

Reducing the burden of non-communicable disease through promotion of kidney health and strengthening prevention and control of kidney disease

Draft resolution proposed by Guatemala

The Executive Board, having considered the report by the Director-General,

Recommends to the Seventy-eighth World Health Assembly the adoption of the following resolution

The Seventy-Eighth World Health Assembly,

(PP1) Renewing and reaffirming our collective commitment to achieve an inclusive, integrated, interdependent, and equitable 2030 Agenda for Sustainable Development ([A/RES 70/1](#)), including the resolve to reduce premature mortality from non-communicable diseases (NCDs) by one-third through prevention and treatment and promotion of mental health and well-being, and achieving the targets laid out in the WHO global action plan for the prevention and control of NCDs 2013-2030 ([WHA66.10](#) and [WHA72.11](#)).

(PP2) Recalling the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of NCDs (A/RES/66/2 (2011), which recognizes the primary role and responsibility of Governments in responding to the challenge of NCDs by developing adequate national responses for their prevention and control.

(PP3) Recalling that in 2013 Member States adopted a set of nine voluntary global targets to prevent and control NCDs to be achieved by 2025 (WHA66.10).

(PP4) Reaffirming our commitment to progress towards universal health coverage (UHC) and acknowledging the role of strong primary health care to ensure the delivery of comprehensive patient-centered and integrated services for people with NCDs and MNS conditions (A/RES/78/4).

(PP5) Reaffirming the commitment to strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs, and prevent and control their risk factors, including before, during, and after humanitarian emergencies, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events. ([A/RES/73/2](#))

(PP6) Recognizing the need to strengthen institutional capacity and optimize the health workforce capacity to address functional gaps in the response to NCDs and mental health.

(PP7) Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

(PP8) Reaffirming that health is a pre-condition for, an outcome, and an indicator of all three dimensions of Universal Health Coverage (A/RES/74/2) and that sustainable development can be achieved only once the high prevalence of debilitating diseases, such as NCDs, are significantly reduced.

(PP9) Recognizing that approximately 850 million people may be affected by kidney disease, more than 10% of the world's population.¹

(PP10) Alarmed that kidney disease is one of the fastest-growing causes of death globally and one of the few NCDs showing a continued rise in age-standardized mortality.² Concerned that kidney disease is projected to become the fifth leading cause of death by 2050, with a projected 33% increase in age-standardized death rate and a 28% increase in age-standardized disability-adjusted life years (DALYs) if no action is taken.³

(PP11) Recognizing that kidney disease affects many individuals with common risk factors. It is present in 1 in 5 people with hypertension⁴ and occurs in 4 of 10 people with diabetes⁵, contributing to 1 in 10 deaths attributed to hypertension⁶ and accounting for a substantial proportion of morbidity and mortality related to diabetes.⁷ Addressing these common risk factors—hypertension, diabetes, and obesity—through effective screening and treatment can significantly reduce both the prevalence and worsening of kidney disease.⁸

(PP12) Concerned that some areas of the world are impacted by an epidemic of Chronic Kidney Disease of unknown origin, especially in Central America and South East Asia, affecting young people in agricultural communities^{9,10}, placing kidney disease among the top four causes of death in these regions.¹¹ Tackling these epidemics requires urgent attention to the social determinants of health and climate change as these would not be successfully controlled by addressing hypertension and diabetes alone.

(PP13) Recognizing that kidney disease is a preventable but often fatal consequence of many infections in adults and children, including malaria, dengue fever, HIV, tuberculosis, hepatitis, sepsis, diarrheal illnesses, and neglected tropical diseases.^{12,13} Kidney disease was also a leading risk factor for severe outcomes from COVID-19, and its impact should be considered in pandemic preparedness.^{14,15}

(PP14) Recognizing that kidney disease is a significant risk factor for and consequence of hypertensive disorders of pregnancy (impacting 1 in 10 pregnancies)¹⁶ and that both kidney disease and hypertensive disorders of pregnancy are associated with maternal mortality and contribute to preterm and low-birth-weight neonates.¹⁷⁻¹⁹

(PP15) Recognizing that risk for kidney disease begins in utero and accumulates across the life course especially in those born with low birth weight.^{20,21}

<p>(PP16) Recognizing that kidney health across the life course is strongly impacted by the social determinants of health, environmental factors, and climate change, often disproportionately affecting people in low-and middle income countries (LMICs).²²⁻²⁴</p>
<p>(PP17) Concerned that kidney disease significantly impacts economies and societies, requires complex management, and contributes disproportionately to national healthcare costs.²⁵⁻²⁹</p>
<p>(PP18) Concerned that in many LMICs, individuals bear heavy financial burdens as they pay out-of-pocket for kidney care as only a small percentage provide coverage for kidney replacement therapy (dialysis and transplantation), and kidney disease is the leading cause of catastrophic health expenditure.³⁰⁻³²</p>
<p>(PP19) Recognizing that people living with kidney disease are highly vulnerable in humanitarian settings, especially those living on dialysis or with kidney transplants.³³ Acknowledging that efforts have been made to strengthen services for treating NCDs in emergencies, as highlighted in the 75th World Health Assembly (WHA/A75/10/ Annex 4 Add.21).</p>
<p>(PP20) Concerned that access to kidney care is highly inequitable worldwide, especially in resource-limited areas where kidney disease often goes undiagnosed and untreated.³⁴ Stressing that the number of people needing costly kidney replacement therapies is expected to double by 2030 (from 2.6 million in 2010 to 5.4 million by 2030), leaving many without access and at risk of death.^{35,36} Early detection and timely treatment will save lives and lower the need for expensive kidney replacement therapies.</p>
<p>(PP21) Recognizing that the majority of people living with kidney disease have multiple comorbidities requiring specialized care across sectors to manage various health issues effectively^{37,38}; and that kidney disease significantly impacts mental health, causing stress, anxiety, and depression, which further contribute to the decline in their health-related quality of life.</p>
<p>(PP22) Hopeful that highly effective medications for kidney disease are now available and can dramatically reduce morbidity and mortality from kidney disease as well as other NCDs that often coexist with kidney disease, such as hypertension, diabetes, and cardiovascular disease.⁸ Concerned that these highly effective medicines are unaffordable or unavailable in many LMICs.^{39,40}</p>
<p>(PP23) Recognizing the importance of public awareness, patient education, community engagement, and policy action in controlling risk factors and improving outcomes for individuals at risk or affected by kidney disease.⁴¹</p>
<p>(PP24) Reaffirming our commitment in the United Nations General Assembly resolution 74/2 (2019) to progressively cover 1 billion additional people by 2023 with quality essential health</p>

services and quality, safe, effective, affordable, and essential medicines, vaccines, diagnostics, and health technologies, to achieve universal health coverage by 2030.

(PP25) Stressing that Universal Health Coverage implies that everyone has access to necessary health services without discrimination and financial hardship for all users, especially those who are poor or vulnerable. This includes promoting lifestyle changes, essential medicines, vaccines, preventive, curative, rehabilitative, and palliative measures, and care services(A/RES/74/2)

(PP26) Emphasizing the importance of integrating kidney health into broader strategies for preventing and controlling NCDs and recognizing the need for multi-sectoral approaches.

(PP27) Noting that the promotion of kidney health plays a crucial role in achieving the Sustainable Development Goals (SDGs), especially SDG 3.4, which aims to ensure healthy lives and promote well-being for all ages.

(PP28) Endorses the establishment of World Kidney Day, to be marked annually on the second Thursday of March to increase public awareness and engagement, enhance global understanding, and work towards global solidarity and action by Member States to promote kidney health.

URGES Member States:

1. Ensure equitable and affordable kidney care within Universal Health Coverage by integrating prevention, early detection, and timely management of kidney disease into national public health policies, which would contribute significantly to the achievement of SDG 3.8 and reduce the financial burden imposed by the treatment of later stages of kidney disease for both patients and the healthcare system.
2. Strengthen public health initiatives to address key risk factors for kidney disease, including obesity, diabetes, hypertension and cardiovascular diseases, physical inactivity, dietary habits, and tobacco use, through education, awareness campaigns, and community-based interventions aligning with the targets set out in the WHO global action plan for the prevention and control of NCDs 2013-2030 ([WHA66.10](#) and [WHA72.11](#)).
3. Strengthen health systems to provide high-quality, integrated, and people-centered primary health services for all, with particular emphasis on vulnerable and marginalized populations (including Indigenous populations, children and ethnic minorities). Robust health management information systems and a trained health workforce should support this.
4. Support and enhance the full spectrum of quality and sustainable kidney care services, including chronic kidney disease programs, dialysis, kidney transplantation, and conservative

kidney management (including palliative care) to ensure all patients have equitable opportunities for appropriate care.
5. Strengthen the monitoring and evaluation of the kidney disease burden through country-level surveillance and monitoring systems, that are integrated into existing national health information systems, to assure quality and improvement of kidney care services, and to identify priority areas for kidney disease research.
6. Strengthen country capacity to conduct health intervention and technology assessments to guide the progressive scale-up of cost-effective and sustainable government health programs to address kidney disease affordably.
7. Promote collaboration across sectors, including health, education, finance, and social services, to address the social determinants of health that contribute to kidney disease and mitigate climate change as a significant risk factor for kidney disease.
8. Foster partnerships with civil society, advocacy groups, and the private sector to strengthen health promotion and improve health literacy by providing accessible, high-quality, patient-friendly information and education.
9. Promote regional collaboration, particularly in regions with similar epidemiological profiles, to share best practices, resources, and expertise in managing kidney disease.
10. Encourage and support research on kidney disease to advance the understanding of etiologies and regional risk factors and to develop new implementation strategies, treatments, and technologies.

REQUESTS the Director-General:
1. Recognize kidney disease as a priority NCD, along with cancer, cardiovascular diseases (heart disease and stroke), diabetes, respiratory diseases, and mental health,
2. Support Member States to integrate kidney care into Universal Health Coverage frameworks to achieve SDG target 3.8.
3. Strengthen data collection on risk factors and the prevalence of kidney disease, particularly in LMICs, to inform policy and program development and provide situational analyses.
4. Integrate kidney care into relevant disease programs.
5. Guide Member States, especially in LMICs, to improve the design and implementation of policies for preventing and managing kidney disease across all relevant sectors, including agricultural, employment and environment sectors.

6.	Support Member States to monitor and evaluate of kidney care programs to improve quality of care, including tracking of accessibility, affordability and outcomes, and maintaining kidney disease registries.
7.	Promote knowledge sharing between member states to strengthen the training and retention of a multidisciplinary kidney workforce.
8.	Facilitate the sharing of best practices, guidelines, and evidence-based interventions for managing kidney disease and its major risk factors, including diabetes and hypertension.
9.	Develop recommendations for sustainable financing for CKD prevention, diagnostics, and treatment, prioritizing equitable access to kidney care and financial risk protection, especially in LMICs.
10.	Support Member States to ensure uninterrupted treatment of people living with kidney disease during humanitarian emergencies.
11.	Report to the Health Assembly on progress in implementing the present resolution, including achievements, challenges, and recommendations for further action, as part of the consolidated reporting on the progress achieved in the prevention and control of NCDs, with biennial reports to be submitted to the Health Assembly through the Executive Board, from 2026 to 2030.

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