

Chronic kidney disease



In his review article in the March 2015 edition of CME, Prof. A M Meyers refers to chronic kidney disease as 'an important disease group that threatens health'. I fully concur with this observation and wish to go a step further and assert that kidney disease, together with other related non-communicable diseases (NCDs), poses not only a threat to health but also to the overall development of South Africa (SA). It is now almost 4 years since the adoption of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (September 2011), where it was emphatically stated that member States that have signed the Declaration (including SA) 'Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, and threatens the achievement of internationally agreed development goals'.

This means that we have to act decisively to prevent and combat NCDs (including kidney diseases), based on interventions informed by best evidence and cost-effectiveness. We need to do this not just for the sake of better health, which of course as Minister of Health is fundamental to me, but because if we do not act against NCDs we will also be increasing individual and household impoverishment and hindering social and economic development.

In the SA Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2013 - 2017, kidney disease is specifically included as an additional priority to what are often referred to as the 'main' NCDs, i.e. cardiovascular diseases, diabetes, chronic respiratory diseases and cancer. This is in recognition and acknowledgement that kidney disease is a major health burden in SA, leading to very significant morbidity and mortality, significant interrelationships between other NCDs and kidney disease, and the fact that risk factors are common. Although comprehensive studies on national prevalence of kidney disease are still lacking, statistics presented in the March and April articles in CME are certainly a compelling call to action. It is clear that end-stage kidney disease is to a large extent driven by hypertension and diabetes, which are rising in incidence as globalisation and industrialisation increase. Many NCDs occur much earlier in local populations than in highly developed countries and mortality is much higher in low- and middle-income countries. Nearly 30% of NCD-related deaths in low-income countries occur in people <60 years of age, whereas in high-income countries the proportion is only 13%.

SA is committed to providing universal health coverage and we will support the inclusion of this goal when the United Nations meet later this year to decide on the post-Millennium Development Goals – now usually referred to as the Sustainable Development Goals for 2030. To achieve this objective, we know that we must keep our population healthy, diagnose potential health problems as early as possible and ensure cost containment and cost-effectiveness in all health services. We must also provide care based on evidence of good practice and healthcare must be provided by sufficient, skilled and well-trained practitioners at each level of the health system.

We must also reach towards achieving equity in healthcare so that socioeconomic status does not determine whether a person receives care or the type of care. These principles are particularly important with regard to kidney disease.

In the first instance all concerned, including government and non-state actors, must put more effort into prevention. Some progress is being made, but much more is needed. Sodium is one of the key risk factors for kidney disease and from 2016 food manufacturers will have to comply with regulatory targets, which will have to be further reduced to meet 2019 targets, when a Department of Health strategy to reduce obesity will be finalised and implemented. We realise though that combating obesity cannot be achieved through interventions from the Department of Health alone, and that other sectors such as Agriculture, Trade and Industry, Basic Education, and Sport and Recreation Communications will need to contribute, as will industry, non-governmental organisations and healthcare practitioners.

Guidelines on screening and treatment of kidney disease such as those contained in these editions of CME are most welcome as we move towards affordable and ethical care and treatment of kidney disease and end-stage kidney failure. I am personally facilitating consultations between the Department of Health and major stakeholders in kidney disease to ensure that all of us improve our preventive efforts, care and treatment interventions so that we have the best possible interventions that SA can afford. I do this in the knowledge that better health is essential for our growth and development as a country.

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