

GIGH India unveils a road map for achieving universal care for kidney diseases

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New Delhi: The George Institute for Global Health, in a paper entitled “Universal Care for Kidney Diseases: Sustainable Development or Path to Financial Ruin” has presented a road map for achieving universal care for kidney diseases and identifies priority areas for kidney disease research, policy-making, and actions by the clinical community.

The paper that has been published to mark the World Kidney Day suggests measures including a renewed focus on early intervention, innovating later-stage care and improving the evidence base for policymakers.

The paper, published in *Kidney International Reports*, the official journal of the International Society of Nephrology, expands on the official World Kidney Day 2019 theme of universal coverage of kidney disease. Prof Vivekanand Jha, Executive Director of The George Institute for Global Health India and President elect of the International Society of Nephrology (ISN), the Senior author on the paper has argued that universal health coverage, articulated in the UN Sustainable development Goals, represents an opportunity for substantial gains to patients living with or at risk of kidney diseases.

“There is an urgent need to focus on early intervention. Promoting a healthy lifestyle, good

nutrition, clean water and environments, and infection and tobacco control are critical for preventing kidney complications along with population-based approaches to prevent the key known risks for kidney disease like blood pressure control and effective management of obesity and diabetes,” says Prof Jha.

The road map reflects emerging evidence from a slew of projects that TGI India is implementing across the length and breadth of the country. This includes interventions that are helping to map the kidney disease burden, identify local factors that may be responsible for it, improving public health outcomes like sanitation and clean drinking water to prevent chronic kidney disease, developing renal and dialysis registries, demonstrating the efficacy of task-sharing between doctors at primary health centres and village level frontline health workers and developing a low-cost affordable dialysis machine.

The World Health Organisation estimates that kidney diseases are responsible for almost 1.5 per cent of the current global burden of disease and for 2.1 per cent of the total deaths, making it the 12th leading cause of death globally. The ill health resulting from kidney diseases is compounded by the economic burden on households and health systems with a whopping 188 million people experiencing catastrophic health expenditure annually in low and middle income countries. Furthermore, dialysis and kidney transplant remain unaffordable in many of these countries.

“There is a need to innovate later stage care which includes developing low-cost dialysis technology, removing barriers to the transplantation process and improving utilisation of kidneys from deceased donors,” argues Prof Jha. “Examining and expanding initiatives such as task-shifting, better access to home-based peritoneal dialysis and supportive care where clinically appropriate to reduce costs are priority actions that needs to be initiated.”

The paper’s co-author Prof Blake Angell, who heads the Health Economics and Process Evaluation program, at the George Institute for Global Health, Sydney, says methods to bring down the cost of current treatments and search for alternatives need to be a key focus for the research and clinical communities. “Efforts toward affordable dialysis processes offer the promise of widespread access to cost-effective care,” Dr Angell says.

The George Institute for Global Health is working on developing an affordable dialysis machine that bring down the cost of dialysis. And through the SMARTKidney project, TGI is working to empower female health workers in the community to detect kidney disease early and refer the high-risk cases to the primary health centres. Appropriate preventive measures including provision of clean drinking water, sanitation and good nutrition is part of its Stop CKDu (Chronic Kidney Disease of Unknown Origin) intervention in the Srikakulam district of Andhra Pradesh.

“We hope that the data and evidence we generate from these projects will help us inform clinicians and policy makers to use the push for UHC as a catalyst for reforming the care of kidney diseases around the world,” says Prof Jha. “Better identification of kidney disease burden, setting up of kidney disease registries, documenting unintended consequences as interventions and models of care are scaled up across systems and evidence showing the impact of different financing mechanisms are measures that can improve the evidence base facing policymakers.”