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Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease

Draft decision proposed by Armenia, Burkina Faso, Chile, Ecuador, Georgia, Guatemala, Malaysia, Mexico, Micronesia (Federated States of), Nauru, Panama, Romania, Somalia, Spain, Thailand, Ukraine and Vanuatu

The Executive Board, having considered the report by the Director-General,[1]

Decided to recommend to the Seventy-eighth World Health Assembly the adoption of the following resolution:

The Seventy-eighth World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Recognizing the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

(PP3) Reaffirming our collective commitment to reduce premature mortality from noncommunicable diseases (NCDs) by one-third, and achieving the targets in the WHO global action plan for the prevention and control of NCDs 2013–2030 (WHA66.10 (2013) and WHA72(11) (2019)) as committed to in the Political Declarations of the three High-Level Meetings of the General Assembly on the Prevention and Control of NCDs (A/RES/66/2; A/RES/68/300; A/RES/73/2), including the nine voluntary global targets to prevent and control NCDs to be achieved by 2025, through effective health promotion and diseases prevention, resilient health systems, an adequate, well trained and committed health workforce, universal health coverage (UHC) and people-centred health services as well as the need to promote access and maintain essential NCD services in emergencies and humanitarian settings (A/RES/78/4);

[1] Document EB156/7.

(PP4) Reaffirming our commitment to accelerate the implementation of the 2019 and 2023 Political Declarations of the High-Level Meetings of the General Assembly on UHC, by providing financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and cost-effective essential medicines and vaccines for all; [A/RES/74/2 and A/RES/78/4];

(PP5) Recognizing that approximately 674 million people live with chronic kidney disease, comprising 9% of the global population[2] and concerned that kidney disease is one of the fastest-growing causes of death globally and 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;

(PP6) Recalling resolution WHA77.4 on increasing the availability, ethical access, and oversight of the transplantation of human cells, tissues, and organs, which urges countries to adopt preventive strategies and incorporate transplantation into the continuum of care of non-communicable and other diseases that may lead to the need for transplantation in accordance with their national contexts, and that requests the Director-General to support Member States in implementing the elements of the Resolution, particularly through the design of a Global Strategy on Donation and Transplantation.

(PP7) Concerned that access to kidney care is highly inequitable worldwide, especially in resource-limited settings where kidney disease often goes undiagnosed and untreated, leaving millions at risk of death;

(PP8) Concerned that in many developing countries, including Small Island Developing States, individuals bear heavy financial burdens needing to pay out-of-pocket for kidney care, as only a small percentage of these countries provide coverage for kidney replacement therapy (dialysis and transplantation), making kidney disease the leading cause of catastrophic health expenditure;

(PP9) Concerned that kidney disease significantly impacts economies and societies, requires complex management, and contributes disproportionately to national healthcare costs;

(PP10) Recognizing that kidney disease affects many individuals with common risk factors and it is present in 1 in 5 people with hypertension and occurs in 4 of 10 people with diabetes, contributing to 1 in 10 deaths attributed to hypertension and accounting for a substantial proportion of morbidity and mortality related to diabetes;

(PP11) Aware that cost-effective medications for kidney disease are now available , and continue to be developed, 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 (A74/A/CONF./5), but concerned that these highly effective medicines, as well as diagnostics and consumables necessary for the spectrum of kidney care, are unaffordable or unavailable in many developing countries;

(PP12) Recognizing that kidney disease is a preventable, but potentially fatal consequence of many infections in adults, adolescents and children, including malaria,

[2] Including but not restricted to social, environmental, commercial, and economic determinants.

dengue fever, HIV, tuberculosis, hepatitis, sepsis, COVID-19, diarrheal illnesses, and neglected tropical diseases;

(PP13) Recognizing that kidney disease is a significant risk factor for, and consequence of, hypertensive disorders of pregnancy (impacting 1 in 10 pregnancies) and that both kidney disease and hypertensive disorders of pregnancy are associated with maternal mortality, and preterm and low-birth-weight neonates, who are at higher risk of kidney disease;

(PP14) Recognizing that kidney health is strongly impacted across the life course by all determinants[3] of health, environmental factors, and climate change, most disproportionately affecting developing countries and Small Island Developing States;

(PP15) Recognizing the urgent need to address, where appropriate, the social and environmental determinants of health, including climate change, to control the epidemic of chronic kidney disease of unknown origin which disproportionately affects young people in agricultural communities, which places kidney disease among the top four causes of death in some regions;

(PP16) Recognizing that the majority of people living with kidney disease have multiple comorbidities requiring specialized care across sectors to manage various health issues effectively, 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;

(PP17) Acknowledging that efforts have been made to strengthen services for treating NCDs in emergencies (A75/10 Add.2 – Annex 4) but recognizing that persons living with kidney disease remain highly vulnerable in humanitarian settings, especially those living on dialysis or with kidney transplants;

(PP18) Recognizing the importance of public awareness, health literacy, patient education and empowerment, community engagement, and policy action in controlling risk factors for, and improving outcomes in individuals affected by kidney disease;

(PP19) Emphasizing the importance of integrating kidney health and the spectrum of kidney care into broader and holistic strategies for preventing and controlling NCDs and recognizing the need for multi-sectoral approaches (EB154/7);

(PP20) Considering that among the different types of kidney replacement therapies, kidney transplantation should be the preferred option for medically eligible patients with kidney failure, who should be systematically considered for this kind of treatment in accordance with their national context, as it provides better survival and quality of life at a lower cost and environmental impact compared to dialysis; and

(PP21) Acknowledging that World Kidney Day is celebrated 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,

[3] Including but not restricted to social, environmental, commercial, and economic determinants.

(OP)1. URGES Member States,[4] in accordance with their national context and priorities, to:

(1) invest in health systems to integrate prevention, early detection, and management of kidney disease into national health policies and inclusion of kidney management into UHC benefit packages, with the aim to provide financial risk protection and universal access to the full spectrum of quality and sustainable kidney care services (to progressively include peritoneal and hemodialysis, kidney transplantation, and conservative kidney care) (EB154(7)) delivered by an adequately trained health workforce, to all individuals without any discrimination, with particular emphasis on those at risk, in vulnerable and marginalized situations, including Indigenous Peoples (WHA76.16 (2023)), pregnant women, and children (WHA77.5 (2024)) and to ensure all patients have equitable access to appropriate care;

(2) promote multi-sectoral and multi-stakeholder collaboration, with appropriate governmental oversight, to develop and support the progressive provision of comprehensive, uninterrupted and sustainable kidney care services and with appropriate regulation to ensure quality of service delivery;

(3) strengthen interventions to address the determinants[5] of key risk factors for kidney disease, through the fullest application of WHO “Best Buys” interventions, and using a total risk approach with the aim to control diabetes and hypertension and prevent or delay progression of chronic kidney disease to end stage kidney failure, as well as providing policy, education, public 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));

(4) strengthen and integrate the monitoring of kidney disease burden, access to care, quality of care and morbidity and mortality outcomes into national health information systems, to inform policy decisions and guide research;

(5) strengthen country institutional 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 in a comprehensive manner;

(6) take measures to promote progressive access to kidney replacement therapy, of which kidney transplantation is preferred, enabling timely referral for transplantation, as well as by implementing interventions to maximize the availability of organs for clinical use aligned with the WHO Guiding Principles on human cell, tissue and organ transplantation;

(7) promote multi-sectoral collaboration and actions to address all determinants[5] of NCDs risk factors , including the impacts of climate change, which lead to chronic kidney disease, and foster partnerships with professional organizations, civil society, advocacy groups, and the private sector to strengthen health promotion, increase

[4] And, where applicable, regional economic integration organizations.

[5] Including but not restricted to social, environmental, commercial, and economic determinants.

public awareness of kidney diseases and its determinants, improve health literacy by providing accessible, high-quality, patient-friendly information and education.

(8) promote regional collaboration, in line with existing exchange formats where applicable, particularly in regions with similar epidemiological profiles, with an aim to share best practices, resources, and expertise in preventing and managing kidney disease; and

(9) support research on kidney disease to advance the understanding of etiologies and risk factors specific to regions, countries and local context, and to develop responsive implementation strategies for prevention and control of kidney disease, treatments, and technologies.

(OP)2. REQUESTS the Director General:

(1) to advance kidney disease as an NCD of increasing global priority, in addition to cancer, cardiovascular diseases (heart disease and stroke), diabetes and respiratory diseases, as well as mental health, which have been recognized as the major causes of death and disability

(2) to provide technical support to Member States, upon request, to strengthen and improve the design, assessment, and implementation of national policies for preventing and managing kidney disease across all relevant disease programs, including monitoring and evaluation of kidney care program implementation and outcomes, to improve quality and access to care

(3) to provide technical support to Member States, upon request, to strengthen implementation of the WHO "Best Buys" to address all determinants[6] of NCD which contribute to chronic kidney diseases, and to strengthen integration of comprehensive kidney care into UHC benefit packages;

(4) to support Member states, upon request, to strengthen information systems (including civil registries and vital statistics) to produce evidence, *inter alia* including risk factors, kidney disease prevalence, access to kidney care, unmet healthcare needs, and associated morbidities and mortality, particularly in developing countries and Small Island Developing States; to inform policy and program development, guide research and promote the establishment and maintenance of kidney disease registries;

(5) to facilitate the sharing of knowledge, best practices, clinical guidelines, evidence-based interventions for preventing and managing kidney disease and experiences in addressing major risk factors, including diabetes and hypertension; support strengthening of education and training and retention of a multidisciplinary kidney workforce;

(6) to develop and share guidance for sustainable financing for CKD prevention, diagnostics, and treatment, prioritizing equitable access to comprehensive kidney care and financial risk protection, especially in developing countries and Small Island Developing States;

[6] Including but not restricted to social, environmental, commercial, and economic determinants.

(7) to support Member States to maintain uninterrupted treatment of people living with kidney disease during health emergencies and in all humanitarian settings; and

(8) to 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 in 2027, 2029 and 2031.