



27 August 2014

Question to be addressed to the Commissioner-designate for Health:

Nearly 1 in 10 Europeans suffers from Chronic Kidney Disease (CKD). The large number of people affected by CKD is of great concern, first because many will progress to end stage renal disease (ESRD), which is not only a personal and economic tragedy for those affected, but its treatment either with dialysis or kidney transplantation consumes disproportionate amounts of healthcare resources in the EU. It has been calculated that dialysis treatment alone accounts for 2% of national healthcare budgets and **this figure is set to double in the next 5 years with CKD on the rapid increase alongside the growing prevalence of diabetes, hypertension and cardiovascular disease in Europe.**

Currently, access to therapy, and their reimbursement are vastly different from one Member State to the next. This creates disparities for patients, differences in socio-economic burden, discrepancies in hospitalisation and survival rates, the possibility to continue employment and in the financial burden to families.

Policies aimed at preventing kidney disease can improve the health of Europeans and also increase the health of public finances by decreasing health care costs and increasing productivity of Europeans. Prevention measures-both primary and secondary - will help to defend our fragile economy against the forecasted escalation of health care costs associated with CKD.

Will the Commissioner designate commit to implementing kidney health promotion measures which are both socially and fiscally prudent to Europe?

On behalf of the European Kidney Health Alliance,

Professor Emeritus Norbert Lameire, Chairman