

## **The Second Global Kidney Health Summit outputs: Developing a strategic plan to increase access to integrated ESKD care worldwide**

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The papers in this edition of *Kidney International Supplements* describe the background, rationale, and action plans for developing a strategic approach to increase the access to integrated end-stage kidney disease (ESKD) care worldwide over the next decade. It is estimated that the number of people dying globally with ESKD for want of kidney replacement therapy (KRT) is up to three times the number who receive it.<sup>1</sup> Kidney transplantation meets only a small fraction of this therapeutic need. Many patients with advanced kidney disease, whether receiving KRT or not, suffer considerably because they have no access to supportive care. Finally, about 188 million people experience catastrophic health expenditure annually as a result of kidney diseases across low and middle-income countries, the greatest of any disease group.<sup>2</sup> The vision of the ISN is to work towards removing inequities so that all patients requiring KRT and/or supportive care have access to affordable integrated ESKD care.

The International Society of Nephrology (ISN) convened the 2<sup>nd</sup> Global Kidney Health Summit in Sharjah, United Arab Emirates, in March 2018. Ninety-two individuals with diverse expertise and professional backgrounds (including administrators, clinicians, clinical and translational researchers, epidemiologists, industry scientists, nurses, nurse practitioners, pediatric nephrologists, an ethicist, a health economist, a patient, and a World Health Organization (WHO) representative) from 41 countries around the globe, met to discuss the challenges involved in improving worldwide access to integrated ESKD care. The primary paper of the Summit was published in *Kidney International* in April 2019.<sup>3</sup> The Summit was supported by unrestricted educational grants from two industry partners and the ISN.

This edition of *Kidney International Supplements* presents a more in-depth description of eight Summit working groups. Pecoits-Filho, Johnson, and colleagues discuss the reasons for global differences in ESKD treatment and outcomes, and present strategies for gathering robust health information to guide resource allocation, service planning, policy development, and outcome monitoring.<sup>4</sup> A survey was conducted by Luyckx and Pecoits-Filho to gather globally representative data on dialysis funding, eligibility, procurement, and monitoring, and assembled 88 clinical protocols.<sup>5</sup> Tonelli, Yang, and

colleagues describe a framework for establishing and developing integrated programs that address all aspects of kidney care, including ESKD;<sup>6</sup> and go on to present a series of 15 case studies documenting context-driven variability in approaches to kidney care while demonstrating the potential advantages of multi-stakeholder engagement.<sup>7</sup> Increasing the number and expertise of trained nurses, technicians, and doctors is needed to tackle the needs for kidney care at all stages from prevention and detection to ESKD care, as shown by Swanepoel, McCulloch, et al.<sup>8</sup> Sola, Levin, and colleagues argue for the importance of robust standards of care, standardized evidence-based guidelines and organized oversight mechanisms to address substantial heterogeneity in practice patterns, standards, and outcomes.<sup>9</sup> Van Biesen, Garcia Garcia, and others examine the prevalent inequities in ESKD treatment provision around the world through an economic lens and discuss the need for focusing on availability, affordability, and acceptability in providing care.<sup>10</sup> Luyckx, Martin, Moosa, et al. discuss ethical dilemmas of ESKD, through the four core ethical principles of harm/benefit balance, social justice, respect of autonomy, and the need for transparency, at the level of individual patients, the community, and policy.<sup>11</sup> With respect to transplantation, O'Connell, Harden, et al. emphasize the crucial role of appropriate legislation, community engagement, and adequate investment, especially in a highly skilled workforce, as the key elements for service development.<sup>12</sup> Finally, Hole, Hemmelgarn, Caskey and colleagues describe the main gaps, opportunities, and challenges in delivering supportive care for patients receiving KRT or conservative treatment.<sup>13</sup>

Each article attempts to include perspectives from around the globe, and to represent the current state of knowledge as well as critically evaluate the gaps and offer concrete suggestions to address those gaps. ISN looks forward to the development of a cohesive strategy for ESKD care over the next year, and its successful implementation over the next decade in partnership with WHO, national and regional societies, patient groups, and all members of the worldwide kidney community.

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