KDIGO Implementation Strategies Conference
Understanding Needs in Low and Middle Income Countries

-- Breakout Group Questions --

1. Developing and Delivering Arguments for Improved Health Policies
Co-Chairs: Allan Collins & Guillermo García García

• How can KDIGO provide local leaders with arguments, supported by KDIGO recommendations, for health policy regulators and payers in order to improve access to better care?

• How can local leaders find and use data from their country to influence policy makers?

• How can CKD be included in a national NCD program?

• How can regional organizations (PAHO, Andean Health Organization, etc) influence national/regional policy makers?

• How do KDIGO recommendations support efforts in prevention, early diagnosis and treatment of kidney disease?

• What is the best method to demonstrate to policy makers that better, earlier care is actually less expensive than unchecked progression to ESKD?

• What are the first steps to recommend in moving a country toward better CKD care?
• How can a local effort be made to assure health policy makers that KDIGO recommendations are valid and represent the best global science?

• What is the role of kidney foundations and patient associations in developing health policies?

• What is the role of national/regional renal registries and professional organizations on the set-up and implementation of renal health policies?

• What tools should KDIGO develop to facilitate successful interaction with health policy makers?

2. Kidney Disease in the Context of Local Health Systems & Disease Burden
   Co-Chairs: Laura Solá & Angela Wang

• What are the basic things KDIGO needs to know in order to understand the needs in LMICs?

• Are there common characteristics of kidney care in countries with high prevalence and few resources?

• What steps would be the most helpful in preventing CKD from overwhelming LIMCs’ health system and budget?

• If ESKD therapy is not available in a country, what type of care would have the greatest benefit to patients and the community?

• How can the burden of kidney disease be assessed by local leaders and used to create a kidney care strategy for an LMIC?
3. Innovations in Health Care Delivery; Manpower Restructuring and Technology
   Co-Chairs: Mustafa Arici & Tazeen Jafar

   • How do manpower and technology issues impact an LMIC’s ability to implement KDIGO recommendations?

   • When a country lacks sufficient nephrologists, how can other health professionals use KDIGO recommendations to provide care?

   • Can modern technology improve the care of patients in LMICs?

   • How can training be improved for nephrologists and other caregivers by using KDIGO recommendations?

   • Will better communication among professionals help improve care?

   • How suitable are KDIGO recommendations for understanding and use by non-physicians?

4. Developing and Implementing Resource Sensitive Guidelines
   Co-Chairs: Brenda Hemmelgarn & Charles Swanepoel

   • What are some effective strategies to facilitate implementation of KDIGO recommendations in countries having limited resources, high demand, and overextended medical caregivers?

   • How do (can) KDIGO recommendations provide guidance when the “next best” treatment course is necessary, rather than following recommendations literally?
• How can KDIGO facilitate adaptation of its recommendations by local experts?

• Can we establish uniform methods to adapt recommendations to facilitate better acceptance and utilization in LMICs?

• Are changes needed in the format, style, dissemination tactics or wording to make recommendations more usable in LMICs?