

Guatemala's resolution on kidney health: a historic opportunity

Although much remains to be done, tremendous progress has been made on the prevention and control of chronic non-communicable diseases (NCDs), with slow but steady health gains achieved for millions of people.^{1,2} However, in contrast to the progress made with other NCDs, the burden of chronic kidney disease continues to grow. Kidney disease affects more than 850 million people worldwide,³ with its prevalence increasing in parallel with that of diabetes, hypertension, obesity, and cardiovascular disease. In addition to its direct effects on health, kidney disease dramatically increases the risks associated with other chronic NCDs. Kidney disease can affect anyone but has the most visible effects on people living in low-income and middle-income countries (LMICs),⁴ where kidney replacement therapy (ie, dialysis and kidney transplantation) is often unavailable or unaffordable. As a result, in LMICs, millions of people die each year because of untreated kidney failure⁵ and countless others are impoverished by costs related to kidney replacement therapy, with dialysis accounting for a growing proportion of the health budget in many countries. Although cheap and effective drugs can prevent or delay kidney failure, they are often inaccessible to those who need them, as are simple tests to identify those at risk.

A recent statement from three major international kidney societies called for kidney disease to be recognised as a major driver of NCD-related mortality.⁴ Accordingly, it is truly exciting that the WHO Executive Board has recommended that the 78th World Health Assembly, taking place from May 19 to 27, 2025, adopt a resolution on promoting kidney health and strengthening the prevention and control of kidney disease.⁶ The resolution was proposed

by Guatemala (spearheaded by the remarkable leadership of the federal Minister of Health, Dr Joaquin Barnoya) and sponsored by Thailand, with co-sponsorship from 18 other countries. It calls for UN member states to recognise kidney disease as a priority NCD, along with cardiovascular diseases, diabetes, cancer, respiratory disease, and mental illness. The resolution asks member states to emphasise early detection and treatment (using WHO best buy medications⁷), integrate kidney management into primary care, coordinate with other NCD treatment programmes, and promote education and public awareness. Appropriate emphasis is placed on the systematic measurement of the burden of kidney disease and its consequences, as well as progress towards the resolution's goals.

Consistent with international recommendations,⁸ the resolution stresses the need to prioritise prevention, favour kidney transplantation over dialysis, and to offer conservative kidney care for people who prefer not to (or who cannot afford to) receive dialysis—recognising that although urgent action is required everywhere, the starting point and rate of progress will vary between countries (appendix). Crucially, the resolution does not imply new vertical programmes but, rather, will support the cost-efficient and evidence-based prevention, detection, and management of a common condition that often coexists with other major NCDs.

Our current knowledge of how to identify people at risk, efficiently detect those who are most likely to progress, and integrate kidney care into primary care settings means that we have reached a particularly opportune moment for global action on kidney disease. Even more exciting is the recognition that newer medications, such as SGLT2-inhibitors, GLP1 receptor agonists, and mineralocorticoid receptor antagonists, can be deployed at scale, together with angiotensin

receptor blockers⁹—raising the realistic possibility of preventing progressive kidney disease and cardiovascular events in hundreds of millions of people while averting unnecessary expenditures on kidney replacement therapy. The case for action is strengthened by the threat that kidney disease poses to people in LMICs, where kidney replacement therapy is inaccessible to most and prevention is paramount.

Dr Richard Horton, Editor-in-Chief of *The Lancet*, once referred to kidney disease as “the neglected of the neglected”. We call on all 193 UN Member States to bring about positive change by voting to adopt Guatemala's resolution on kidney health at the 78th World Health Assembly in May, 2025.

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See Online for appendix

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Reducing the burden of chronic kidney disease in the world

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For the first time ever, Guatemala is calling for the 78th World Health Assembly, taking place from May 19 to 27, 2025, to adopt a resolution that reduces the burden of non-communicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease.¹

Kidney disease is a major global public health issue affecting around one in ten people worldwide.² Chronic kidney disease (CKD) is increasingly recognised as a substantial contributor to health-care costs and, particularly in low-income countries, is the leading cause of catastrophic health expenditure as kidney care is infrequently included under universal health coverage packages. CKD is among the fastest-growing causes of death globally and is projected to become the fifth leading cause of years of life lost by 2040 if current trends continue.³ Access to diagnosis and care for kidney disease

is highly inequitable across the globe, with dialysis, for example, being widely accessible in high-income countries for decades but not yet accessible to most who need it in low-income countries and small island states.⁴

Guatemala, with a population of 18 million people, is located in the largest hotspot of CKD not related to traditional causes (eg, diabetes and hypertension), which affects many young agricultural workers in Central America, who are dying due to an absence of early diagnosis and access to affordable and quality care. CKD is the fourth leading cause of death in Guatemala, which is the fourth country in the American continent with the most deaths due to CKD and the third with years of life lost due to CKD.³ CKD will become the leading cause of years of life lost in Central America by 2040, highlighting the disproportionately high burden in the region.⁵

A focused WHO resolution on CKD is unprecedented. CKD sits at the intersection between non-communicable diseases, infectious diseases, and maternal and child health, with social and structural determinants of health strongly affecting its risk. With strong public health programmes, CKD is preventable and can be effectively treated with simple medication if diagnosed early. People with kidney disease are among the most at risk during humanitarian emergencies.⁶

The proposed resolution emphasises kidney health promotion, preventive measures, and access to cost-effective care, especially in low-income countries and small island states. The resolution's objectives are to raise awareness of the important burden of kidney disease and its effect on health and wellbeing, promote preventive action, and ensure equitable access to care for all people with CKD everywhere. The resolution aims to support WHO Member States to strengthen national health policies, integrate CKD prevention and management into primary health-care systems, and address social determinants of kidney health to

reduce the disease's effects, especially in at-risk populations. Emphasising the urgency of prioritising kidney health in the global public health agenda is an important milestone towards health equity globally.

We declare no competing interests.

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The regulatory rollercoaster continues—EMA refuses donanemab

In 2024, the European Medicines Agency (EMA) approved lecanemab for the treatment of early Alzheimer's disease in patients without contraindications or risk factors for side-effects. This approval followed a nearly 2-year review process that involved multiple rounds of evaluation, initial rejections, formal appeals, and ultimately a reversal of the initially negative decision. In February, 2025, the Committee for