

ISN Global Kidney Policy Forum Series: Focus on Latin America

“Health is one of the best social equalizers to reduce inequality, inequity and imbalances in a country, a region and the world. We need to achieve better health levels.”

José Narro
Secretary of Health Mexico

The ISN Global Kidney Policy Forum series aims to formulate actionable policy recommendations on kidney care

The first of these meetings was held at the ISN World Congress of Nephrology in Mexico City, under the patronage of the Mexican Secretary of Health, in collaboration with the Latin American Society of Nephrology and Hypertension (SLANH) and The Lancet.

Setting a precedent

The Forum in Mexico emphasized the importance of kidney disease as a global health priority, particularly in Latin America. It took a concrete step forward as regards policy and advocacy, framing the discussion on how to improve kidney health in Latin America and beyond.

Speakers including health officials, kidney health advocates, nephrologists, and researchers shared experiences and lessons learned from public health efforts to improve kidney health. They reflected on strategies to improve prevention, detection, diagnosis and early treatment of kidney disease, and emphasized challenges of achieving equitable access to renal replacement therapy. Finally, participants at the Forum committed to a measurable set of commitments and actions aimed at curbing kidney disease.

In a nutshell: ISN Policy Forum, Mexico City, held on April 21st, 2017

Conclusions of Mexico City

150+ signatories
40+ nations



200+
participants

8 representatives
from Ministries of Health
in Latin America and
the Caribbean and
14 high-level speakers.



Actors involved

Policymakers and Healthcare authorities,
nephrologists, patient representatives,
international health organizations,
private sector, media, researchers,
scientists and clinicians,
advocacy representatives.

Chronic Kidney Disease: the facts speak for themselves



CKD is highest cause of early death in
Guatemala, Mexico,
Nicaragua and
El Salvador

95%
of CKD deaths in Latin America are
due to diabetes mellitus and hypertension

CKD is the major
cause of death
in women of
childbearing age
in Mexico

1.2 million
deaths globally in 2015

**27-fold
variation**
in mortality across the globe

The challenges: examples from Latin America



| Human resources, research capacity and funding

There is a marked shortage of nephrologists and nephrology-trained healthcare workers. National registries to inform planning, care and research are lacking, and there is a low rate of public funding for the spectrum of kidney health services; including suboptimal research capacity at all levels.

| Dialysis and Transplantation

Access to dialysis varies across and within countries, worldwide, and in the Latin American region. Apparent drivers include : Gross Domestic Product (GDP), health expenditure per capita, policy design and political will. In many countries there is a predominance of hemodialysis (HD) over peritoneal dialysis, despite equitable outcomes, and higher expenses of HD. Moreover, a skewed ratio of dialysis to transplantation demonstrates inequities and inefficiencies in expenditure for renal replacement therapy across countries, especially given the cost savings related to transplantation.

Dialysis may be a preferred option because in some cases it is financed by private companies supplying machines, facilities and even doctors. Transplantation instead is still considered “cumbersome” as it poses a number of challenges regarding infrastructure in some countries: organ preservation, allocation, distribution as well as surgical expertise, follow up therapy and access to immunosuppressive medicines. This leads to a relative lack of deceased donor transplants in most jurisdictions. Transplant tourism remains a cause for serious concern in the Latin American region and world-wide.

| Access to care

There are demonstrated inequities in the quality of care and access, the rates of survival across and within countries as well as ethical challenges in allocating resources. A lack of social security is a reoccurring theme as regards to kidney care. The Forum also highlighted underinvestment in health spending, fragmentation of the health system, the high cost of dialysis (HD>PD), lack of investment in early identification and prevention, and structural inefficiencies in providing health.



Potential solutions discussed

Data collection and registries

Regional surveillance is key to optimize the response to needs, gaps and inequalities and help track progress.

Timely identification of areas needing attention can facilitate policy response and implementation.

Education: the experience of Uruguay and Mexico

Through the education of primary care physicians, high-risk patients can be diagnosed and treated more effectively. Similarly, educating patients is key to help them adhere to lifestyle goals and improve their health. Multidisciplinary Models of Kidney Health help physicians screen populations at risk, improve quality of care and reduce cardiovascular mortality. The outcomes mean better metabolism control, slower kidney disease progression, and hence reduced dialysis and transplantation needs, improved patient health and reduced mortality.

A patient-centered approach: learnings from UK and Mexico

Patient-reported experiences lead to better quality of care and treatment guidelines. Capacity building for health literacy encourages self-efficacy and in turn improves health outcomes. Patients have unique knowledge to guide the design of sound policies on health access, legislation and finance.

Universal Coverage of Renal Replacement Therapy: the case of Brazil

Public insurance schemes including secondary and tertiary care are feasible and can increase access to renal replacement therapy. While infrastructure may be private and privately-insured patients may benefit from more sophisticated treatments, some reimbursement under public schemes would improve basic treatment coverage and reduce intra country inequities in access.

Brazil appears to have addressed this in a comprehensive manner.

Highlights:

- There is a need for **more kidney registries** to determine the true burden of the disease and patient outcomes, provide iterative feedback, facilitate planning for services and identify epidemics early.
- More **education is required** for nephrologists and other doctors, and there is a need to include other healthcare workers and high risk communities, in early detection and prevention programs.
- **Public policies are necessary**, for instance regarding sugar tax and salt reduction, to facilitate healthy choices that promote prevention, ensure screening of high risk populations, and access to essential medications.
- Many patients do not have access to care, especially renal replacement therapy so there is a need to work towards **universal health coverage**.
- A more **transparent engagement** with the private sector is needed to address conflicts of interest.
- Health challenges and inequities can be addressed by going beyond the health system and work at the interface between all sectors for **sustainable development**.
- **Improved kidney health of communities** will have far reaching impact, including maintaining of the work force, family cohesiveness, and reducing the burden of associated illnesses on health care systems.



| Main speakers in order of appearance

- Adeera **Levin**, ISN immediate past-president
- José **Narro**, Secretary of Health Mexico
- Rafael **Lozano**, Director of Latina America and Caribbean Initiative
- David **Johnson**, Director of MINTS, Brisbane
- Fiona **Loud**, Policy Director, British Kidney Patients Association
- Carlos **Castro**, Director, Asociación Ale
- Laura **Solá**, Coordinator, Renal Health Committee SLANH, Uruguay
- Alfonso M. **Cueto Manzano**, Renal Health Committee Coordinator and President of the Latin American Society of Nephrology and Hypertension (SLANH), Mexico
- Ricardo **Correa-Rotter**, National Medical Science and Nutrition Institute Salvador Zubiran, Chairman LOC World Congress of Nephrology 2017, Mexico
- Guillermo Rosa **Diez**, Latin American Register of Dialysis and Transplantation, Head of Servicio de Nefrología, Hospital Italiano de Buenos Aires, Argentina
- Percy **Herrera-Añazco**, MD, Universidad Peruana de Ciencias Aplicadas, Lima, Peru
- Rudolf **García-Gallont**, MD, Hospital Herrera Llerandi, Guatemala
- Gregorio Tomás **Obrador**, Dean & Professor of Medicine, Faculty of Health Sciences & School of Medicine, Universidad Panamericana, Mexico
- Magdalena **Madero Rovalo**, Head of Nephrology Department, Instituto Nacional de Cardiología Ignacio Chávez, Mexico
- Roberto **Pecoits Filho**, MD, PhD, FASN, FACP, Pontificia Universidade Católica do Paraná, Brazil
- Richard **Horton**, Editor in Chief of The Lancet



Summation of Conclusions, Mexico City

I The Road to Global Kidney Health: Focus on Latin America

- 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 burdens 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 towards universal health coverage to permit sustainable access to effective and affordable medication (for hypertension, diabetes, 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.

“ We need to translate words,
promises and commitments
into meaningful change
and action for our patients
and our communities.”

Richard Horton
Editor in chief, The Lancet

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