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

1. Set preliminary objectives
2. Assess local burden of CKD
3. Assess local burden of CKD risk factors
4. Determine nature of available/contemplated programs for NCD prevention and control
5. Establish a core group of your advocacy initiative
6. Reassess your objectives and priorities in light of lessons learned
7. Reassess progress toward the objectives
8. Reassess the objectives
9. Consider publicity strategy aimed at general public
10. Identify and engage key policymakers
11. Identify and engage key partners
# How to Advocate?

<table>
<thead>
<tr>
<th>Steps</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Identify & engage key policymakers | **Who should be contacted?**  
  • National, provincial/state, or regional authorities; public health or epidemiology/surveillance, public finance, and/or social justice/equity authorities  
  • Elected politicians  

  **Who should contact the policymaker?**  
  • A member(s) of the core group  

  **What message should be delivered?**  
  • Use appropriate language and format  
  • Initially deliver information and then ask for action  

  **What material should be presented?**  
  • 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

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# Define Problems & Solutions

## Know the Epidemiology

<table>
<thead>
<tr>
<th>CKD Stage</th>
<th>Percentage</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>CKD 1</td>
<td>62.5%</td>
<td>626,034</td>
</tr>
<tr>
<td>CKD 2</td>
<td>29.0%</td>
<td>289,181</td>
</tr>
<tr>
<td>CKD 3</td>
<td>8.1%</td>
<td>80,788</td>
</tr>
<tr>
<td>CKD 4</td>
<td>0.3%</td>
<td>2,855</td>
</tr>
<tr>
<td>CKD 5</td>
<td>0.1%</td>
<td>1,142</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CKD Stage</th>
<th>Year 2005</th>
<th>Cost (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD</td>
<td>45,639</td>
<td></td>
</tr>
<tr>
<td>HD</td>
<td>19,097</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>65,006</td>
<td>$689 m</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>129,742</strong></td>
<td></td>
</tr>
</tbody>
</table>
Define Problems & Solutions

ESRD Growth Predictions

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>129,472</td>
</tr>
<tr>
<td>2010</td>
<td>139,848</td>
</tr>
<tr>
<td>2015</td>
<td>159,625</td>
</tr>
<tr>
<td>2020</td>
<td>183,672</td>
</tr>
<tr>
<td>2025</td>
<td>212,052</td>
</tr>
</tbody>
</table>
Define Problems & Solutions
Kidney Transplants

11,912 patients in the waiting list (06/15)
Define Problems & Solutions

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

- ENSA 2000: 7.5%
- ENSA 2006: 14.4%

- ENSA 2000: 30.0%
- ENSANUT 2006: 30.8%
- ENSANUT 2012: 31.5%

- ENSA 2000: 42.5%
- ENSANUT 2006: 42.6%
- ENSANUT 2012: 42.6%
## Define Problems & Solutions

**Prioritize**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late CKD diagnosis and inappropriate management</td>
<td>• Implement a CKD screening program</td>
</tr>
<tr>
<td></td>
<td>• CPGs, dissemination and implementation</td>
</tr>
<tr>
<td>Lack of a national dialysis registry</td>
<td>• Start a dialysis registry</td>
</tr>
<tr>
<td>Lack of universal RRT access</td>
<td>• Increase access to dialysis</td>
</tr>
<tr>
<td>Insufficient kidney Tx &amp; Tx tourism</td>
<td>• Promote deceased donation</td>
</tr>
<tr>
<td></td>
<td>• Implement Istanbul Declaration</td>
</tr>
</tbody>
</table>
Define Problems & Solutions

Know your Healthcare System & Resources

- Social Security, 50%
- Ministry of Health, 37%
- 4 other public systems, 10%
- Private insurance, 3%
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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

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Total</th>
<th>CKD 1</th>
<th>CKD 2</th>
<th>CKD 3</th>
<th>CKD 4-5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29%</td>
<td>14%</td>
<td>9%</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>
KEEP Results

CKD Prevalence by Risk Factor

- DM: 39% (N=1028)
- HTN: 29% (N=1345)
- DM+HTN: 55% (N=1001)
- Family Hx: 15% (N=2742)
Demonstration Project

Government Support
Demonstration Project
7689 Patients with Diabetes

Overall: 44%
CKD 1: 22%
CKD 2: 13%
CKD 3: 8%
CKD 4-5: 1%
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
Guías Latinoamericanas de Práctica Clínica Sobre la Prevención, Diagnóstico y Tratamiento de los Estadios 1-5 de la Enfermedad Renal Crónica
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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Colombia</th>
<th>Mexico</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross domestic product (GDP) per capita (US$)</td>
<td>$7304</td>
<td>$9717</td>
</tr>
<tr>
<td>Gross domestic product (GDP) per capita (PPP int. $)</td>
<td>$10,208</td>
<td>$14,684</td>
</tr>
<tr>
<td>Total expenditure on health (as % of the GDP)</td>
<td>6.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>General government expenditure (as % of total expenditure on health)</td>
<td>75.2%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Private expenditure (as % of total expenditure on health)</td>
<td>24.8%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Out-of-pocket expenditure (as % of private expenditure on health)</td>
<td>64%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Private prepaid plans (as % of private expenditure on health)</td>
<td>36%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Per capita total expenditure on health (at average exchange rate US$)</td>
<td>$466</td>
<td>$609</td>
</tr>
<tr>
<td>Per capita total expenditure on health (PPP int. $)</td>
<td>$657</td>
<td>$1004</td>
</tr>
<tr>
<td>Per capita total government expenditure on health (US$)</td>
<td>$350</td>
<td>$306</td>
</tr>
<tr>
<td>Per capita total government expenditure on health (PPP int. $)</td>
<td>$494</td>
<td>$505</td>
</tr>
</tbody>
</table>
Funding Renal Replacement Therapy in Southeast Asia: Building Public-Private Partnerships in Singapore, Malaysia, Thailand, and Indonesia

Zaki Morad, MBBS, FRCP (E), Hui Lin Choong, MBBS, MMed (IntMed), FAMS, Kriang Tungsanga, MD, and Suhardjono, MD, PhD

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

Kidney Transplant surgery in Mexico, India, and Singapore starting at $35,000

Money against kidney - How I bought an organ

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 hospital room. "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 on organ bought"; Publisher Rowohlt, Release Date: January 30, 2015

http://www.welt.de/vermissotes/weitgeschrey/article18587948/Geiorgen-Niere-Wiefhatmir-ein-Orgenkaufte.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