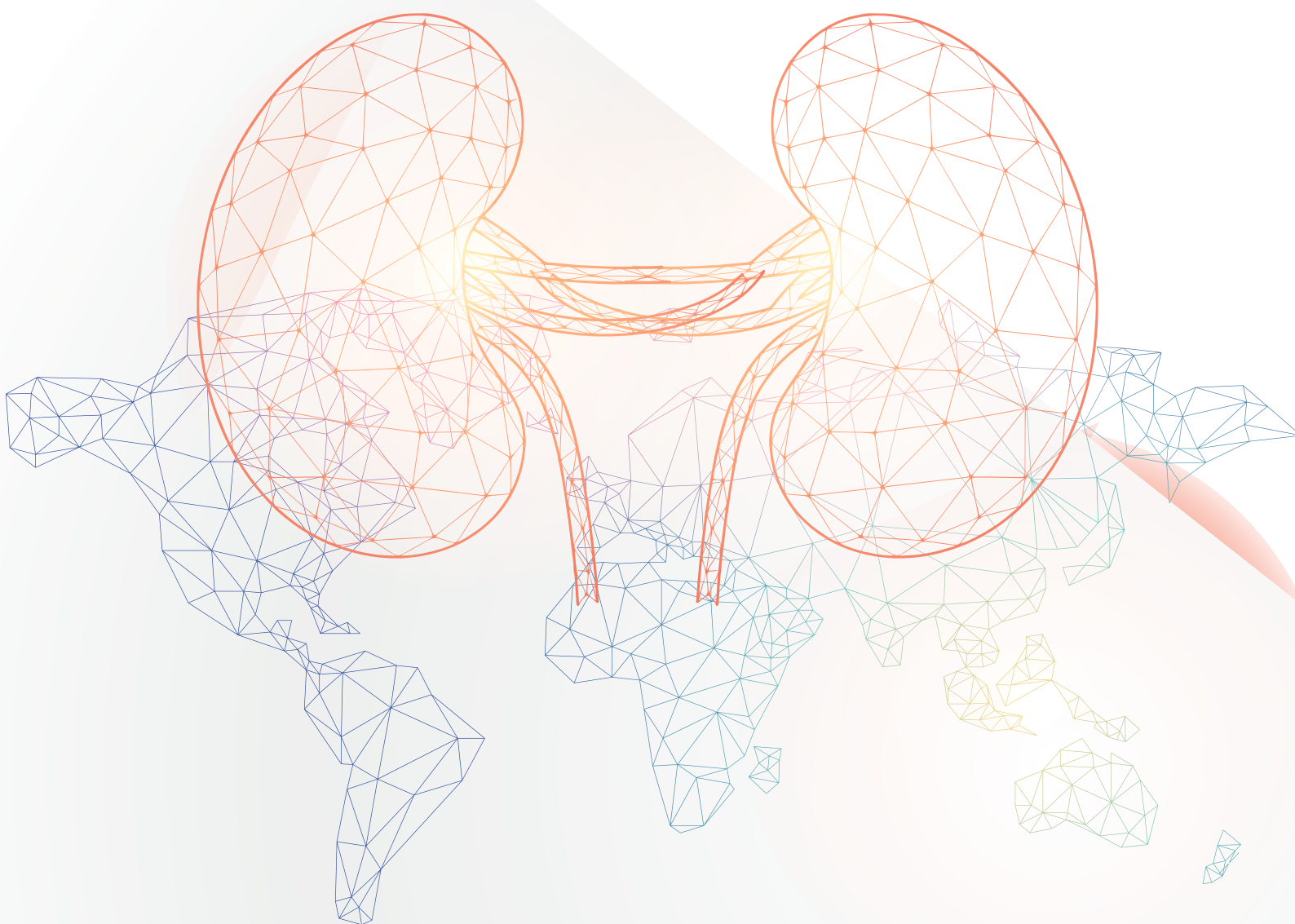


**THE PROFESSOR DONAL O'DONOGHUE,
GLOBAL KIDNEY POLICY FORUM 2022:**

**BUILDING HEALTHIER
SUSTAINABLE COMMUNITIES
TO SAFEGUARD KIDNEY HEALTH**





“ We need kidney care that is universal, affordable, sustainable, patient-centric, with an emphasis on homebased treatment.”

Dr. Ong Loke Meng, National Head of Nephrology Service for the Ministry of Health Malaysia

“ More than 180 million people experience catastrophic expenditures annually as a result of kidney disease across low- and middle-income countries, one of the greatest source of catastrophic expenditure and impoverishment in the population living with chronic conditions.”

Dr. Slim Slama, Unit Head, Noncommunicable Diseases Management-Screening, Diagnosis and Treatment (MND), NCD Department, World Health Organization



“ The sustainability of any health program depends on multiple stakeholders. These include the role of government and its commitment to funding and infrastructure development, the perception and compliance of the end users, the patients, and the role of non-government organizations. But the most important ingredient to a sustainable health service is the commitment and dedication of its health champions.”

Dr. Amrish Krishnan, Nephrologist at Colonial War Memorial Hospital, Fiji

“ From my experience of going around the world and speaking as a patient advocate, I have found that what is really key and is not being implemented well enough here in Malaysia is the involvement and engagement of patients in promoting transplantation.”

Mr. Victor Manvir, Kidney Patient Advocate





The International Society of Nephrology's (ISN) Professor Donal O'Donoghue, Global

Kidney Policy Forum brings together high-level decision-makers and stakeholders to address the burden of kidney disease in a specific country or region and share strategies and concrete policy actions for the prevention and improved management of the disease at both regional and global levels. The forum was named after the late Professor Donal O'Donoghue, former chair of the ISN's Advocacy Working Group who tragically died in January 2021.

The Global Kidney Policy Forum 2022: "Building Healthier Sustainable Communities to Safeguard Kidney Health" was the fourth in this ongoing series of ISN Policy Forums.

During the first Policy Forum, which took place in Mexico City, Mexico, in April 2017, stakeholders addressed the growing burden of kidney disease and developed a set of [12 Recommendations to Global Kidney Health](#). The recommendations were designed to guide future efforts to reduce the burden of kidney disease worldwide and underpin the work of each Global Kidney Policy Forum.

Speakers and participants at the 2022 virtual forum, held as part of the World Congress of Nephrology 2022, addressed key kidney-related challenges affecting the South-East Asian region and proposed concrete solutions to deliver best-practice kidney care. The program highlighted the importance of continued commitment to the adherence to and advancement of the 12 Recommendations to improve kidney care.

CHALLENGES AND SOLUTIONS TO ACCESS KIDNEY CARE IN OCEANIA AND SOUTH EAST ASIA

The [ISN Oceania and South-East Asia Region](#) is socioeconomically, culturally, and ethnically diverse, encompassing a broad, heterogeneous range of countries in terms of population size, ethnicity, culture, economies, and healthcare expenditure, which results in significant variation in the overall burden of kidney disease, risk factors, capacity to deliver dialysis and transplantation, and workforce availability and distribution.



According to the Global Kidney Health Atlas¹:

- As a percentage of GDP, total healthcare spending ranges from 2% to 11% across countries in this region.
- CKD prevalence varies from 8% to 12%. Cambodia has an 8% prevalence rate compared to over 12% for Singapore.
- The prevalence of obesity was as high as 45% in Samoa and over 30% in Australia, New Zealand and Fiji, but less than 10% in other countries such as Cambodia, Indonesia, Philippines, Singapore and Vietnam.
- The burden of kidney failure is higher in the region than the global average, with an overall prevalence of 1,350 per million population compared to the global median of around 780 per million.
- The prevalence of treated kidney failure varies considerably within the region, with Indonesia and the Philippines reporting a prevalence rate of over 300 per million population compared to over 1,500 per million population for countries such as Brunei, Singapore and Thailand.
- In around 30% of countries, mainly the low-income ones, less than 50% of patients who developed kidney failure were able to access dialysis. In contrast, it was readily accessible to all people with kidney failure, with minimal out-of-pocket cost, in high-income countries within the region.
- Although countries in the region have kidney transplantation capacity, the number of centers that offer kidney transplantation is below average, with only about a quarter of countries publicly funding dialysis and transplantation without charge.
- Financial coverage for dialysis medication in the region is only provided free of charge at the point of care delivery by 30% of countries. However, almost half of the countries provide immunosuppressive medication (kidney transplant medication) without cost, and about 20% offer public funding with some fees at the point of care delivery.
- The majority of countries reported significant deficiencies in the availability of health care personnel, including nephrologists, transplant nephrologists, surgeons performing vascular access, interventional radiologists, pathologists, nurses and counselors, transplant coordinators, dialysis nurses, and technicians, all essential members of the multidisciplinary team required for optimal kidney care delivery.

In addition, limited dialysis equipment due to high prices and limited access to kidney replacement therapy due to geographical location contribute to the lack of kidney care in the region.

Diabetes is highly prevalent in the region and is one of the major causes of kidney disease. In Malaysia, diabetes accounts for 69,2% of new end-stage-kidney diseases, while in Singapore, an estimated 440,000 Singaporeans were diagnosed with diabetes in 2014.



1. 15 countries participated in this exercise, representing over 98% of the region's population. https://www.theisn.org/wp-content/uploads/2021/05/GKHAtlas_2019_WebFile-1.pdf

CHALLENGES AND OPPORTUNITIES FOR KIDNEY HEALTH GLOBALLY AND IN THE REGION: LESSONS FROM 12 RECOMMENDATIONS TO GLOBAL KIDNEY HEALTH

Dr. Ong Loke Meng, current head of nephrology services at the Ministry of Health, Malaysia, inaugurated the forum with the presentation “Malaysia’s Successful Approach to Building and Safeguarding Better and Sustainable Kidney Health.”

Professor Aminu Bello followed up with a presentation on the ISN’s Global Kidney Health Atlas, which informs on the current state of readiness, capacity, and competence for kidney health care delivery in each country and region. The atlas helps define the current worldwide state of AKI and CKD care and provides policy recommendations for improvements.

Dr. Slim Slama, unit head on NCD Management at the World Health Organization (WHO), then provided the WHO perspective on how to raise the profile of kidney health for national policymakers, including leveraging momentum behind the sustainable development goals and the importance of working with partners in the circulatory health community.

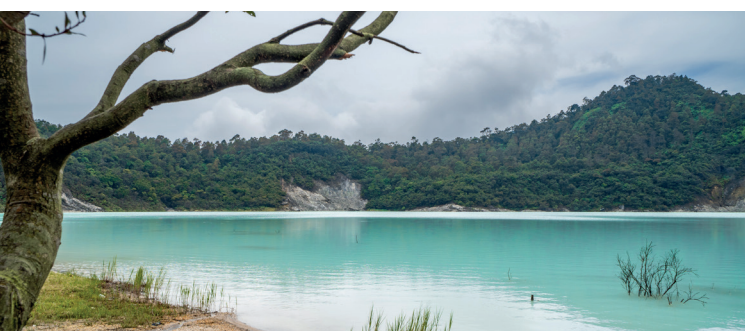
Citing Richard Horton, editor of *The Lancet*, from the inaugural GPKF held in Mexico City in 2017, **Professor Valerie Luyckx** reminded attendees of the ‘need to translate words, promises and commitments into meaningful change and action for our patients and communities.’

Dr. Amrish Krishnan, inspired into action at the 2019 GPKF, outlined efforts in Fiji to make kidney health as accessible and equitable as possible. Over the last five years, with government support, nephrology clinics have been set up in public and private health centers.



Challenges and Opportunities in Kidney Care in South East Asia: Quality, Sustainability, and Equity of Access

Dr. Bak Leong Goh, a key GPKF organizer, presented challenges facing kidney care in Malaysia, including a lack of donors, financial resources, and skilled doctors. He made a compelling, evidence-based case to adopt policies to facilitate transplantation in end-stage kidney disease rather than relying on hemodialysis or peritoneal dialysis.

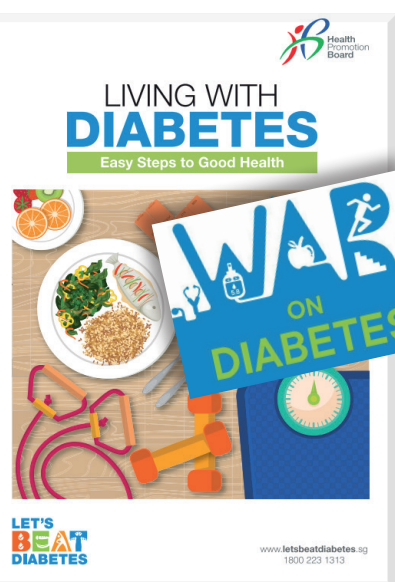


Dr. Aida Lydia Sutanto outlined obstacles to developing affordable and equitable kidney care for Indonesia’s population of 270 million people spread across 6,000 inhabited islands. She highlighted the importance of a collaborative, multi-sectoral approach to tackling these issues, including the need for the government, nephrology societies, health insurance, and pharmaceutical organizations to work alongside patients and their caregivers.

Dr. Noot Sengthavisouk defined the limited access to kidney replacement therapy due to geographical barriers and a lack of dialysis equipment in Laos, highlighting the importance of government support to develop national early identification guidelines.



Kidney Care: Novel Programs and Innovations – Turning Recommendations into Reality



Professor Kriang Tungsanga summarized how innovative approaches to renal replacement treatment and an integrated care approach to delay CKD progression in Thailand have successfully led to the country's Ministry of Public Health prioritizing CKD as an NCD.

Dr. Adrian Liew described Singapore's 'War on Diabetes,' declared in 2016, which tackled the disease by encouraging healthy eating and regular physical activity alongside early detection and intervention programs as preventative measures. It also recommended routine, age-appropriate screening, improved follow-up services, and disease management frameworks to optimize care and prevent diabetic complications.

Mr. Manvir Victor, a kidney transplant recipient, chair of the ISN's [Patient Liaison Advisory Group](#), and patient advocate in Malaysia, explained how a transplant changed his life. He expanded on why patient views and participation are central to successfully encouraging Malaysia to adopt policies that facilitate kidney transplantation.

KIDNEY CARE: AN IMPERATIVE TO CHANGE

The Donal O'Donoghue, Global Kidney Policy Forum 2022, presented an international view on kidney health in the South East Asia region, proposing concrete policy actions to improve delivery and access to kidney care.

Discernable steps need to be taken to improve prevention programs and early diagnosis of CKD. Notably, appropriate training programs are required to increase workforce capacity and improve kidney care knowledge among primary care physicians.

Multi-sectoral, integrated, and people-centered approaches should be implemented to decrease risk factors such as diabetes, hypertension and obesity. Any such initiatives need ongoing monitoring and evaluation.

Additional funding should be directed to financing dialysis and kidney transplantations, including medication for these patients. Out-of-pocket expenditure and other barriers to kidney care services must decrease.

Patient involvement must be prioritized to help tackle the burden of kidney disease.

Watch the Donal O'Donoghue, Global Kidney Policy Forum 2022 [here](#).



ISN'S 12 RECOMMENDATIONS ON GLOBAL KIDNEY HEALTH

1.

Work within current frameworks promoted by the World Health Organization and the United Nations such the Sustainable Development Goals of Agenda 2030 for Sustainable Development, Universal Health Coverage, and Life Course approach in the context of Health 2020 to develop and implement policies to ensure integration and synergies for kidney disease prevention and treatment within existing initiatives.

2.

Develop and implement public health policies to prevent or reduce risk factors for chronic kidney disease in adults and children, including strategies to promote maternal and child health and nutrition to reduce the burden of diabetes, hypertension, obesity, and tobacco consumption to promote safe work environments and prevent infectious diseases.

3.

Implement and support ongoing surveillance mechanisms to better understand and quantitate the burdens of acute and chronic kidney disease within and outside the context of non-communicable diseases, specifically by developing robust national and regional registries for AKI, CKD and ESKD.

4.

Educate the public and people at risk about kidney disease within non-communicable disease education campaigns.

5.

Improve awareness of kidney disease among health care workers at all levels and ensure appropriate access to essential tools and medications required for diagnosis and treatment.

6.

Work toward universal health coverage to permit sustainable access to effective and affordable medication (for hypertension, diabetes, and cardiovascular disease) to treat risk factors for kidney disease and delay kidney disease progression.

7.

Support education for a skilled nephrology workforce to implement prevention and treatment of kidney disease at all stages.

8.

Implement early detection, preventive and treatment strategies for AKI.

9.

Integrate early evidence-based treatment for CKD, acknowledging the important synergies with diabetes, hypertension and cardiovascular disease.

10.

Develop and implement transparent policies governing just and equitable access to kidney disease care, including dialysis and transplantation, according to international standards, and to support safe, ethical, affordable and sustainable programs.

11.

Promote and expand kidney transplantation programs within countries and across the region.

12.

Support local, regional and transnational research on kidney disease to further understanding of prevention and treatment strategies

SPEAKERS AND SESSION CHAIRS IN ORDER OF APPEARANCE

Professor Robyn Langham, Royal Children's Hospital, *chair, Setting the Scene: Challenges and opportunities for kidney health globally and in the region: lessons from 12 recommendations to global kidney health*

Professor Agnes Fogo, president, International Society of Nephrology (2021-2023), *Welcome and Opening Remarks*

Dr. Ong Loke Meng, Ministry of Health Malaysia, *Malaysia's Approach in Building and Safeguarding Better & Sustainable Kidney Health*

Professor Aminu Bello, University of Alberta, *Burden of Kidney Care in the Region: learnings from ISN Global Kidney Health Atlas*

Dr. Slim Slama, World Health Organization, *Raising the profile of kidney health amongst national policymakers: A WHO perspective*

Dr. Valerie Luyckx, University of Zurich, *Challenges and Opportunities for Kidney Health in the Region: Learnings from the Conclusions of Mexico City, Melbourne and Montreal*

Dr. Amrish Krishnan, Colonial War Memorial Hospital, *Kidney Care: Challenges and Opportunities in Fiji: Quality, Sustainability and Equity of Access*

Dr. Sunita Bavanandan, Kuala Lumpur Hospital, *co-chair, Kidney Care: Challenges & Opportunities in South East Asia: Quality, Sustainability and Equity of Access*

Professor Jorge Cerdá, Albany Medical College, *co-chair, Kidney Care: Challenges & Opportunities in South East Asia: Quality, Sustainability and Equity of Access*

Professor Dr. Bak Leong Goh, Hospital Serdang, *Kidney Care: Challenges & Opportunities in Malaysia: Quality, Sustainability and Equity of Access*

Dr. Aida Lydia Sutanto, Indonesian Society of Nephrology, *Kidney Care: Challenges & Opportunities in Indonesia: Quality, Sustainability and Equity of Access*

Dr. Noot Sengthavisouk, Mittaphab Hospital, *Kidney Care: Challenges & Opportunities in Laos: Quality, Sustainability and Equity of Access*

Dr. Muh Geot Wong, Royal North Shore Hospital, *chair, Kidney Care: Novel Programs and Innovations*

Professor Kriang Tungsanga, Chulalongkorn University, *Innovation in Thai Renal Health Care*

Dr. Adrian Liew, Mount Elizabeth Novena Hospital, *Singapore's "War on Diabetes" and ESKD Strategic Plan and HALT-CKD Program*

Mr. Manvir Victor, Patient Safety, *Patient's Perspective on Kidney Care Innovation in Malaysia*

Professor Adeera Levin, University of British Columbia, *Where to from here?*

Dr. Muh Geot Wong, Royal North Shore Hospital, *Closing Remarks*