

## Fellows First

# Addressing the Silent Epidemic: Urgent Global Action for Chronic Kidney Disease

By Urvashi Khan

**C**hronic kidney disease (CKD) is not just a medical issue; it is a global crisis demanding immediate attention. The recently published joint statement, Chronic Kidney Disease and the Global Public Health Agenda: An International Consensus, published in *Nature Reviews Nephrology* (1), underscores the severity of this burgeoning problem and advocates for swift action to combat its far-reaching consequences. This article was developed through a consensus among major nephrology societies, including ASN, the European Renal Association, and the International Society of Nephrology, to address the escalating global burden of CKD. Motivated by the rising prevalence of CKD and inconsistent screening practices, these societies aim to standardize guidelines, enhance early detection, and improve health care infrastructure. Their unified effort seeks to raise awareness, advocate for policy support, and ultimately improve CKD management and patient outcomes worldwide.

One of the key messages from the article is the escalating prevalence of CKD worldwide and its devastating impact on mortality, quality of life, and health care expenditures. CKD affects approximately 10% of the global population, with millions remaining undiagnosed and untreated. This should serve as a wake-up call for policymakers, health care practitioners, and society. Ignoring the rising tide of CKD will only exacerbate its toll on individuals and health care systems, particularly in low-income and low- to middle-income countries for which access to diagnosis and treatment is often limited. Moreover, it rightly emphasizes the socioeconomic disparities perpetuating unequal health outcomes among historically disadvantaged populations. Lack of access to optimal therapies further widens the gap, making it imperative to address not only the medical aspects of CKD but also the systemic inequalities that fuel its prevalence.

An essential call to action put forth the inclusion of kidney diseases in the World Health Organization's statement on major noncommunicable disease drivers of premature mortality. Countries face significant challenges in CKD screening and management due to limited awareness, inadequate screening programs, and health system constraints. Economic barriers, technological and infrastructure limitations, and epidemiological factors exacerbate the issue, and cultural, policy, research, and social determinants further complicate efforts. Addressing these challenges requires comprehensive strategies involving education, health care access, system improvements, and robust policy and research initiatives. This recognition would catalyze global efforts to raise awareness, establish guidelines, improve surveillance, and allocate resources for kidney health. By integrating CKD into the global health agenda, we can begin to chip away at the barriers that hinder progress in combating this silent epidemic (2).

Furthermore, the moral imperative to prioritize kidney health cannot be overstated, especially in light of the United Nations' Sustainable Development Goals (SDGs). Addressing CKD aligns with several SDGs, including those related to reducing noncommunicable diseases, ensuring universal health coverage, and achieving health equity. By improving CKD screening and management, we can make significant strides toward these global health objectives, ultimately enhancing quality of life and reducing health care disparities worldwide. Excluding CKD from the global health agenda perpetuates inequities and undermines efforts to achieve health equity for all. Recognizing kidney diseases as major drivers of early mortality is not just a matter of policy; it is a moral obligation to address the needs of the most vulnerable members of society (3).

The article also outlines a roadmap for tackling the grand challenges of kidney health, including improving access to care, enhancing prevention strategies, and investing in research and development (Table). These efforts must be underpinned by a commitment to addressing social determinants of health and ensuring equitable access to resources for all individuals affected by CKD (4).

Urgent action is needed to confront the growing burden of CKD and prevent its catastrophic consequences. The time to act is now, and the stakes could not be higher. By heeding the call to prioritize kidney health, embracing global collaboration, and implementing comprehensive strategies, we can chart a course toward a healthier future for all. The recognition of CKD by the World Health Organization is not just a symbolic gesture; it is a pivotal step toward transforming the landscape of kidney care and safeguarding the well-being of future generations (5). ■

Urvashi Khan, MBBS, MD, DNB Medicine, DrNB, is a nephrology resident at Dharamshila Narayana Superspeciality Hospital, Delhi, India.

The author reports no conflicts of interest.

## References

- Francis A, et al.; American Society of Nephrology; European Renal Association; International Society of Nephrology. Chronic kidney disease and the global public health agenda: An international consensus. *Nat Rev Nephrol* 2024; 20:473–485. doi: 10.1038/s41581-024-00820-6

**Table. Proposed roadmap for tackling the greatest kidney health challenges**

|  |  |
|--|--|
| <b>Improving access to care</b>              | <ul style="list-style-type: none"> <li><b>Policy development:</b> Advocate for the inclusion of CKD in national health agendas and policies.</li> <li><b>Health care infrastructure:</b> Strengthen health care systems to provide comprehensive CKD care, including dialysis and transplant services.</li> <li><b>Health coverage:</b> Ensure universal health coverage that includes CKD diagnosis, treatment, and management.</li> <li><b>Telemedicine and remote care:</b> Expand telehealth services to reach remote and underserved populations.</li> </ul>  |
| <b>Enhancing prevention strategies</b>       | <ul style="list-style-type: none"> <li><b>Public awareness campaigns:</b> Launch educational programs to raise awareness about CKD risk factors, prevention, and early detection.</li> <li><b>Screening programs:</b> Implement routine CKD screening for high-risk populations, including those with diabetes and hypertension.</li> <li><b>Lifestyle interventions:</b> Promote healthy lifestyle changes, such as diet and exercise, to prevent the onset and progression of CKD.</li> <li><b>Control of risk factors:</b> Intensify efforts to control diabetes, hypertension, and other conditions that contribute to CKD.</li> </ul> |
| <b>Investing in research and development</b> | <ul style="list-style-type: none"> <li><b>Research funding:</b> Increase funding for CKD research to discover new treatments and improve existing therapies.</li> <li><b>Collaborative research networks:</b> Establish international collaborations to share data and insights, accelerating the pace of discovery.</li> <li><b>Clinical trials:</b> Support and expand clinical trials focused on CKD prevention, treatment, and management.</li> <li><b>Innovation in treatment:</b> Invest in the development of novel therapies and technologies to improve patient outcomes.</li> </ul>  |
| <b>Strengthening health systems</b>          | <ul style="list-style-type: none"> <li><b>Workforce training:</b> Educate and train health care professionals on the latest CKD care practices and guidelines.</li> <li><b>Integrated care models:</b> Develop integrated care models that coordinate services across different levels of health care.</li> <li><b>Health information systems:</b> Implement robust health information systems to track CKD prevalence, treatment outcomes, and patient data.</li> </ul>   |
| <b>Promoting health equity</b>               | <ul style="list-style-type: none"> <li><b>Address social determinants:</b> Tackle the social determinants of health that contribute to CKD disparities, such as poverty, education, and access to healthy food.</li> <li><b>Equitable resource distribution:</b> Ensure equitable distribution of resources and health care services across different population groups.</li> <li><b>Community engagement:</b> Engage communities in CKD prevention and management efforts to ensure culturally appropriate interventions.</li> </ul>  |
| <b>Global collaboration and advocacy</b>     | <ul style="list-style-type: none"> <li><b>International partnerships:</b> Foster partnerships among governments, nongovernmental organizations, and international organizations to coordinate global CKD efforts.</li> <li><b>Global health initiatives:</b> Align CKD strategies with global health initiatives, such as SDGs.</li> <li><b>Advocacy campaigns:</b> Advocate for CKD recognition and prioritization in global health policies and funding allocations.</li> </ul>  |
| <b>Monitoring and evaluation</b>             | <ul style="list-style-type: none"> <li><b>Data collection:</b> Establish robust mechanisms for data collection and analysis to monitor CKD prevalence, risk factors, and outcomes.</li> <li><b>Performance metrics:</b> Develop and use performance metrics to evaluate the effectiveness of CKD programs and initiatives.</li> <li><b>Continuous improvement:</b> Implement feedback loops to continuously improve CKD prevention, treatment, and management strategies.</li> </ul>   |

Adapted from Francis et al.; American Society of Nephrology; European Renal Association; International Society of Nephrology (1).

- Kashani K, et al. Acute kidney injury risk assessment: Differences and similarities between resource-limited and resource-rich countries. *Kidney Int Rep* 2017; 2:519–529. doi: 10.1016/j.ekir.2017.03.0143
- Bharati J, et al. The Global Kidney Health Atlas: Burden and opportunities to improve kidney health worldwide. *Ann Nutr Metab* 2020; 76(Suppl 1):25–30. doi: 10.1159/000515329
- Severs D, et al. Intravenous solutions in the care of patients with volume depletion and electrolyte abnormalities. *Am J Kidney Dis* 2015; 66:147–153. doi: 10.1053/j.ajkd.2015.01.031
- García-Basteiro AL, et al. What is the true tuberculosis mortality burden? Differences in estimates by the World Health Organization and the Global Burden of Disease study. *Int J Epidemiol* 2018; 47:1549–1560. doi: 10.1093/ije/dyy144