialist treatment. Prof. Smeeta Sinha of NHS England discussed how targeted case-finding for CKD in high-risk groups has strengthened early detection and referral pathways in the United Kingdom, where an estimated one in 10 people live with the disease.

Across these varied health systems, participants returned to a common thread: patients are too often diagnosed only once disease has advanced and treatment costs have risen accordingly. Thailand's own program, drawing on roughly 1 million volunteers, was cited alongside Kenya's community health workforce as evidence that community-based screening can extend the reach of early detection in lower-resource settings.

Kidney Disease Within the Cardio-Kidney-Metabolic Continuum

Several participants, including members of GloPAKH's Medical Advisory Council and Prof. Roberto Pecoits-Filho of Arbor Research Collective, addressed the clinical case for early intervention. Kidney disease was described as inseparable from cardiovascular disease, diabetes and other metabolic disorders, sharing risk factors and disease pathways that justify integrated, rather than siloed, care. Early kidney damage was noted to substantially increase cardiovascular risk, reinforcing that early CKD management belongs at the center of broader NCD prevention strategies rather than at its margins. Vietnam and Egypt were both cited as examples of countries already updating national guidelines and screening programs to reflect this connection.

Patient and Advocate Perspectives

Patient advocates brought lived experience directly into the policy conversation. John Gikonyo of the Renal Patients Society of Kenya, Fiona Loud of Kidney Care UK, Marisol Robles of the Mario Robles Ossio Foundation in Mexico and Dr. Valerie Luyckx of the European Kidney Health Alliance each spoke to the human and economic toll of late diagnosis, and to the strategies needed for integrated CKD care that reaches patients before their disease progresses. One such strategy was a network of roughly 100,000 community health workers working to strengthen Kenya's shift from reactive, high-cost care toward decentralized, preventive models. Their contributions reinforced a theme raised throughout the roundtable: policy levers such as embedding kidney health indicators in national



NCD monitoring frameworks, and prioritizing early-stage CKD within universal health coverage reforms, are only as effective as the systems built to identify patients early and keep them connected to care.

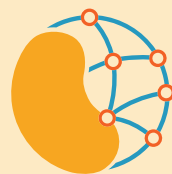
From Political Commitment to Practical Action

In closing the roundtable, Brian Kennedy summarized a shared agenda that emerged across the discussion: health systems must invest upstream in prevention and screening, governments must honor the commitments made through the WHO resolution and the declaration, and the kidney health community must sustain its advocacy to keep national implementation moving. Dr. Nutthapong Wongwiwat, Director General of Thailand's Department of Medical Services, offered closing remarks on behalf of the Ministry of Public Health, reaffirming Thailand's commitment to the partnership.

Participants left Geneva aligned on the conviction that the moment for action has arrived. GloPAKH indicated that it remains

committed to supporting this work with governments and health systems one country at a time.

The Global Patient Alliance for Kidney Health extends its appreciation to the Kingdom of Thailand's Ministry of Public Health, to all participating government representatives, clinicians and patient advocacy leaders, and to AstraZeneca for its collaboration and support.



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