

Statement from Italy

Italy fully aligns with the statement carried out by Malta on behalf of European Union and its Member States.

Italy commends the DG and the Secretariat for the refined version of the Draft General Programme.

In particular Italy appreciates the additional attention given to migrants' health in the new version of the programme of work.

In this session we would like to echo Spain's remark and raise the EB and Member States' attention to the problem of kidney transplantation globally.

In the past and in the current draft programme considerable attention has been correctly paid by WHO to TB, HIV and malaria,

However:

1. According to reliable international data, 2-7 million people die annually from kidney failure - more than from TB, HIV, and malaria combined. Transplantation is by far the most cost-effective treatment for kidney failure, particularly in low/middle income countries (LMIC).
2. Non-communicable diseases such as heart disease, diabetes, and kidney disease have replaced communicable diseases as the most common causes of premature death worldwide. An estimated 80% of this burden occurs in LMIC.
3. Billions of dollars are spent in LMIC to reduce the burden of communicable diseases, but significantly less is spent on non-communicable diseases. Consequently, the gap in healthcare between High Income Countries (HIC) and LMIC has become particularly large for non-communicable diseases such as kidney failure.
4. Transplantation is preferable to dialysis as a treatment for kidney failure. Transplant patients live on average 10 years longer, and have better quality of life than those on dialysis. In some LMIC, as many as 75% of patients who start dialysis die within one year. Moreover, transplantation is much less expensive than dialysis over time. This is very much limited by the limited availability of organs that can be addressed with kidney exchange.
5. Kidney exchange extends the reach of living donation because some healthy living donors are not able to give a kidney to a loved one for reasons outside of their control. However, they could exchange their kidney with another such pair so that both patients are able to receive a living donor kidney transplant. Kidney exchange is practiced routinely in HIC and preliminary clinical experience indicates it could be expanded globally to increase access to living donor kidney transplantation. Kidney exchange is equitable, mutually beneficial, and has been carefully developed to be ethical, legal, and transparent.
6. **We encourage WHO to include organs and in particular kidney transplantation in its programme as we believe that oversight, cooperation and assistance of the WHO to carry out a pilot program with strong international governance that is consistent with the highest ethical and legal standards, and that carefully approves participating countries, facilities, healthcare providers, and patient-donor pairs should be conceived and implemented.**
7. Given that transplantation is more cost effective than dialysis, the savings attained in HIC from transplantation affords LMIC patients the opportunity to participate in kidney exchanges with HIC patients. We refer to this as Global Kidney Exchange (GKE).

8. Consider the figure: the LMIC mother wishes to donate to her daughter, and the HIC brother wishes to donate to his sister, but neither pair is able to proceed. Without transplantation, the LMIC daughter will die and the HIC sister will remain on dialysis. However, through GKE each patient receives a compatible kidney from the other patient's donor. Furthermore, the savings attained in the HIC can also support long-term care of the LMIC donor and recipient in their home country.



9. Preliminary clinical experience in a small sample of exchanges between LMIC and HIC pairs has achieved 100% patient and graft survival as well as donor safety with up to 3 years of follow-up.
10. The pilot program would establish a technical working group to develop a self-sustaining and scalable GKE program that will:
- a. Execute planning meetings to carefully develop the criteria for participating countries, physicians and patient-donor pairs;
 - b. Design, create, and implement an international governance protocol; and
 - c. Perform and test Global Kidney Exchanges.