

THE GLOBAL KIDNEY HEALTH ATLAS

<Congress title>

Date

www.theisn.org/global-atlas





AimMethods

• Key Results

• Implications



To understand, compare and monitor how different

countries around the world detect, treat, monitor and

advocate for people with kidney disease (AKI or CKD)

Key focus on availability, accessibility, affordability and quality of ESKD care

Global Kidney Health Atlas survey





Design and scope



Desk research (across countries and regions)

- Published and grey literature review
- Systematic review ESKD burden and outcomes
- Data extraction from major renal registries (USRDS, ERA-EDTA) and relevant national registries where available
- Scoping review of KRT cost estimates

Online questionnaire-based survey July – September 2018

- 3 languages (English, French, Spanish)
- Across 182 countries
- ≥3 stakeholders per country
 - National nephrology society leadership
 - Healthcare policymakers
 - Patients / patient advocacy groups
- Discrepancies resolved by follow-up conferences with regional and country nephrology leaders

Overall survey components





Overall GKHA response



Participated in survey Did not participate in survey



160 countries (88%)
99% world's population
317 individuals (69%) response
3 respondents/country (IQR 2-4)

113 countries participated in both GKHA surveys

Results presented by ISN regions





ISN Region: South Asia





Demographics



Country	World bank ranking	Area (sq km)	Total population (2018)	GDP (PPP) (\$ billion)	Total health expenditures (% of GDP)
Afghanistan	Low income	652,230	34,940,837	69.45	10.2
Bangladesh	Lower middle income	148,460	159,453,001	690.3	2.4
Bhutan	Lower middle income	38,394	766,397	7.205	3.5
India	Lower middle income	3,287,263	1,296,834,042	9474	3.9
Maldives	Upper middle income	298	298 392,473		10.6
Nepal	Low income	147,181	29,717,587	79.19	6.1
Pakistan	Lower middle income	796,095	207,862,518	1061	2.7
Sri Lanka	Upper middle income	65,610	22,576,592	275.8	3.0

' – ' : data not reported/unavailable



CKD and its risk factors burden



Country	CKD Prevalence % (95% CI)	Death attributed to CKD % (95% CI)	DALYS attributed to CKD % (95% CI)	Obesity % (95% CI)	Increased BP % (95% CI)	Smoking % (95% CI)	
Afghanistan	5.01 (4.63 - 5.46)	1.72 (1.52 - 1.97)	1.09 (0.95 - 1.26)	4.5 (2.8 - 6.7)	30.6 (23.6 - 38.3)	13.1 (10.4 - 16.2)	\cup
Bangladesh	7.28 (6.74 - 7.9)	1.89 (1.74 - 2.05)	1.27 (1.15 - 1.39)	3.4 (2.2 - 4.7)	24.7 (19.1 - 30.6)	19.3 (16.8 - 22.0)	Abbreviations:
Bhutan	7.49 (6.93 - 8.06)	3.28 (2.75 - 3.71)	1.95 (1.61 - 2.26)	5.8 (3.8 - 8.2)	28.1 (21.9 - 34.6)	6.6 (5.4 - 8.0)	CKD (Chronic Kidney Disease), DALYS (disability-adjusted life years),
India	8.5 (7.88 - 9.16)	2.26 (2.1 - 2.37)	1.53 (1.41 - 1.63)	3.8 (2.9 - 4.9)	25.8 (21.3 - 30.7)	9.8 (9.4 - 10.3)	BP (blood pressure), Cl (confidence interval)
Maldives	9.34 (8.57 - 10.16)	5.93 (5.45 - 6.41)	2.66 (2.29 - 3.05)	7.9 (5.5 - 10.8)	24.4 (17.9 - 31.5)	-	Data sources:
Nepal	7.48 (6.95 - 8.11)	2.67 (2.25 - 3.04)	1.71 (1.43 - 2)	3.8 (2.6 - 5.2)	29.4 (23.6 - 35.7)	16.7 (13.8 - 19.9)	GBD study database (<u>http://www.healthdata.org/gbd</u>),
Pakistan	7.09 (6.57 - 7.67)	2.6 (2.23 - 2.96)	1.65 (1.42 - 1.93)	7.8 (5.7 - 10.3)	30.5 (24.4 - 37.4)	10.5 (8.9 - 12.2)	WHO data observatory (<u>https://www.who.int/gho/en/</u>)
Sri Lanka	3.24 (2.26 - 4.3)	3.58 (3.27 - 3.9)	2.39 (2.12 - 2.67)	5.4 (3.7 - 7.7)	22.4 (16.5 - 29.3)	10.0 (8.7 - 11.4)	ʻ – ' : data not reported/unavailable



Burden of ESKD



Prevalence of treated ESKD



Treated ESKD: all dialysis + transplant

* pmp (per million population)

Data sources: Abu-Aisha & Elamin (Peritoneal Dialysis International) 2010, Jain et al. (JASN) 2012, Liyanage et al. (The Lancet) 2015, 2017/2018 USRDS Annual Data Report

Country	Treated	I ESKD	Chronic dia	lysis (HD+PD)	Chro	nic HD	Chron	ic PD	
Country	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence	
Afghanistan	-	-	-	-	-	-	-	-	
Bangladesh	51	7	-	113	-	2.	-	1.8	ľ
Bhutan	-	-	-	-	-	-	-	-	
India	-	-	-	49.2	-	18	-	5.8	
Maldives	-	-	-	-	-	-	-	14.4	
Nepal	-	-	-	11.6	-	10.1	-	1.5	
Pakistan	-	- /	-	53.3	-	34.3	-	0.2	
Sri Lanka	-	-	-	-	-	-	-	0.6	





Burden of ESKD (cont'd)



Incidence of kidney transplantation



		Ki	idney transplantatio	on		
Country	Incidence overall	Prevalence overall	Incidence of deceased donor	Incidence of living donor	Incidence of pre- emptive	
Afghanistan	0.18	-	0	0.18	-	
Bangladesh	-	-	-	-	0.	
Bhutan	4.96	-	0	4.96	-	
India	3.51	-	0	3.51	-	
Maldives	-	-	-	-	-	
Nepal	4.75	-	0	4.75	-	
Pakistan	14.08	-	0	14.08	-	
Sri Lanka	0.18	-	0	0.18	-	

* pmp (per million population) Data sources: GODT database (http://www.transplant-observatory.org/data-charts-and-tables/)





Annual cost of kidney replacement therapy components



Country	Hemodialysis	Peritoneal dialysis	Kidney Transplant (First year)	Kidney Transplant (later years)	HD/PD cost ratio	
Afghanistan	-	-	-	-	-	
Bangladesh	5,202	7,219	3,285	-	0.72	*C
Bhutan	-	-	-	-	-	Ał
India	9,849	15,538	9,238	10,367	0.63	HD PD
Maldives	-	-	-	-	-	Da
Nepal	2,727	-	-	-	-	Ab (20
Pakistan	4,873	8,606	-	-	0.57	(20 Na
Sri Lanka	26,242	8,921	-	-	2.94	Sh: vai

Cost is in \$US 2016

Abbreviations:

HD (hemodialysis), PD (peritoneal dialysis)

Data sources:

Abraham et al. (2008), Hirachan et al. (2010), Jeloka et al. (2012), Jindal et al. (2011), Khanna (2009), Li & Chow (2001), Naqvi (2000), Ranasinghe et al. (2011), Shaikh et al. (2018), Suja et al. (2012), van der Tol et al. (2019)

' – ' : data not reported/unavailable





- 7 of 8 countries in South Asia (88%) responded to the 2018 survey
- This represents 99% of the region's population

Country level scorecard



Availability of KRT and CKM Funding for Medications Availability and Distribution of Registry Advocacy Group (PMP) Nephrology (PMP)	
Countries Chronic hemodialysis Chronic hemodialysis Chronic peritoneal dialysis Chronic peritoneal dialysis	30
South Asia	
Afghanistan 2017	
2019 0.14 Yes	
Bangladesh 2017 Bangladesh 2017	
2019 0.88 0.25 No	
Bhutan 2017 2019	
2019 2019 1.30 0.00 N/A India 2017 2010 2010 2010 2010 2010 2010 2010	
2019 1.39 0.15	
Nepal 2017 2018 2018 2018 2018 2018 2018 2018 2018 2019 <t< td=""><td></td></t<>	
2019 KRT: kidney replaceme	
Pakistan 2017 2019 2019 2019 2019 2019 2019 2019 2019	
2019 2019 2019 2019 2019 2019 2019 2019	
Sri Lanka 2017 0.54 ESKD: end stage kidney	disease
2019 2019 RRT: renal replacemen	: therapy
Nephrologists density <1.2 PMP 1.2–10.0 PMP 10.1–22.9 PMP >22.9 PMP	
Nephrology trainees density <0.3 PMP 0.3–1.4 PMP 1.5–3.7 PMP >3.7 PMP	

Funding for non-dialysis CKD





Country	Publicly funded by govt; free at the point of delivery	Publicly funded by govt but with some fees at the point of delivery	Mix of public and private funding systems	Solely private and out- of-pocket	Solely private through health insurance	Multiple systems	Other
Afghanistan				Х			
Bangladesh						Х	
Bhutan	Х						
India						Х	
Nepal			Х				
Pakistan			Х				
Sri Lanka		Х					

X : Yes

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Funding for kidney replacement therapy (KRT)





Country	Publicly funded by govt; free at the point of delivery	Publicly funded by govt but with some fees at the point of delivery	Mix of public and private funding systems	Solely private and out- of-pocket	Solely private through health insurance	Multiple systems	N/A (RRT is not available in my country)	Other	
Afghanistan				Х					{
Bangladesh						Х			ł
Bhutan	Х								
India						Х			
Nepal		х							
Pakistan						Х			
Sri Lanka			x						
X : Yes									

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Providers primarily responsible for ESKD care





Country	Nephrologists	Primary care physicians	Nurse practitioners or specialized nurses	Multidisciplinary teams	Health officers/ extension workers	Other
Afghanistan		Х			/	
Bangladesh	Х					
Bhutan				Х		
India	Х	Х		Х		
Nepal	Х					
Pakistan	Х					Х
Sri Lanka	Х		\frown			

X : Yes

Shortage of ESKD care providers



Country	Nephrologists	Transplant surgeons	Surgeons (HD access)	Surgeons (PD access)	Interventional radiologists (HD access)	Interventional radiologists (PD access)	Laboratory technicians	Dietitians	Radiologists (ultrasound)	Vascular access coordinators	Counsellors/ psychologists	Transplant coordinators	Dialysis nurses	Dialysis technicians
Afghanistan														
Bangladesh														
Bhutan														
India														
Nepal														
Pakistan														
Sri Lanka														
	22)					\bigcirc					2)			
No shortag	ge													
Shortage														



Prevalence of nephrologists and trainees





<1.2 pmp 1.2–10.0 pmp 10.1–22.9 pmp >22.9 pmp Data not reported

Nephrology trainees

<0.3 pmp</p>
0.3–1.4 pmp
1.5–3.7 pmp
>3.7 pmp
Data not reported

Country	Nephrologists PMP	Nephrology trainees PMP
Afghanistan	0.14	J -
Bangladesh	0.88	0.25
Bhutan	1.30	0.00
India	1.39	0.15
Nepal	1.68	0.34
Pakistan	0.63	1.14
Sri Lanka	1.15	0.62

'-': data not reported/unavailable

Capacity for chronic dialysis (HD)



Chronic HD centers



- Chronic HD services are available in all countries of the region
- The South Asia average of HD • treatment centers is 1.39 pmp

Country	Chronic HD Centres PMP
Afghanistan	0.29
Bangladesh	0.63
Bhutan	3.91
India	1.39
Nepal	1.72
Pakistan	0.58
Sri Lanka	1.71

'-': data not reported/unavailable

1.2–4.5 pmp 4.6–9.9 pmp >9.9 pmp Data not reported

Capacity for chronic dialysis (PD)



Chronic PD centers



Chronic PD not provided <a>.0.4 pmp <a>0.4–1.3 pmp <a>1.4–2.5 pmp <a>>2.5 pmp Data not reported

- Chronic PD services are available in
 6 (86%) countries of the region.
- The South Asia average of PD treatment centers is 0.15 pmp.

Country	Chronic PD Centres PMP
Afghanistan	
Bangladesh	0.04
Bhutan	1.30
India	0.23
Nepal	0.17
Pakistan	0.01
Sri Lanka	0.13

' – ' : data not reported/unavailable

Capacity for kidney transplantation



Kidney transplantation centers



 Kidney transplantation services are available in 6 (86%) countries of the region.

The South Asia average of kidney
 transplantation centers is 0.07 pmp.

Country	Kidney Transplantation availability	Transplant centers PMP
Afghanistan	Х	0.06
Bangladesh	х	0.04
Bhutan		-
India	х	0.19
Nepal	х	0.13
Pakistan	х	0.07
Sri Lanka	х	0.51

(-': data not reported/unavailable

X : Yes

Kidney transplantation not provided <0.2 pmp</td>0.2–0.4 pmp0.5–0.7 pmp>0.7 pmp Data not reported

Capacity for kidney transplantation (cont'd)







Availability of services within dialysis care



HD frequency





	a cent	er-based se	ID frequenc rvice that ir veek/3-4x ho	volves trea	tment	(0	ability to d	PD frequence lo adequate 3-4x day cycles on a		'D)
Country	Generally available	Generally not available	Never	Unknown	N/A (dialysis not provided)	(dialysis Generally not Never Unknown (dialysi not available available	N/A (dialysis			
Afghanistan					Х					Х
Bangladesh		Х				Х				
Bhutan		Х					Х			
India	Х					Х				
Nepal	Х					Х				
Pakistan	Х					Х				
Sri Lanka		Х					Х			

X : Yes



Availability of home hemodialysis





			\square							
	Availability of Home hemodialysis									
Country	Generally available	Generally not available	Never	Unknown	N/A (dialysis not provided)					
Afghanistan			Х							
Bangladesh			Х							
Bhutan			Х							
India		Х								
Nepal			Х							
Pakistan			Х							
Sri Lanka		Х								
X : Yes										

Capacity for conservative kidney management (CKM)



Choice–restricted CKM



Chosen or medically advised CKM



	Established choice-restricted conservative care					Established conservative care that is chosen of medically advised				
Country	Generally available	Generally not available	Never	Unknown	N/A (conservative care not available)	Generally available	Generally not available	Never	Unknown	N/A (conservative care not available)
Afghanistan		х					Х			
Bangladesh	х									Х
Bhutan		х					Х			
India	х						Х			
Nepal	Х						Х			
Pakistan	Х									Х
Sri Lanka	Х					Х				

X : Yes





Availability of official registry





Country	CKD	Dialysis	Transplant	AKI					
Afghanistan		х							
Bangladesh			Х						
Bhutan									
India									
Nepal									
Pakistan									
Sri Lanka		Х							
X : Yes		/							

Summary of 2019 GKHA findings



- KRT is highly availability, but limited access and quality
- Conservative kidney management is available, often choice-restricted
- Government funding for kidney care is low
- Few registries across all levels of kidney disease
- Many workforce limitations across all provider types
- Little advocacy for kidney disease in South Asia







- Increase health care financing for ESKD prevention and management
- Address workforce shortages through multidisciplinary teams and telemedicine
- Incorporate the collection and reporting of quality indicators in ESKD care
- Expand health information systems to prevent and manage ESKD
- Promote ESKD prevention and treatment by implementing policies, strategies, and advocacy, and mitigating barriers





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