



ISN

INTERNATIONAL SOCIETY
OF NEPHROLOGY

PROFESSOR DONAL O'DONOGHUE GLOBAL KIDNEY POLICY FORUM 2025: FOCUS ON SOUTH ASIA



The International Society of Nephrology's (ISN) Professor Donal O'Donoghue Global Kidney Policy Forum (PDOGKPF) is a yearly high-level meeting organized by the ISN at each World Congress of Nephrology (WCN). It is named in honor of the late professor Donal O'Donoghue, former chair of the ISN Advocacy Working Group.



The forum brings together high-level decision-makers and experts to address the burden of kidney disease in a particular country or region and share successful strategies and concrete policy actions for the prevention and improved management of the disease at regional and global levels.



The first policy forum, held in Mexico City, Mexico, in April 2017, led to a significant milestone: The development of the [10 recommendations for global kidney health](#), addressing the escalating global burden of kidney disease and providing guidance for future efforts to reduce its impact. These recommendations form the foundation for each Global Kidney Policy Forum.

INTRODUCTION



"Kidney disease is a global challenge, affecting millions of people and placing immense economic and social burdens on health systems, individuals, and society as a whole. However, it disproportionately impacts the most vulnerable populations, widening the healthcare access worldwide."

Globally, chronic kidney disease (CKD) affects approximately 850 million people. Nearly 4 million live on dialysis or have had a kidney transplant. In addition, 2 million kidney patients die each year due to unavailable or unaffordable dialysis."

Joaquín Barnoya, Minister of Public Health and Public Assistance of the Republic of Guatemala

THE 2025 PROFESSOR DONAL O'DONOGHUE GLOBAL KIDNEY POLICY FORUM: AT-A-GLANCE

On February 6, 2025, 13 speakers and more than 200 delegates attended the Professor Donal O'Donoghue Global Kidney Policy Forum in New Delhi, India. The event focused on the South Asia Region.

This edition of the forum coincided with discussions on the draft WHO kidney health resolution during the WHO Executive Board meeting. The forum began with a recorded message from Mr. Joaquin Barnoya, Guatemala's Minister of Public Health and Public Assistance, who led efforts on the resolution.

Ifeoma Ulasi, deputy chair of the ISN Advocacy Working Group, delivered the opening remarks. She emphasized the importance of the WHO kidney health resolution, urging the global kidney community to join forces in advocating for this key policy advancement and calling on all attendees to urge Member States to vote in favor of the resolution.

The forum featured two expert panels, both introduced and concluded by a patient advocates, highlighting the critical role of patient perspectives in shaping kidney health policies. The first panel, moderated by Vivekanand Jha, focused on tackling kidney health challenges in India, framed within the PDOGKPF's 10 recommendations. The second panel, chaired by Urmila Anandh, provided a broader regional perspective, also aligning discussions with the 10 recommendations.



[Watch the full recording of the PDOGKPF](#)

(access is available for ISN members)





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SOUTH ASIA: KIDNEY HEALTH IN FIGURES

Kidney disease continues to be a major health issue across South Asia, with access to care varying widely between countries. While some nations have built strong foundations for dialysis and transplant services, others are still working to fill critical gaps. From availability of treatment and essential medications to the presence of trained healthcare professionals, the numbers tell a powerful story. This introductory section with figures from the [ISN-Global Kidney Health Atlas](#) gives a clearer picture of where things stand — and where more support and action are urgently needed.

Kidney replacement therapy (KRT) availability, access, and quality are high:

- All countries in the region except Afghanistan have hemodialysis (HD) services in the region
- Capacity to provide adequate frequency of HD i.e., three times weekly for 3 – 4 hours per session, are available in 63% of countries
- Peritoneal dialysis (PD) services are unavailable in Afghanistan and the Maldives while kidney transplantation (KT) services are unavailable in Afghanistan, Bhutan, and the Maldives
- Capacity to provide adequate PD exchanges i.e., three to four exchanges per day is available in 50% of countries
- Home HD is only available in India

Government funding for kidney care services and medication is low:

Country	Publicly funded (free)				Publicly funded (some fees)				Mixed				Solely private (out-of-pocket)				Solely private (health insurance)				Multiple systems				N/A				Other			
	AKI	HD	PD	TX	AKI	HD	PD	TX	AKI	HD	PD	TX	AKI	HD	PD	TX	AKI	HD	PD	TX	AKI	HD	PD	TX	AKI	HD	PD	TX	AKI	HD	PD	TX
Afghanistan		X	X																						X							
Bangladesh													X		X	X																X
Bhutan	X	X	X	X																												
India									X	X	X	X																				
Maldives	X	X		X																						X						
Nepal						X		X						X							X											
Pakistan													X								X	X	X									
Sri Lanka			X						X	X		X																				

X : Yes
Abbreviations: AKI (Acute kidney injury), HD (hemodialysis), PD (peritoneal dialysis), TX (transplant medications)

Data retrieved from the [ISN-Global Kidney Health Atlas](#)

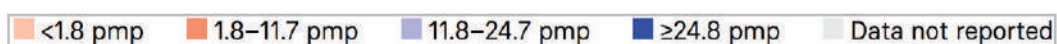
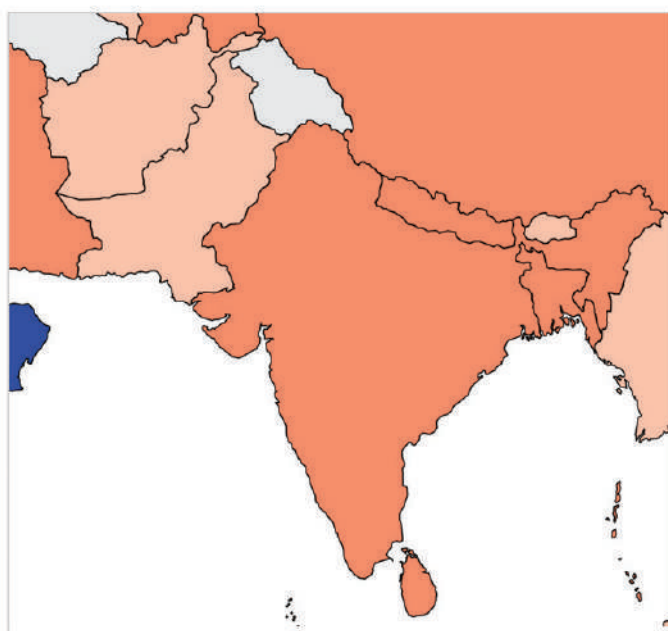
- Medication for dialysis patients (HD or PD) is free in 25% of countries (Bhutan and Maldives) and is partially funded in Nepal
- Medication for KT is funded publicly and free in 25% of countries (Bhutan and the Maldives)

Most have registries for advanced kidney disease, few for CKD or acute kidney injury (AKI):

- No country in the region has a national KT waitlist, 60% of countries (India, Pakistan, and Sri Lanka) have a regional KT waitlist, and 40% of countries (Bangladesh and Nepal) do not have a KT waitlist
- A registry for CKD patients not on dialysis (ND-CKD) is only available in Sri Lanka
- while a dialysis registry is only available in Afghanistan and Pakistan, and a KT registry only in India and Nepal
- Other registry forms, AKI and cardiovascular-kidney-metabolic, are unavailable in the region

Some workforce limitations are present:

Nephrologists



- The median prevalence of nephrologists in South Asia was 1.8 per million population (pmp) — the global median is 11.75 pmp. The Maldives have the highest density of nephrologists (10.3 pmp) while Afghanistan has the lowest (0.03 pmp)
- Overall, the median prevalence of nephrology trainees is 0.27 pmp; Pakistan has the highest density of nephrology trainees (1.65 pmp) while India has the lowest (0.22 pmp). There are no nephrology trainees in Afghanistan, Bhutan, or the Maldives
- 75% or more countries in the region report shortages across different categories of healthcare workers. Such shortages are reported for nephrologists, pediatric nephrologists, transplant surgeons, surgeons or interventional radiologists for arteriovenous fistula and arteriovenous graft creation and PD catheter insertion, vascular access coordinators, counsellors/psychologists, transplant coordinators, dialysis nurses, kidney nurses, dialysis technicians, social workers, palliative care physicians, and kidney supportive care nurses

Advocacy groups for CKD, kidney failure and kidney replacement therapy remain low in the region.





Vikram Vuppala

Living with kidney disease

Vikram Vuppala, speaking on behalf of dialysis patient Kamal Shah, stressed the importance of dignity and respect in care by referring to patients as “guests”. He shared the inspiring story of the [Dialysis Olympiad](#) where 800-1000 guests compete in track and field events and receive medals from Olympic champions like Saina Nehwal. The event showcases that a fulfilling life with dialysis is not only possible but celebrated.

Mr. Vuppala highlighted the need to bring back empathy and humanity in dialysis care, challenging current systems focused on efficiency and revenue rather than patient well-being. He urged providers to discuss all possible treatment options with guests along with the pros and cons of each option and to let the guest have a major say in choosing the option based on their quality-of-life aspiration. In this entire care ecosystem, it is the guest who is impacted the most by any decision that is made by the healthcare provider. He advocated for selecting treatments based on quality and cost to improve outcomes and create sustainable healthcare systems.



A dialysis patient from Hyderabad enjoys a family holiday in the scenic hill station of Manali, North India, made possible through the NephroPlus Holiday Dialysis service. With a dialysis center nearby, he could travel with confidence and spend a week in the mountains.

Dialysis patients proudly display their gold and silver medals in badminton at the world's only Dialysis Olympiad — an Olympics-style sporting event exclusively for dialysis patients, organized by NephroPlus.



[Watch the recording: opening remarks and insights on kidney care in South Asia](#)
(available to ISN members only)



Vasundhara Raghavan

Advancing kidney health: insights from patient advocates

Vasundhara Raghavan discussed the importance of health literacy regarding creatinine reduction, emphasizing the ineffectiveness of alternative treatments like Ayurveda and homeopathy in lowering levels. She called for collaboration with practitioners to differentiate between experimental and evidence-based treatments.

Mrs. Raghavan also addressed medication compliance challenges and highlighted efforts by the [Kidney Warriors Foundation](#) to improve prescription management through better communication and training for dialysis technicians. The foundation advocates for tax exemptions on essential medication as well as job security measures for CKD patients facing socioeconomic barriers. Initiatives include increasing kidney health awareness among school children through workshops and promoting healthy habits early on. A project in Madurai, Southern India, showed the positive effects of home-cooked meals on kidney health compared to processed foods.

Students from Madurai school surveyed 100 adults to gauge awareness on kidney care



[Watch the recording of the closing remarks and next steps](#)

(available to ISN members only)

EXPERT PANEL 1

LOCAL VOICES, GLOBAL IMPACT: TACKLING KIDNEY HEALTH CHALLENGES IN INDIA



Monika Arora

Collective action towards integrated care: learning from a national NCD program

Monika Arora highlighted the importance of patient-centered care and community engagement in addressing CKD in India. She discussed integrating CKD into the national noncommunicable disease program, emphasizing early screening, lifestyle changes, and affordable dialysis through initiatives like the [Pradhan Mantri National Dialysis Program](#) and [Pradhan Mantri Jan Arogya Yojana](#).

Dr. Arora outlined challenges, including a lack of specialists and coordination issues in referrals and treatments, emphasizing the need to strengthen primary care, professional training, and data management to support preventive care. She advocated for a multi-stakeholder approach with government-led committees for meaningful community participation while stressing the importance of patient empowerment and empathetic healthcare systems for long-term impact.



Manisha Sahay

Kidney health in India: importance of measurement, quality assurance, and registries

Manisha Sahay stressed the importance of measurement, quality assurance, and registries in healthcare. She highlighted economic challenges in India's healthcare system where only 3% of GDP is spent on health, leading to high out-of-pocket costs. With 6.4% of the population affected by CKD, she emphasized the need for improved measurement and registries. Dr. Sahay noted the absence of a national screening policy for CKD in India and recommended universal screening or targeted testing using tools like dipsticks and creatinine tests to reach high-risk populations effectively through primary healthcare centers instead of tertiary ones.

Leveraging existing resources, such as Accredited Social Health Activist workers, could enhance early detection efforts along with digital solutions and community awareness campaigns. The hub and spoke network model of dialysis can also be utilized (without additional investment) for CKD screening in local populations as this model reaches remote areas, saves costs and addresses the shortage of nephrologists.

Dr. Sahay also highlighted the challenge of fragmented data entry across India and the lack of comprehensive registries for kidney diseases. She proposed a national registry, mandating its completion, and suggested learning from successful models like the [National Organ and Tissue Transplant Organization](#). She called for a unified system to collect data for all modalities and emphasized the importance of data privacy, now protected by recent legislation in India. Dr. Sahay is confident that India can make significant strides in improving kidney health nationwide.



Magdalena Madero

IHDC home dialysis: navigating challenges and opportunities

Magdalena Madero, representing the [International Home Dialysis Consortium](#) (IHDC), stressed the importance of educating healthcare providers for successful implementation of PD. She highlighted the challenges related to financial coverage and suggested incorporating dialysis into insurance schemes: Without a proper reimbursement structures in place, the shift from in-center dialysis to home-based care can inadvertently increase the economic strain on patients and their caregivers.

Dr. Madero also emphasized the need for improved supply chain management and reducing competition between in-center and home dialysis options. In many regions, logistical challenges, such as the shipment and timely delivery of PD fluid bags, present ongoing barriers. Developing robust procurement policies can help ensure that patients are not left vulnerable to shortages or delays.

Dr. Madero highlighted the importance of collective efforts to help reduce the healthcare system's dependence on in-center dialysis. Overcrowded facilities and overburdened dialysis shifts can limit the availability of alternative modalities. By rebalancing resources and encouraging the adoption of home-based therapies, healthcare systems can improve patient choice, reduce infrastructure strain, and ultimately foster more sustainable models of care.



[Watch the recording of Expert Panel 1](#)

(available to ISN members only)



International Home Dialysis Consortium Manifesto

The International Home Dialysis Consortium Manifesto is a public declaration advocating for the promotion of home dialysis globally by:

- Raising awareness of the benefits of home dialysis to people with kidney disease
- Educating all people with kidney failure needing dialysis and their caregivers on all available options, including home dialysis
- Offering home dialysis as part of an integrated patient-centered and value-based care approach for people living with kidney failure in all healthcare settings
- Enabling people with kidney failure to choose dialysis modality with shared decision-making in all healthcare settings and with planned or unplanned dialysis start
- Empowering and supporting patients through self-management to have as much responsibility for their dialysis treatment as is appropriate
- Educating and training healthcare providers, including nephrologists, nurses, primary care providers, dietitians, social workers, and technicians in home dialysis
- Engaging policymakers, payors and dialysis industry to support home dialysis growth initiatives, adapting actions to local needs and economic realities
- Working with nephrology professional societies, patient advocacy groups and commercial dialysis providers to develop a global framework to provide home dialysis services
- Creating policy briefs to support advocacy efforts with policymakers
- Creating tools and audit processes to support continuous quality improvement in home dialysis programs
- Facilitating design of reimbursement schemes that are value-based and considering the total cost of delivering dialysis care, including costs of infrastructure
- Ensuring provision of fair and equitable reimbursement for home dialysis, removing financial disincentives, and actively promoting optimal patient choice of dialysis modality and location



EXPERT PANEL 2

FROM BARRIERS TO SOLUTIONS: ADVANCING ACCESS TO KIDNEY CARE ACROSS THE REGION



Nalika Gunawardena

Kidney health in the region: trends, challenges, and WHO initiatives for improved care

Representing the WHO, Nalika Gunawardena emphasized the urgent need for integrated action on NCDs in the region, which account for 55% of all deaths, with half occurring prematurely (among individuals aged 30–69). CKD, though a smaller contributor, is closely linked to more prevalent conditions like diabetes and hypertension, which are rapidly increasing.

Dr. Gunawardena outlined WHO's strategic guidance for Member States, including:

- The [NCD Roadmap 2023-2030 Global Action Plan](#), the [Global Diabetes Compact](#), and the [best buys intervention](#) that promote cost-effective, evidence-based responses
- [Universal health coverage](#) as a cornerstone for kidney health, requiring affordable and accessible care through primary healthcare systems
- Regional initiatives such as [SEAHEARTS](#), which aim to place 100 million people on protocol-based hypertension and diabetes care by 2025, with 60 million already reached by mid-2024

Dr. Gunawardena also acknowledged persistent challenges: underinvestment, weak enforcement of regulations, fragmented programs, poorly equipped primary care, and high out-of-pocket costs.



Yot Teerawattananon

From access to accountability: lessons from Thailand's case study on kidney care policies

Yot Teerawattananon raised concerns about kidney replacement therapy, focusing on access versus quality prioritization, short-term solutions from charities and private sectors, and the problematic incentive system for nephrologists.

He highlighted concerns about compromised standards resulting from the rapid expansion of dialysis services following the policy shift away from the "PD First" approach. The new policy allows kidney failure patients to choose HD if they wish, leading to a sharp increase in HD centers. However, many of these newly established centers operate without adequate quality assurance, which was previously overseen by the [Nephrology Society of Thailand](#). While this change has expanded access to HD, it has also led to a rise in excess mortality among patients due to substandard care. Dr. Teerawattananon called on professional organizations and governments to offer clear guidance to address these challenges to improving kidney care in Thailand.



Kazi Shahnoor Alam

The role of public-private partnerships in dialysis care in Bangladesh

Kazi Shahnoor Alam highlighted the urgent need for dialysis in Bangladesh, where thousands of patients develop kidney failure annually. Despite having 180 hemodialysis centers with over 2,500 machines, only a third of new patients can be accommodated due to cost discrepancies between government and private facilities.

Bangladesh introduced public-private partnership (PPP) hemodialysis centers at the [National Institute for Kidney Disease and Urology](#) (NIKDU) and [Chattogram Medical College Hospital](#) (CMCH) to address this issue in 2016, significantly increasing capacity and care quality. These centers serve referred patients subsidized by the government (\$4.63 per session), private patients bearing full costs, and non-paying patients funded by private investors.

Since their establishment, these PPP centers have increased the number of hemodialysis machines (16 at NIKDU and 31 at CMCH) and provided tens of thousands of dialysis sessions every year. Dr. Alam emphasized maintaining high-quality standards through skilled staff management and independent monitoring panels while imposing penalties on investors for failing to meet requirements.

The PPP model offers shared financial responsibility between public and private sectors, affordable treatment options for low-income individuals, regular equipment maintenance and upgrades, and efficient resource utilization leading to local employment growth, but faces challenges like stakeholder commitment issues or inadequate risk monitoring, and availability and quality failures.



Dilushi Wijayaratne

Sri Lanka: tackling the socio-economic determinants of chronic kidney disease of unknown etiology (CKDu)

Dilushi Wijayaratne presented on CKDu, which impacts agriculture communities in Sri Lanka due to factors including location and water quality. Those affected, mostly low-income men with limited education, struggle to access healthcare and suffer consequences such as income loss and increased poverty.

The Sri Lankan government has started a [policy framework to tackle CKDu](#) through awareness campaigns, early detection programs, improved healthcare facilities, patient welfare support, safe water initiatives, and promoting safer agricultural practices while conducting data collection and research efforts.

Dr. Wijayaratne believes establishing a robust data management system to map CKDu distribution using global information systems is crucial. She also mentioned challenges in implementing the national strategy on data collection due to financial constraints, national crises like COVID-19, and unclear disease origins hindering evidence-based interventions.



Sanjib Sharma

Community-based screening through the kidney care network in Nepal

Sanjib Sharma introduced community-based screening for kidney disease through the Kidney Care Network in Asia to improve access to care, especially in Nepal. He emphasized a patient-centered approach that addresses comorbidities, tailoring the program to the local context by considering a range of risk factors — such as swelling, use of traditional medicines, and family history — rather than focusing solely on diabetes or hypertension.

Dr. Sharma outlined a multi-tiered kidney care model structured around policy, health workforce, and community engagement:

- At the policy level, he stressed the integration of kidney care into existing health systems, equitable access, and the need for locally sustainable models for the prevention and management of CKD, supported by telemedicine and ongoing monitoring
- In terms of the health workforce, he highlighted training and task-sharing: In 2023, 150 healthcare providers and 56 Female Community Health Volunteers (FCHVs), were trained to screen and manage CKD, supported by tools, mentoring, and training
- At the community level, longstanding awareness and screening programs are driven by FCHVs, who go door-to-door to identify high-risk individuals. Dr. Sharma emphasized trust-building, cultural relevance, and leveraging local knowledge and infrastructure, even in remote regions



[Watch the recording of Expert Panel 2](#)

(available to ISN members only)



10 RECOMMENDATIONS FOR GLOBAL KIDNEY HEALTH

1. Work toward prevention, early diagnosis, treatment and management of kidney diseases.
2. Monitor the burden of kidney diseases.
3. Raise public awareness of kidney diseases.
4. Address kidney diseases across the life course through universal health coverage.
5. Integrate kidney disease services within existing health and multisectoral initiatives.
6. Close education gaps on kidney diseases among all healthcare workers.
7. Invest in strengthening the kidney care workforce.
8. Strive toward equitable and sustainable access to care for kidney failure.
9. Promote and expand kidney transplantation programs.
10. Support research for kidney diseases.

SPEAKERS AND SESSION CHAIRS IN ORDER OF APPEARANCE



Ifeoma I. Ulas



Vikram Vuppala



Vivekanand Jha



Monika Arora



Manisha Sahay



Magdalena Madero



Urmila Anandh



Nalika Gunawardena



Yot Teerawattananon



Kazi Shahnoor Alam



Dilushi Wijayaratne



Sanjib Sharma



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