



TAKING RECOMMENDATIONS TO HEALTH MINISTERS

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Disclosure of Interests

No relevant disclosures



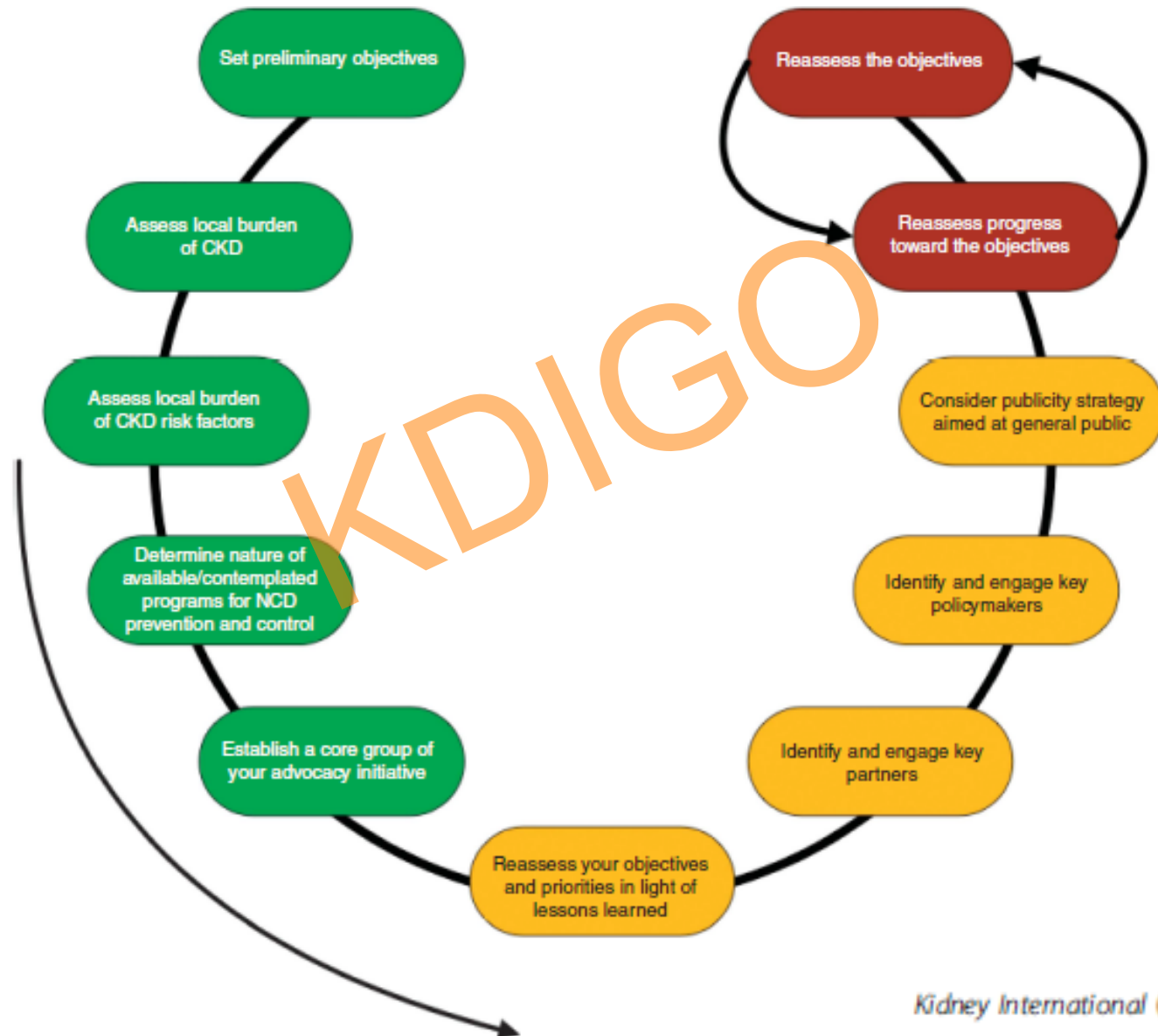
Agenda

✓ **Key principles to advocate for CKD**

- Define problems & solutions
- Some advocacy initiatives and lessons learned

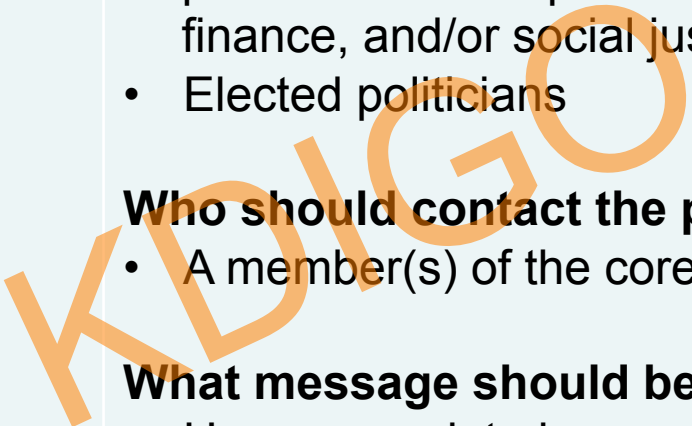


How to advocate for the inclusion of chronic kidney disease in a national noncommunicable chronic disease program



How to Advocate?

Steps	Comments
Identify & engage key policymakers	<p>Who should be contacted?</p> <ul style="list-style-type: none">• National, provincial/state, or regional authorities; public health or epidemiology/surveillance, public finance, and/or social justice/equity authorities• Elected politicians <p>Who should contact the policymaker?</p> <ul style="list-style-type: none">• A member(s) of the core group <p>What message should be delivered?</p> <ul style="list-style-type: none">• Use appropriate language and format• Initially deliver information and then ask for action <p>What material should be presented?</p> <ul style="list-style-type: none">• Briefer documents than traditional scientific formats• Executive summary, appendices with tables and figures, printed PowerPoint presentations• Send written materials in advance



Agenda

- ✓ Key principles to advocate for CKD
- ✓ **Define problems & solutions**
- Some advocacy initiatives and lessons learned



Define Problems & Solutions

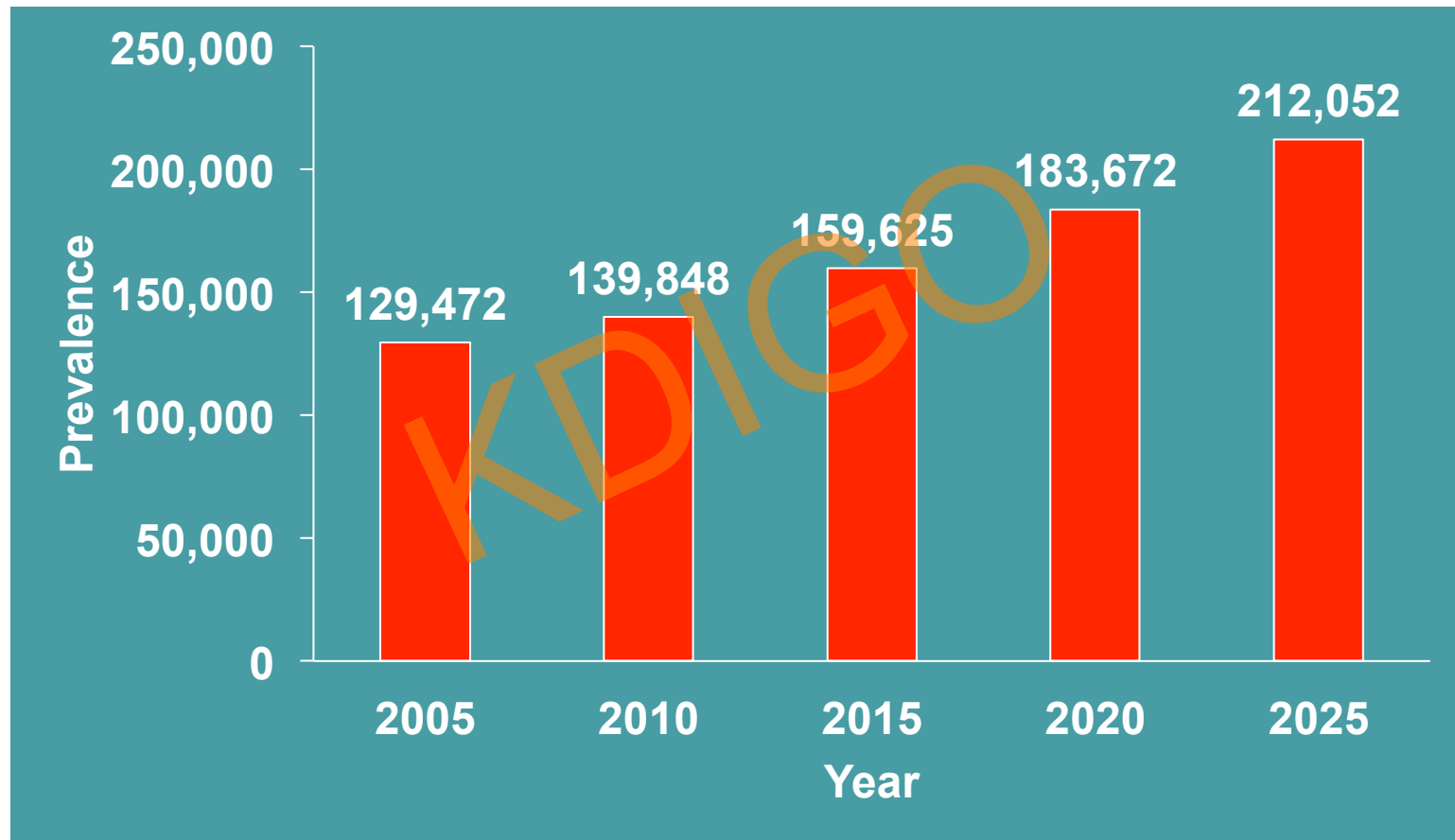
Know the Epidemiology

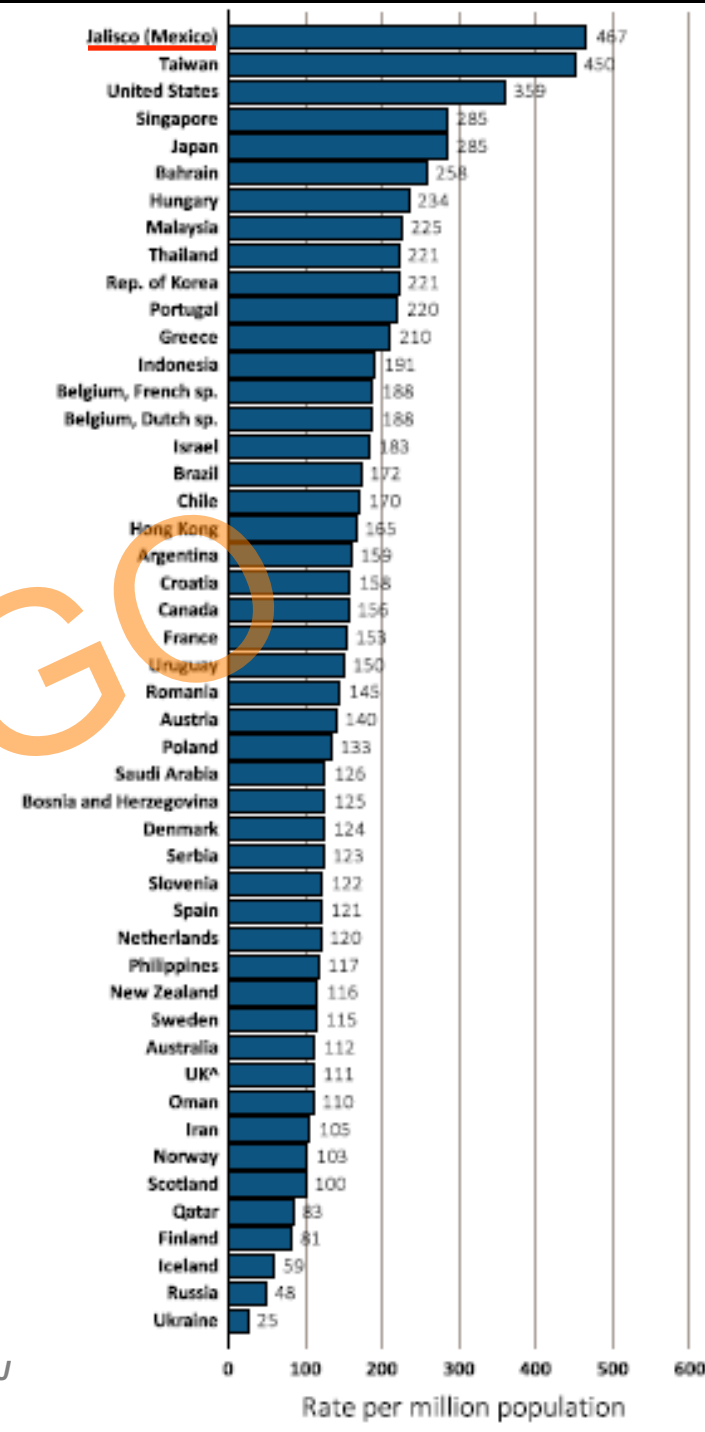
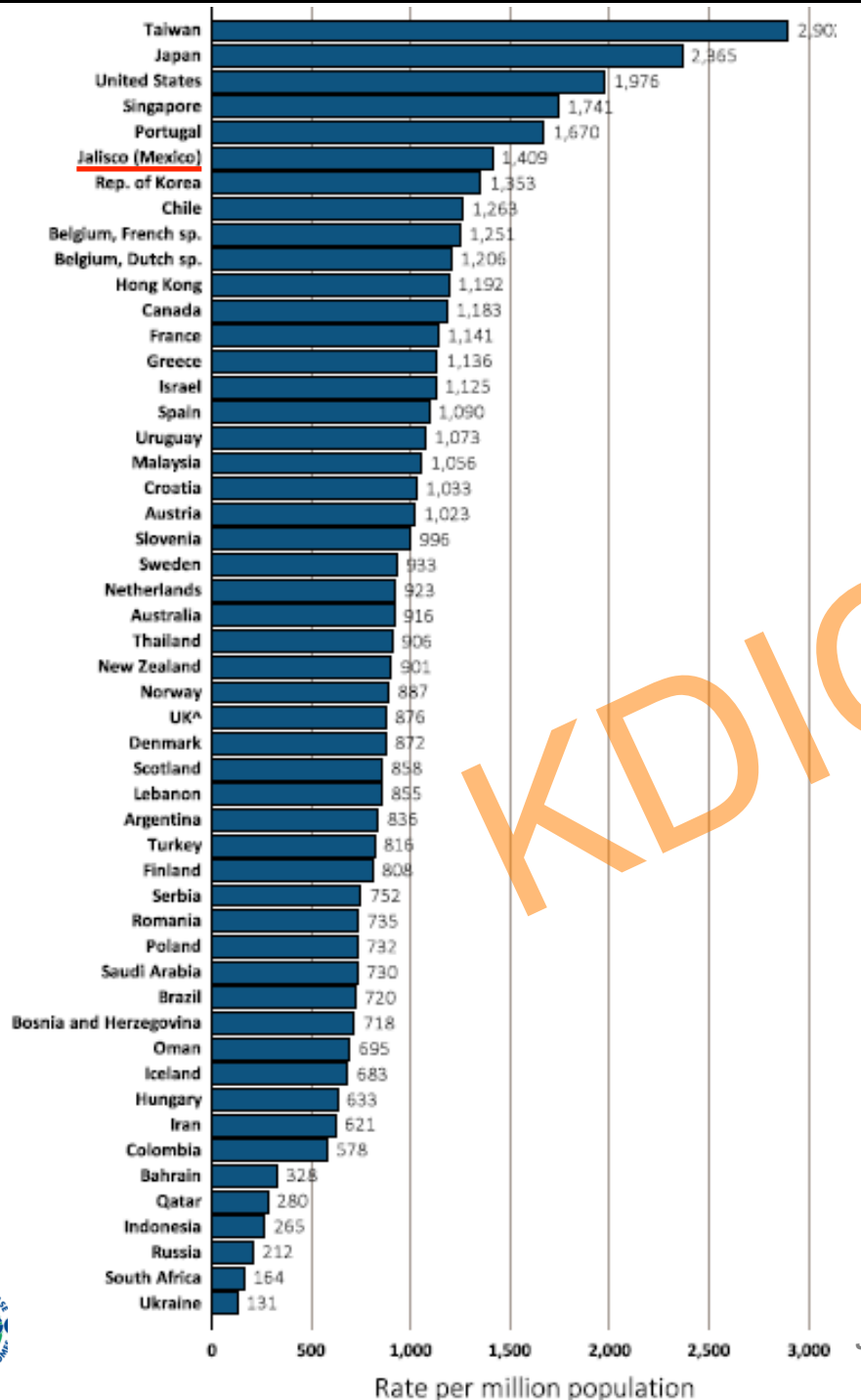
CKD 1	62.5%	626,034	CKD 5D	Year 2005	Cost (USD)
CKD 2	29.0%	289,181	PD	45,639	
CKD 3	8.1%	80,788	HD	19,097	
CKD 4	0.3%	2,855	None	65,006	\$689 m
CKD 5	0.1%	1,142	TOTAL	129,742	



Define Problems & Solutions

ESRD Growth Predictions





Define Problems & Solutions

Kidney Transplants

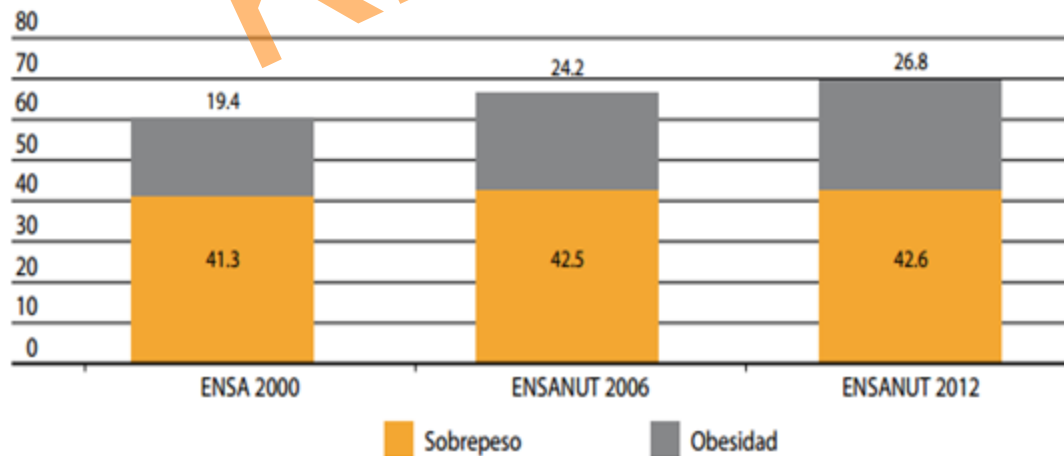
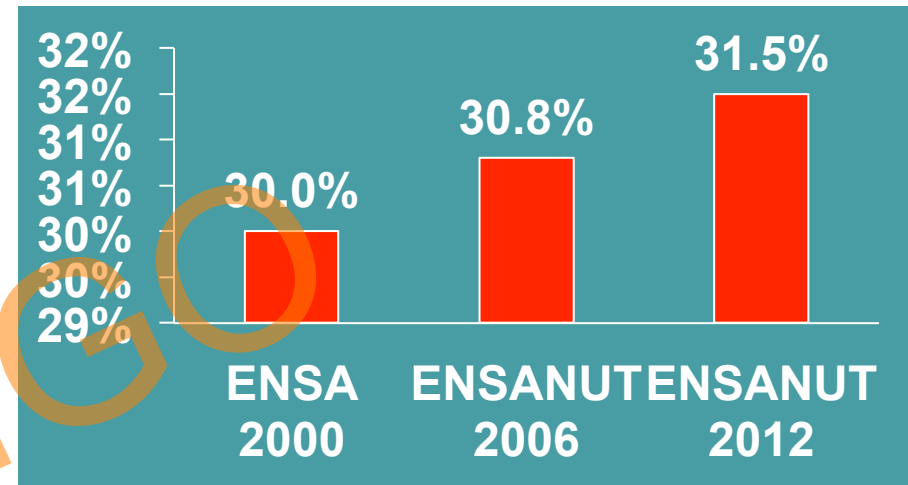
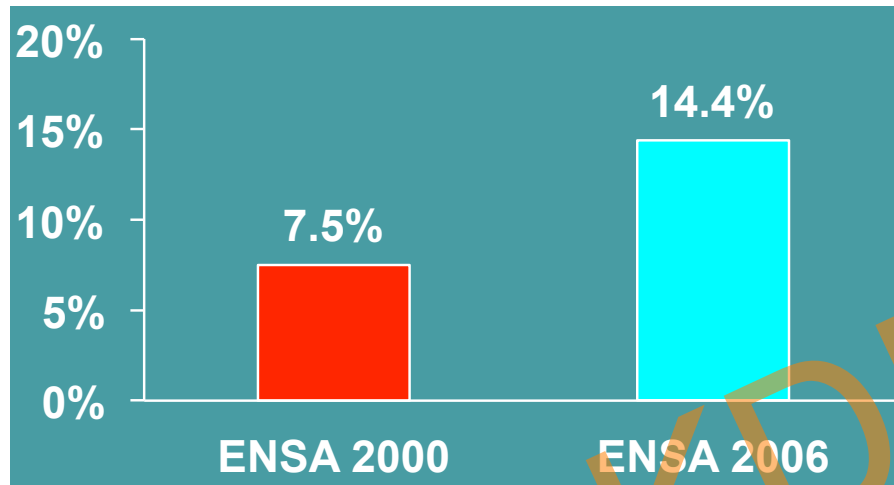


11,912 patients in the waiting list (06/15)



Define Problems & Solutions

CKD Risk Factors (DM, HTN, OW/Obesity)



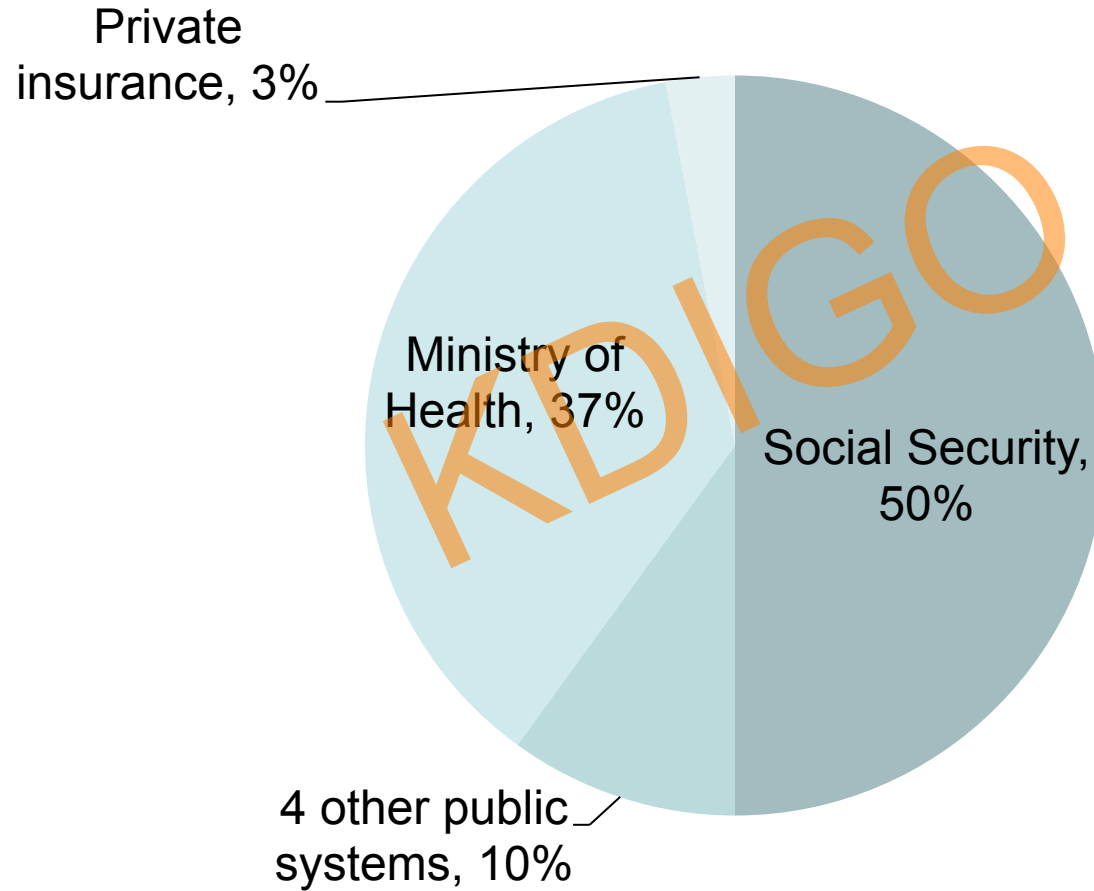
Define Problems & Solutions

Prioritize

Problem	Solution
Late CKD diagnosis and inappropriate management	<ul style="list-style-type: none">• Implement a CKD screening program• CPGs, dissemination and implementation
Lack of a national dialysis registry	<ul style="list-style-type: none">• Start a dialysis registry
Lack of universal RRT access	<ul style="list-style-type: none">• Increase access to dialysis
Insufficient kidney Tx & Tx tourism	<ul style="list-style-type: none">• Promote deceased donation• Implement Istanbul Declaration

Define Problems & Solutions

Know your Healthcare System & Resources



Agenda

- ✓ **Key principles to advocate for CKD**
- ✓ **Define problems & solutions**
- ✓ **Some advocacy initiatives and lessons learned**

Example # 1

Screening for CKD

- **Problem:**

- Government was afraid of finding more CKD patients and overwhelm existing dialysis units by doing CKD screening

Kidney Early Evaluation Program

- KEEP is a free kidney health **screening and educational** program designed to raise **awareness** about kidney disease that was developed by the NKF
- In **2008** KEEP was adapted for use in Mexico by the Mexican Kidney Foundation
- **Pilot** program began in Mexico City and Guadalajara



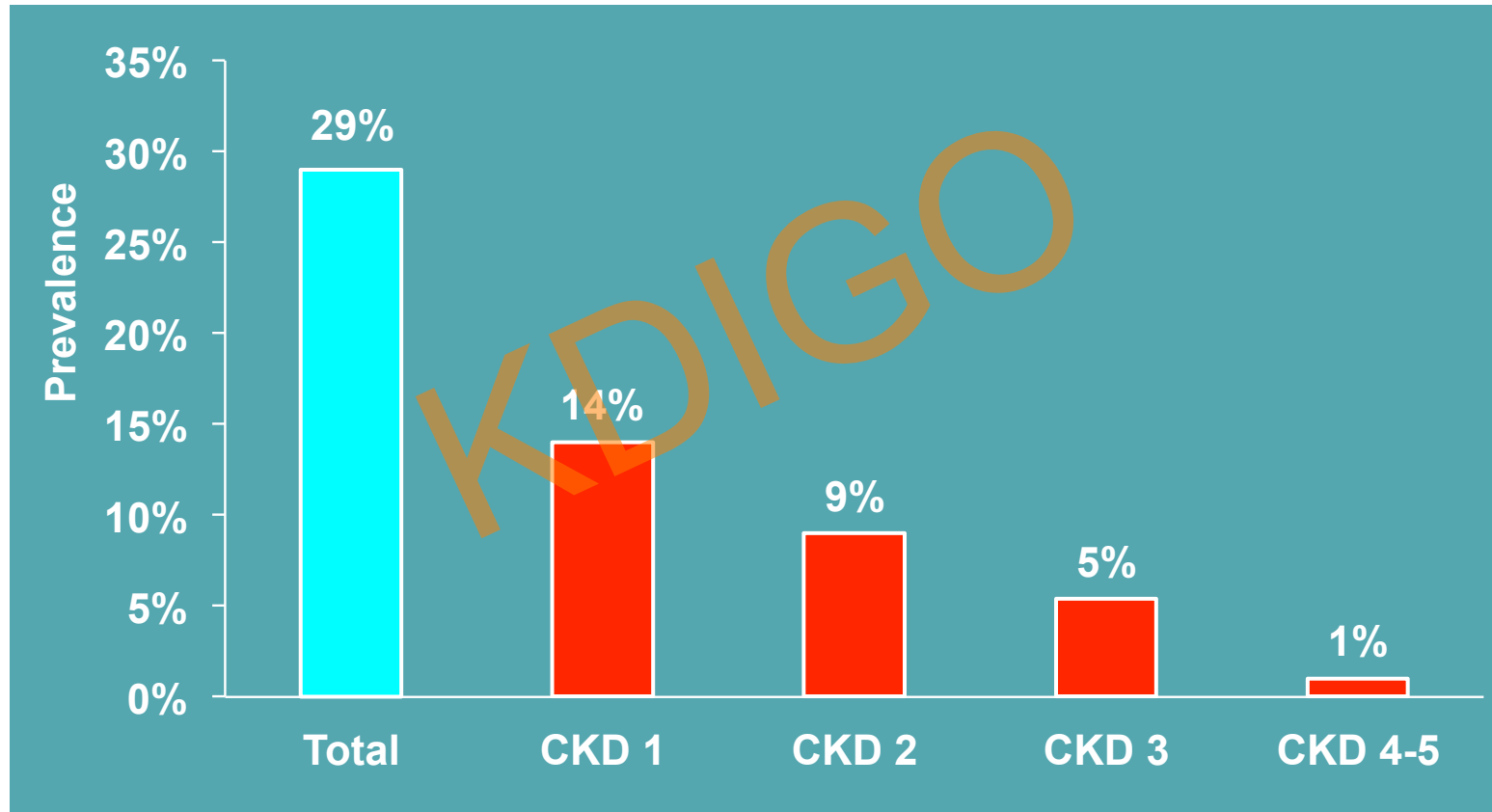
KEEP Jalisco

Mobile Units



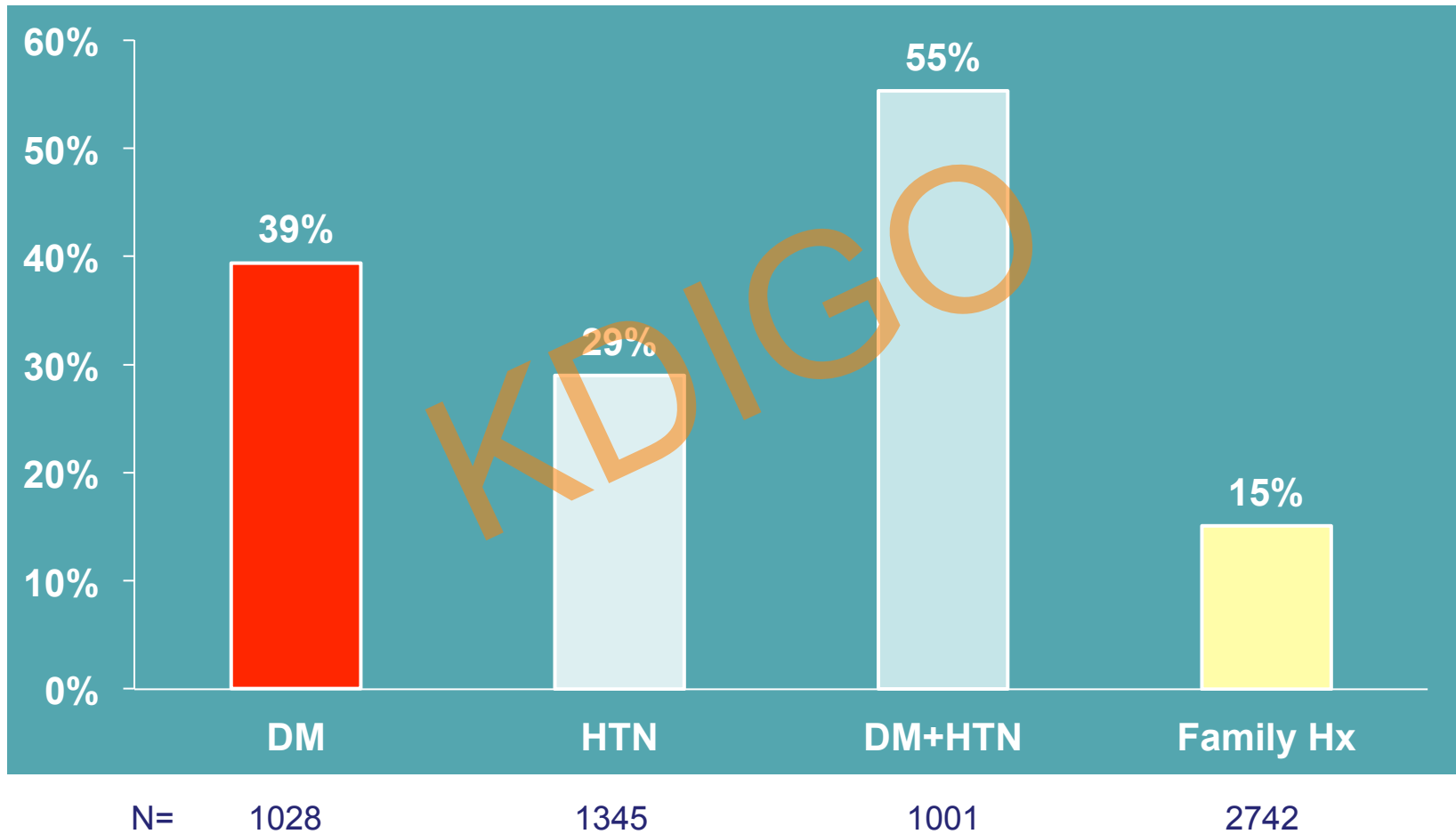
KEEP Results

Possible CKD Prevalence



KEEP Results

CKD Prevalence by Risk Factor



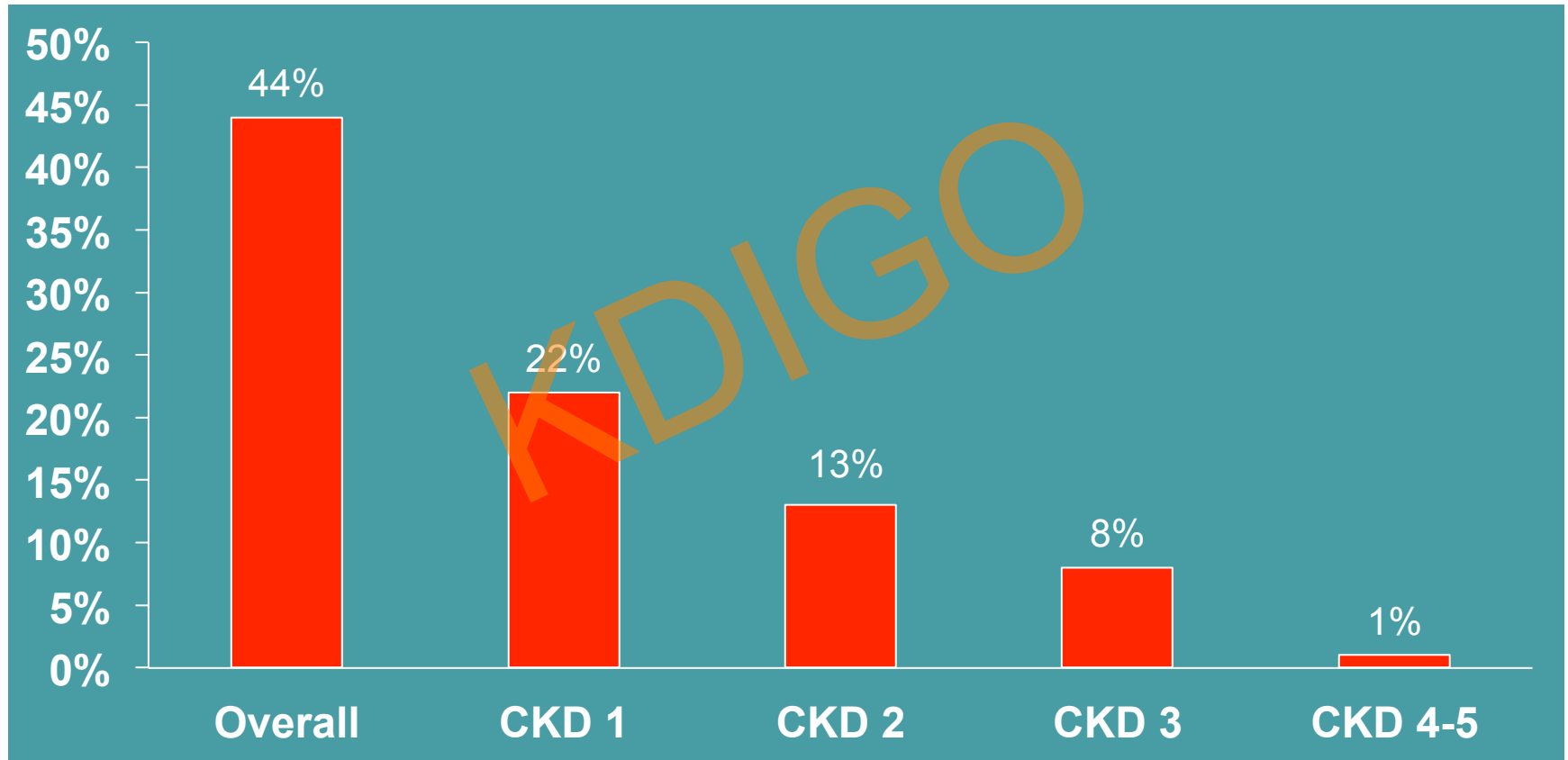
Demonstration Project

Government Support



Demonstration Project

7689 Patients with Diabetes



Lessons Learned

- Power of synergies (NKF, FMR, FHCG)
- Take advantage of existing programs
- Generate and present data to authorities
- Disseminate results



Example # 2

Clinical Practice Guidelines

- **Problems:**
 - Available for specific topics (anemia, CKD-MBD)
 - Country specific (not LA region specific)
- **Solution:**
 - Local adaptation of existing KDIGO guidelines
 - Sponsored by SLANH & FMR

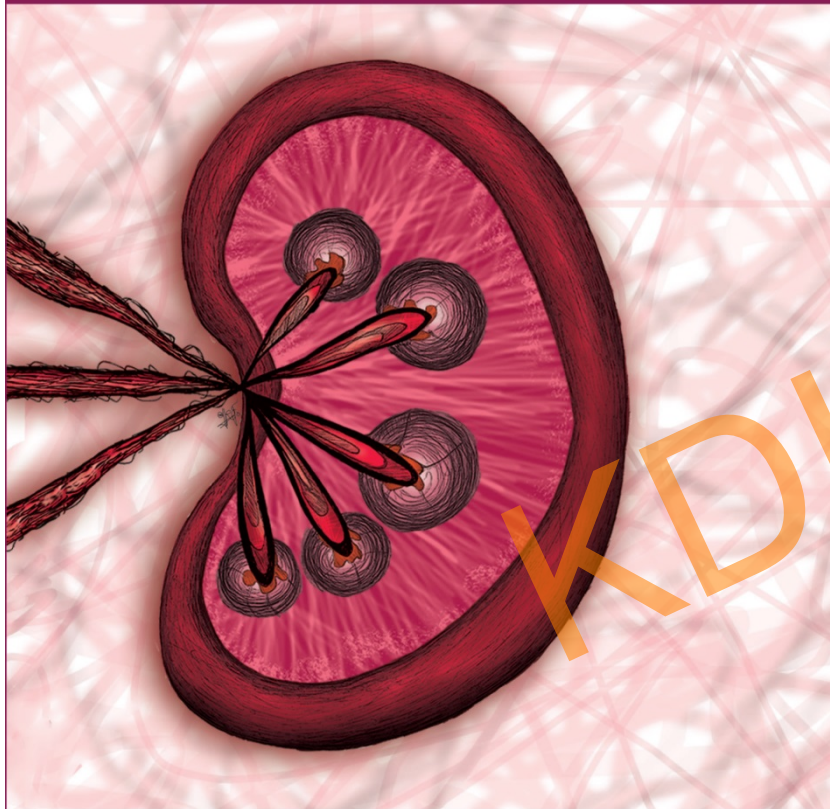


LA CKD 1-5 Guidelines

Working Group



Guías Latinoamericanas de Práctica
Clínica Sobre la Prevención, Diagnóstico
y Tratamiento de los Estadios 1-5 de la
Enfermedad Renal Crónica



KDIGO



Dissemination & Implementation

- Guatemala (Vicente Polo, MD)
 - Adaptation for use by primary care physicians
 - Endorsement by MOH & the Institute of Social Security
- Chile (Jaqueline Perfaur, MD)
 - Endorsement by MOH
- Costa Rica (Manuel Cerdas, MD)
 - Adaptation for use by primary care physicians
- Puerto Rico (Rafael Burgos, MD)
 - Dissemination to physicians of a major insurance company



Lessons Learned

- For some initiatives think at a regional level, not only at a local level

Example # 3

National Dialysis Registry

1st Meeting of the Mexican Registry of Renal Patients
(Ministry of Health, May 26-27, 2000)



Steps for the Dialysis Registry

Year	Action Plan
2001–2006	Included as a priority in the National Health Plan 2001-2006
2007	Obligatory reporting of ESRD on dialysis
2008	Pilot study to be started... but failed
2009-2010	Further attempts to launch the pilot study
2014	Pilot Study in one of the hospitals of the PEMEX Healthcare System
2015	Latest attempt through a concerted effort of CENATRA, FUNSALUD, professional societies, ONGs, and industry



Lessons Learned

- Take advantage of current political climate
- Involve all stakeholders
- Engage the right policymakers
- Be patient



Example # 4

Universal Dialysis Access

- **Problem:**
 - Government states that universal dialysis coverage for Popular Insurance beneficiaries is not feasible because it would consume a disproportionate fraction of the healthcare budget

Colombia's High Cost Account

Situación de la Enfermedad Renal Crónica

En Colombia
2013

CUENTA DE ALTO COSTO
Fondo Colombiano de Enfermedades de Alto Costo

	Colombia	Mexico
Gross domestic product (GDP) per capita (US\$)	\$7304	\$9717
Gross domestic product (GDP) per capita (PPP int. \$)	\$10,208	\$14,684
Total expenditure on health (as % of the GDP)	6.5%	6.0%
General government expenditure (as % of total expenditure on health)	75.2%	50.3%
Private expenditure (as % of total expenditure on health)	24.8%	49.7%
Out-of-pocket expenditure (as % of private expenditure on health)	64%	91.6%
Private prepaid plans (as % of private expenditure on health)	36%	8.4%
Per capita total expenditure on health (at average exchange rate US\$)	\$466	\$609
Per capita total expenditure on health (PPP int. \$)	\$657	\$1004
Per capita total government expenditure on health (US\$)	\$350	\$306
Per capita total government expenditure on health (PPP int. \$)	\$494	\$505



Funding Renal Replacement Therapy in Southeast Asia: Building Public-Private Partnerships in Singapore, Malaysia, Thailand, and Indonesia

*Zaki Morad, MBBS, FRCP (E),¹ Hui Lin Choong, MBBS, MMed (IntMed), FAMS,²
Kriang Tungsanga, MD,³ and Suhardjono, MD, PhD⁴*

CONCLUSIONS

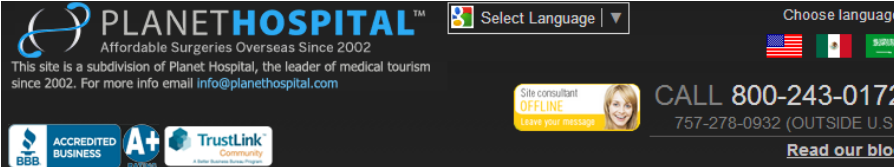
Many countries in Southeast Asia have limited expenditure on health care and thus are unable to provide treatment for many with ESRD. The experiences of 4 Southeast Asia countries—Singapore, Malaysia, Thailand, and Indonesia—have shown that public-private collaboration in funding of RRT may enable more patients to be treated.

Lessons Learned

- Learn from other countries' experiences
- Convey their successes to policymakers

Example # 5

Istanbul Declaration



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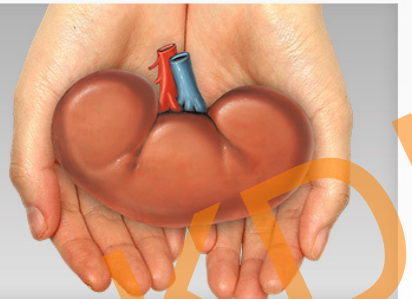
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Focus
Focus

Broadcast Sun 14 Apr 2013, 22:15
Broadcasting KRO
Number of Views 11,803
Genre

For years on a waiting list for a kidney transplant with a big chance you dies, or \$ 25,000 pay someone from Kenya who then donates a kidney to you. Paying for an organ is virtually banned worldwide. Yet kiez and Less —

[kro.nl / focal](http://kro.nl/focal)



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PANORAMA TRANSPLANTATION

Money against kidney - How I bought an organ

The German journalist Willi Germund, 60, suffers from kidney failure. Since the chances of a regular transplantation are bad, he is looking for a donor in exchange for money - and finds him in Africa.

After 30 minutes it was all over. I was taken back to the hotel. Morning arrived in Africa, in the afternoon issued a blood sample, a day later I flew back to Bangkok. Raymond---a few weeks later seen in Mexico, where the transplant takes place. Tuesday morning, eight clock: There is a knock at the door to the hospitalroom. "Listo?", The Mexican nurse asks "Ready?" She does not wait until an answer. The last seconds of my life so far are begun. Raymond is already on the operating table. He has received from the money that I paid a middleman nearly \$ 30,000.

Willi Germund, "Niere gegen Geld. Kidney against money How I mine on the international market an organ bought"; Publisher Rowohlt, Release Date: January 30, 2015

<http://www.welt.de/vermischtes/weltgeschehen/article136879488/Geld-gegen-Niere-Wie-ich-mir-ein-Organ-kaufte.html>



Meeting with the MOH



Lessons Learned

- Partner with international societies (TTS, DICG)
- Changes of health authorities do occur
- Don't give up

Conclusions

- CKD advocacy is a time-consuming and challenging process
- It requires dedication and patience, as well as a very focused and structured strategy and process
- It is key to continue to advocate for inclusion of CKD in national NCD strategies