



**Statement on behalf of the International Society of Nephrology (ISN) to the 67th  
Session of the WHO Regional Committee for Europe on the  
'Roadmap to implement the 2030 Agenda for Sustainable Development, building  
on Health 2020 - the European policy for health and well-being' (agenda item 5a)**

*The International Society of Nephrology (ISN), as the leading, global organisation dedicated to advancing kidney health, continues to build its global network and programs to facilitate and promote the provision of sustainable, equitable, ethical care for people with kidney disease in all regions and countries of the world.*

ISN calls on WHO and its Member States to heighten awareness of the clinical, economic and social burdens of NCDs, including kidney disease, which are at present frequently underestimated.

In 2015, it was estimated that chronic kidney disease (CKD) was the direct cause of 1.23 million deaths worldwide. CKD is one of the few causes of death that is still increasing and the global mortality rate has increased by 49.8% over the last 25 years, far exceeding the percent change of most other NCDs, infections and injuries. Acute kidney injury (AKI) is estimated to cause around 2 million deaths annually. Diagnosis and treatment of kidney disease are costly and are not accessible in many regions due to lack of awareness and lack of resources. In such instances, provision of renal replacement therapy depends primarily on whether the patient has health insurance or can otherwise afford treatment via means such as taking on loans, selling property, support from employers or charity. Prevention of kidney disease is therefore key to reducing the global burden and eradicating poverty.

Furthermore, kidney disease is fraught with inequity making it pivotal to a number of Sustainable Development Goals (SDGs) beyond health. The likelihood of developing kidney disease increases with poverty, gender inequality and discrimination, lack of education, and lack of access to clean water and sanitation, weak maternal and child health and primary care services, lack of universal health coverage, wars and some environmental and occupations exposures. Kidney disease risk begins in utero and the prevalence increases with age. Kidney disease risk therefore spans the spectrum of human conditions, the entire life-course and bridges both communicable and non-communicable diseases.

A broad system-wide approach is therefore required to tackle the problem of kidney disease. Given the synergies between kidney disease and cardiovascular disease, hypertension and diabetes, as well as the linkages with multiple infectious diseases such as HIV, malaria, pneumonia, diarrhoeal illness, opportunities exist to develop integrated screening and disease management programs to improve early detection and treatment, tracking and management of all NCDs relevant in each Member State. Such strategies would create knock-on effects for the overall well-being of the population and economies of scope for health budgets. ISN therefore strongly urges Member States to recognize the need for an integrated approach in the fight against NCDs to deliver on SDG 3 and to promote a Health in all Policies approach critical to achieving all SDGs. The holistic approach of the SDGs promises to have a positive impact on kidney disease globally.