



Global Action. Local Change.

## **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 LMICs' 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?



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- 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?