



Commissioner John Dalli  
European Commissioner for Health & Consumer Policy  
European Commission  
B - 1049 Brussels

July 16, 2012  
Letter to EC Health Commissioner Mr John Dalli,

Dear Commissioner Dalli,

On behalf of the European Kidney Health Alliance (EKHA) we recently read with great interest – but admittedly with some disappointment – your reply to written question E-003921/2012 by Sergio Paolo Francesco Silvestris (PPE) on the subject of **Chronic Kidney Failure**. You stated that the Commission has ‘no information related to the number of people affected by this condition’.

EKHA, which is an alliance of non-profit organisations representing all European stakeholders in kidney health issues including patients, nephrologists, researchers and health care workers, would be pleased to guide you through the existing evidence which is substantial, as well as keeping you abreast of new data as it emerges.

Regarding the prevalence of Chronic Kidney Disease in Europe, may we respectfully draw your attention to the European Renal Association/European Dialysis and Transplant Association (ERA/EDTA) Registry on End-Stage Renal Disease <http://www.era-edta-reg.org/index.jsp?p=1> as well as several prominent European studies on Chronic Kidney Disease in EU populations (PREVEND <http://www.prevend.org/>, HUNT, UK, Iceland, Italy, etc. See [http://ndt.oxfordjournals.org/content/16/6/1120.abstract?ijkey=5832f54c28d10b56b1b13632a48aea528e557c65&keytype2=tf\\_ipsecsha](http://ndt.oxfordjournals.org/content/16/6/1120.abstract?ijkey=5832f54c28d10b56b1b13632a48aea528e557c65&keytype2=tf_ipsecsha) ).

These references will give you a comprehensive view of the alarming prevalence of Chronic Kidney Disease in Europe. But for ease of use, may we offer the current accepted statistics:

**Chronic Kidney Disease (CKD) affects at least 8 to 10% of the European population** (CKD stages 3-5). The large number of people affected by CKD is of great concern, first because some will progress to end stage renal disease (ESRD), which is not only a personal and economic tragedy for those affected, but its treatment with either dialysis and kidney transplantation consumes disproportionate amounts of healthcare resources in the EU.

It has been calculated that **dialysis treatments alone account for 2% of national healthcare budgets and this figure is set to double in the next 5 years**. Moreover, the costs involved with kidney disease are over four times what could be expected from the number of patients affected, due to the high incidence of associated cardiovascular disease as well as associated anaemia, phosphate retention, hyperparathyroidism, electrolyte and acid-base disturbances, etc.

It is now well accepted that if CKD is detected in the early stages (before stage 3), applying life style and diet changes, and correct treatment of hypertension and eventual diabetes , not only can **dramatically reduce the speed of progression of CKD to the stage of irreversible ESRD**,

**but also reduce the risk of the very often associated cardiovascular events.**

In most cases, early detection – by simple means of an inexpensive urine test to check the presence of proteinuria-- could prevent a cardiovascular event, as well as the overall disease progression.

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 the ageing population , and rising tide of overnutrition- and inactivity-related chronic disease.

In short, kidney health promotion measures are both socially and fiscally prudent to Europe.

Dear Commissioner Dalli, may we ask you to use the available data and we happily offer our expertise on kidney disease morbidity and mortality and the risks, quality of care, medical procedures and costs associated with the management of CKD and/or ESRD , to ultimately help inform the direction of future public health programmes and chronic disease strategies in the EU.

We look forward to continuing this dialogue with you, and will seek every opportunity to support your work in this important sector for the benefit of all Europeans.

Respectfully submitted, on behalf of all EKHA members,

Chairman of EKHA



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