

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

Draft resolution proposed by Guatemala

The Seventy-Eight World Health Assembly,

(PP1) Recalling the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030, which aims to reduce premature mortality from non-communicable diseases by 30% by 2030;

(PP2) Recalling resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable disease 2013-2020 and decision WHA72(11) (2019), which extended the global action plan until 2030;

(PP3) Recalling the Political Declaration of the High – Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2 (2011), which recognizes the primary role and responsibility of Governments in responding to the challenge of noncommunicable diseases by developing adequate national responses for their prevention and control;

(PP4) 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;

(PP5) Recognizing that approximately 850 million people are affected by kidney disease¹, amounting to more than 10% of the world's population.

(PP6) Alarmed that kidney disease is the third fastest-growing cause of death globally and the only NCD showing a continued rise in mortality². Concerned that kidney disease is projected to become the fifth leading cause of death by 2040 if no action is taken.

(PP7) Recognizing that kidney disease is present in 1 in 5 people with hypertension, and contributes to 1 in 10 deaths attributed to hypertension³;

(PP8) Acknowledging the close relationship between kidney disease and circulatory health, with cardiovascular diseases being both a cause and consequence of kidney disease (CKD), and about 2.1 million cardiovascular deaths occurring each year that are attributable to kidney disease⁴;

¹ Luyckx VA, et al., Mind the gap in kidney care: Translating what we know into what we do. Clin Nephrol. 2024 May 31. doi: 10.5414/CNWKDEdi24. Epub ahead of print. PMID: 38818714.

² GBD. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet 388, 1459–1544 (2016).

³ WHO Global report on Hypertension , <https://www.who.int/publications/i/item/9789240081062>

⁴ Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease 2021: Findings from the GBD 2019 Study. Seattle, WA: IHME, 2019.

(PP9) Recognizing that kidney disease occurs in 4 of 10 people affected by diabetes, and accounts for a large proportion of the morbidity and mortality that is attributed to diabetes⁵;

(PP10) Recognizing that kidney disease is a preventable but often fatal consequence of many infections, including malaria, HIV, tuberculosis, hepatitis, sepsis, COVID-19, diarrheal illnesses and neglected tropical diseases in adults and children^{6,7,8};

(PP11) Recognizing that kidney disease is a major risk factor and consequence of hypertensive disorders of pregnancy (impacting 1 in 10 pregnancies) and small and vulnerable neonatal births, and is a major contributor to maternal mortality⁹;

(PP12) Recognizing that kidney health is strongly impacted by the social determinants of health, environmental factors, and climate change, and that risk for kidney disease begins in utero and accumulates across the life course^{10,11};

(PP13) Recognizing that kidney disease significantly impacts economies and societies, requires complex management, and contributes disproportionately to national healthcare costs¹²;

(PP14) Recognizing that over 95% of people living with kidney disease have multiple health conditions requiring specialized care across sectors to effectively manage various health issues¹³.

(PP15) 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

⁵ WHO HEARTS D package: <https://iris.who.int/handle/10665/331710>

⁶ Luyckx VA, et al., Reducing major risk factors for chronic kidney disease. *Kidney Int Suppl* (2011). 2017 Oct;7(2):71-87. doi: 10.1016/j.kisu.2017.07.003. Epub 2017 Sep 20. PMID: 30675422; PMCID: PMC6341126.

⁷ Levin A, et al., ISN Global Kidney Health Summit participants. Global kidney health 2017 and beyond: a roadmap for closing gaps in care, research, and policy. *Lancet*. 2017 Oct 21;390(10105):1888-1917. doi: 10.1016/S0140-6736(17)30788-2. Epub 2017 Apr 20. PMID: 28434650.

⁸ Batte A, et al., guidelines fall short in diagnosing acute kidney injury. *Lancet Glob Health*. 2024 Feb;12(2):e194-e196. doi: 10.1016/S2214-109X(23)00546-6. PMID: 38245108.

⁹ Bilano VL, et al., Risk factors of pre-eclampsia/eclampsia and its adverse outcomes in low- and middle-income countries: a WHO secondary analysis. *PLoS One*. 2014 Mar 21;9(3):e91198. doi: 10.1371/journal.pone.0091198. PMID: 24657964; PMCID: PMC3962376.

¹⁰ Bosi, A. et al. Use of nephrotoxic medications in adults with chronic kidney disease in Swedish and US routine care. *Clin. Kidney J*. 15, 442–451 (2022).

¹¹ Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2021 (US Department of Health and Human Services, 2021).

¹² Vanholder R, et al., European Kidney Health Alliance. Reducing the costs of chronic kidney disease while delivering quality health care: a call to action. *Nat Rev Nephrol*. 2017 Jul;13(7):393-409. doi: 10.1038/nrneph.2017.63. Epub 2017 May 30. PMID: 28555652.

¹³ Hawthorne G, et al., Multimorbidity prevalence and patterns in chronic kidney disease: findings from an observational multicentre UK cohort study. *Int Urol Nephrol*. 2023 Aug;55(8):2047-2057. doi: 10.1007/s11255-023-03516-1. Epub 2023 Feb 21. PMID: 36806100; PMCID: PMC10329585.

replacement therapy, and kidney disease is the leading cause of catastrophic health expenditure^{14, 15};

(PP16) Recognizing that people living with kidney disease are highly vulnerable in humanitarian settings, especially those living on dialysis or with kidney transplants; Acknowledging efforts have been made to strengthen services for treating noncommunicable diseases (NCDs) in emergencies, as highlighted in the 75th World Health Assembly^{16, 17}.

(PP17) Concerned that kidney disease often goes undetected and untreated, particularly in resource-poor settings with weak primary care infrastructure, and that this misses critical opportunities to prevent and treat kidney disease early, reduce the need for costly kidney replacement therapy and prevent many deaths.^{18, 19}. Stressing that the number of people receiving costly kidney replacement therapies is projected to more than double from 2.6 million in 2010 to 5.4 million by 2030²⁰, while at least as many may remain without access to these therapies and die.

(PP18) 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;

(PP19) 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 disease²¹; Concerned that these highly effective medicines are unaffordable or unavailable in many low- and middle-income settings²²;

(PP20) 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 services and quality, safe, effective, affordable and essential medicines,

¹⁴ Beverley M. Essue, et al., Economic Burden of Chronic Ill Health and Injuries for Households in Low- and Middle-Income Countries, World Bank group, 2017, https://doi.org/10.1596/978-1-4648-0527-1_ch6

¹⁵ Luyckx VA, et al., Ethical Challenges in the Provision of Dialysis in Resource-Constrained Environments. *Semin Nephrol.* 2017 May;37(3):273-286. doi: 10.1016/j.semnephrol.2017.02.007. PMID: 28532556.

¹⁶ WHA/A75/10/ Annex 4 Add.21

¹⁷ Global high-level technical meeting on noncommunicable diseases in humanitarian settings: building resilient health systems, leaving no-one behind, <https://www.who.int/news-room/events/detail/2024/02/27/default-calendar/global-high-level-technical-meeting-on-noncommunicable-diseases-in-humanitarian-settings>

¹⁸ Liyanage T, et al., Worldwide access to treatment for end-stage kidney disease: a systematic review. *Lancet.* 2015 May 16;385(9981):1975-82. doi: 10.1016/S0140-6736(14)61601-9. Epub 2015 Mar 13. PMID: 25777665.

¹⁹ Gummidi, B. et al. A systematic study of the prevalence and risk factors of CKD in Udana, India. *Kidney Int. Rep.* 5, 2246–2255 (2020).

²⁰ Liyanage, T. et al. Worldwide access to treatment for end-stage kidney disease: a systematic review. *Lancet* 385, 1975–1982 (2015)

²¹ Luyckx, V.A. et al. (2024) ‘Mind the gap in kidney care: Translating what we know into what we do’, *Kidney International*, 105(3), pp. 406–417. doi: 10.1016/j.kint.2023.12.003

²² Luyckx VA, et al., Mind the gap in kidney care: Translating what we know into what we do. *Ibid*

vaccines, diagnostics and health technologies, with a view to achieving universal health coverage by 2030;

(PP21) Stressing that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative, and palliative essential, timely measures and health services, promotion of lifestyle changes, healthy and balanced diets and regular physical activity and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population²³;

(PP22) Emphasizing the importance of integrating kidney health into broader strategies for preventing and controlling non-communicable diseases and recognizing the need for multi-sectoral approaches;

(PP23) Noting that prevention and promotion of kidney health play a crucial role in achieving the Sustainable Development Goals, especially SDG 3.4, which aims to ensure healthy lives and promote well-being for all ages;

ENDORSES the establishment of the World Kidney Day, to be marked annually on 13 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) Recognize kidney care within the Universal Health Coverage (UHC) by integrating prevention, early detection, and timely management into national public health policies, leading to achieving the Sustainable Development Goals target 3.8;
- 2) Integrate testing for kidney disease and management of kidney disease into primary healthcare, ensuring that individuals at risk or affected by kidney disease have equitable and affordable access to timely and appropriate care;
- 3) 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;
- 4) Enhance collaboration across sectors, including health, education, finance, and social services, to address the social determinants of health that contribute to kidney disease;
- 5) 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;
- 6) Encourage and support research on kidney disease, including the development of new treatments and technologies, to advance the understanding and management of this condition;

²³ In accordance with paragraph 9 of United Nations General Assembly resolution 74/2 (2019)

- 7) Strengthen health systems and high quality, integrated and people-centred primary health services for all, health management information systems, and an adequate and well - trained and equipped health workforce, considering national contexts;
- 8) Strengthen the monitoring and evaluation of kidney disease incidence through country-level surveillance and monitoring systems, including surveys, that are integrated into existing national health information systems and identify priority areas for kidney disease research;
- 9) Support and strengthen kidney transplantation services, especially for Indigenous populations;
- 10) Strengthen efforts to curb climate change and address all social and structural determinants of health as major risk factors for kidney disease

REQUESTS the Director-General:

- 1) Support Member States in recognizing and incorporating kidney care into Universal Health Coverage (UHC) frameworks to contribute to the achievement of Sustainable Development Goal target 3.8;
- 2) Develop and implement a global strategy for prevention, early detection, and timely management of kidney disease throughout the life course. This includes primary, secondary, and tertiary prevention and care, as well as palliative care for those with advanced kidney disease by integrating kidney health into existing non-communicable disease frameworks;
- 3) Support Member States to achieve the targets for preventing and controlling kidney disease throughout life by integrating interventions into national responses to non-communicable diseases, contributing to Sustainable Development Goal target 3.4. This should include strengthening monitoring and surveillance systems for kidney disease;
- 4) Provide guidance to Member States, especially in LMICs, on improving the design and implementation of policies for preventing and managing kidney disease across all relevant sectors;
- 5) Provide guidance to Member States for uninterrupted treatment of people living with kidney disease in humanitarian emergencies;
- 6) Facilitate the sharing of best practices, guidelines, and evidence-based interventions for managing kidney disease and its major risk factors, including diabetes and hypertension;
- 7) Develop recommendations for sustainable financing of kidney disease prevention and treatment in low- and middle-income countries, prioritizing equitable access for disadvantaged populations and financial risk protection for those with kidney failure. Emphasize quality and cost-effectiveness of early intervention and the economic impact of untreated kidney disease;
- 8) Promote research and data collection on the epidemiology, risk factors, and outcomes of kidney disease, including developing and maintaining kidney registries, particularly in LMICs, to inform policy and program development;
- 9) Recognize kidney disease as a priority noncommunicable disease, along with cancer, cardiovascular diseases (heart disease and stroke), diabetes, and respiratory diseases, and mental health, in the national health agendas of Member States;

- 10) Report periodically 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 non-communicable diseases, with an annual report to be submitted to the Health Assembly through the Executive Board, from 2026 to 2031²⁴;

²⁴ In accordance with paragraph 3(e) of decision WHA72(11) (2019)