

World Kidney Day 2026

Safe Hearts, Safe Kidneys: Elevating Kidney Health on the EU Agenda

European Parliament, 3 March 2026

Summary Report



Safe Hearts, Safe Kidneys: Elevating Kidney Health on the EU Agenda

TUESDAY 3 MARCH

🕒 16:00-18:00 📍 European Parliament, room Spinelli A3F383

The event will be followed by a networking reception



Summary

Hosted by MEP Michalis Hadjipantela at the European Parliament in Brussels, the **Safe Kidneys, Safe Hearts** event on 3 March 2026 brought together policymakers, clinicians and patient advocates to highlight the central role of cardio-renal-metabolic (CRM) health in Europe's chronic disease agenda and to launch the drive for a European Parliament Resolution on Kidney Health.

Speakers stressed the strong links between kidney disease and cardiovascular disease, diabetes, obesity and hypertension, underscoring the need to integrate kidney health into the EU's emerging cardiovascular policy framework, including the EU's Safe Hearts Plan. Discussions highlighted that chronic kidney disease (CKD) is highly prevalent yet largely underdiagnosed, with 80-90% of patients unaware they have the condition despite the availability of simple, low-cost screening tools such as albuminuria testing. Participants emphasised that earlier detection and coordinated prevention could significantly reduce cardiovascular complications, improve patient outcomes and generate substantial health system savings.

The event also exposed persistent structural gaps across European health systems, including fragmented care pathways, inconsistent screening and reimbursement practices, and gaping inequalities in access to quality care for kidney failure, reflecting limited policy prioritisation.

Participants called for stronger EU-wide action, including better integration of kidney health within the **Safe Hearts Plan, joint screening programmes** for cardiovascular, metabolic and kidney diseases, and **follow-up to the 2024 European Council Conclusions on organ donation and transplantation**. They also called for the **meaningful inclusion of patient voices** in policy design to ensure kidney health is addressed across the full continuum of care - from prevention and early detection to treatment and long-term management. Building on this momentum, participants encouraged the European Parliament's adoption of a **Resolution on Kidney Health**.



Key Takeaways

1. **Kidney Health is no longer a niche issue, but it is central to EU's chronic disease agenda:** the event made clear that kidney disease cannot remain on the margin of EU health policy. It sits at the heart of the cardio-renal-metabolic (CRM) triangle, deeply interconnected with cardiovascular disease, diabetes, obesity, and hypertension. With CKD projected to become the 5th leading cause of death globally, the political message must be strong: it is not a partisan issue, it is a patient issue.
2. **Early detection is the biggest missed opportunity in EU health systems:** Up to 80-90% of people with CKD are unaware they have it. Yet kidney disease is largely preventable and treatable when detected early. Simple and low-cost tools such as albuminuria testing exist and are available. The economic argument is equally important: €45 saved for every €1 invested, and billions in avoided cardiovascular hospitalisations. The problem is not the lack of tools, but the lack of systematic implementation, reimbursement consistency, and awareness.
3. **Fragmented care is failing patients:** From a patient perspective, kidney disease exposes one of the most urgent systemic weaknesses: siloed care. Patients move between cardiologists, endocrinologists, nephrologists, and primary care physicians often without coordination. Polypharmacy, duplicate prescriptions, and conflicting advice are common. Kidney and heart diseases worsen each other, so integrated cardio-renal-metabolic pathways are a clinical necessity. Shared electronic health records, joint clinics, medication reconciliation and structured patient education should become standard practice.
4. **The momentum for kidney is building but implementation is the real test:** Between the WHO Kidney Health Resolution, the Safe Hearts amendments, and growing political recognition, kidney health is gaining visibility. However, visibility must translate into concrete policy levers including:
 - a. Stronger and explicit integration of kidney health within the Safe Hearts Plan
 - b. A dedicated EU Parliament resolution on kidney health to formally recognise its burden
 - c. Update of the 1st EU action plan on organ donation and transplantation, including support for living donors
 - d. Joint screening programs for CKD, CVD and diabetes across Member States
 - e. National CKD strategies and harmonised standards to reduce inequalities in access and reimbursement
 - f. Real inclusion of patient voices in policy design.

Opening remarks

MEP Michalis Hadjipantela (EPP, Cyprus)

MEP Hadjipantela opened the event by recalling his experience as Cyprus' former Minister of Health and emphasised the importance of resilient and equitable health systems across the EU. He underlined that kidney disease remains insufficiently prioritised in European health policy despite its strong links with cardiovascular disease and hypertension.

He stressed that kidney health must be better reflected within the Safe Hearts Plan, particularly through stronger prevention and screening measures. Kidney health, he noted, is not a partisan issue, but a patient issue.

Within the Safe Hearts Plan, MEP Hadjipantela, together with other MEPs, have introduced amendments to strengthen the focus on kidney health and promote prevention and screening.



Cardio-Kidney-metabolic Disease: The triangle we can no longer ignore

Valerie Luyckx - EKHA co-President

Dr Luyckx presented the growing burden of cardio-renal-metabolic (CRM) diseases and the close interconnection between kidney disease, cardiovascular disease, diabetes and obesity. She highlighted that CKD is projected to become the 5th leading cause of death globally and remains largely underdiagnosed, with 80-90% of patients unaware they have the condition. Currently CRM accounts for 38% of global deaths and contribute to 51% of all non-communicable diseases (NCDs).

Early detection, she stressed, is both feasible and cost-effective. Simple tests such as albuminuria screening can significantly reduce cardiovascular complications and healthcare costs when implemented systematically. For every €1 invested, the estimated return is approximately €45. Over a 20-year period, investment in early detection could generate around €6.3 billion (AUD 10.2 billion) in savings by reducing cardiovascular-related hospitalisations and lowering health system costs associated with kidney failure.

Key policy actions proposed:

- Strengthen public health measures to reduce risk factors
- Foster multisectoral collaboration
- Include kidney health in cardiovascular checks



- Integrate CRM disorders into health systems
- Promote equity
- Base policies and interventions on data and evidence
- Adopt a long-term strategic approach

Spotlight on Early Detection & Albuminuria

Dr Draško Pavlović - Croatian Society of Nephrology, Dialysis and Transplantation

Dr Pavlović emphasised the importance of albuminuria testing as a gold standard for early detection of kidney damage. While inexpensive and widely available, such testing is inconsistently reimbursed across Member States, limiting systematic screening.

He highlighted barriers including low awareness among both the public and healthcare professionals, as well as fragmented implementation of national screening programmes. National initiatives in Croatia demonstrate that digital tools, guidelines and targeted awareness campaigns can improve early detection and coordination of care.



PANEL DISCUSSION: from safe hearts to safe kidneys - exploring policy pathways to elevate kidney health in EU policy

Prof Michel Jadoul - EKHA co-President

Prof. Jadoul presented work from the European Alliance for Cardiovascular Health (EACH)'s task force involving multiple European associations (ESC, EAS, EHN, and EKHA, among others) aiming to define a standardised cardiovascular-renal-metabolic health check.

He described a shared approach that would include a combination of risk assessment (such as age, family history, menopause status, and mental health) together with measurements like blood pressure, lipid profile, BMI/obesity markers, and albuminuria. The age-based screening proposal: at least one CRM health check for individuals under 35, systematic CRM checks for adults aged 35–65 every five years, and for older adults every three to five years, complemented by opportunistic screening in primary care whenever patients come into contact with the health system.



Emily Petrides - European Kidney Patient Federation Vice President and Patient Representative, Cyprus

Ms Petrides spoke as a patient representative and shared her family's experience with chronic kidney disease, including her kidney transplant at 35 and her current situation awaiting a liver transplant. She described kidneys as "priority organs" because when they fail, multiple systems are affected and kidney disease is rarely isolated from other conditions.

She stressed the need for integrated care pathways, medication reconciliation, mental health support and improved coordination between providers. She called for stronger inclusion of patient voices in policy design and greater attention to inequalities in access to screening, treatment and transplantation across Europe.

Patients also face a wider burden beyond the clinical aspects of the disease, including financial strain, strict and complex dietary requirements, transport difficulties, disruption to employment, depression, and feelings of blame or stigma. She stressed that mental health support remains insufficient and is too rarely integrated into routine kidney care.



MEP Tomislav Sokol - EPP, Croatia

MEP Sokol addressed how difficult it can be to push health coordination at EU level because health is primarily a national competence. He argued that the Safe Hearts Plan could have been stronger, noting that budget negotiations remain challenging and that health does not have fixed funding allocations in the Multiannual Financial Framework. Nonetheless, overall, it is an encouraging step forward.

MEP Sokol also explained that kidney health is included in the EP report on cardiovascular health, but a kidney-only resolution would be politically harder. Nonetheless, he committed to supporting efforts and building backing across political groups, while noting that although reimbursement decisions are national, the Parliament can push for guidelines, programmes, and recommendations that can shape national action.



Policy Priorities

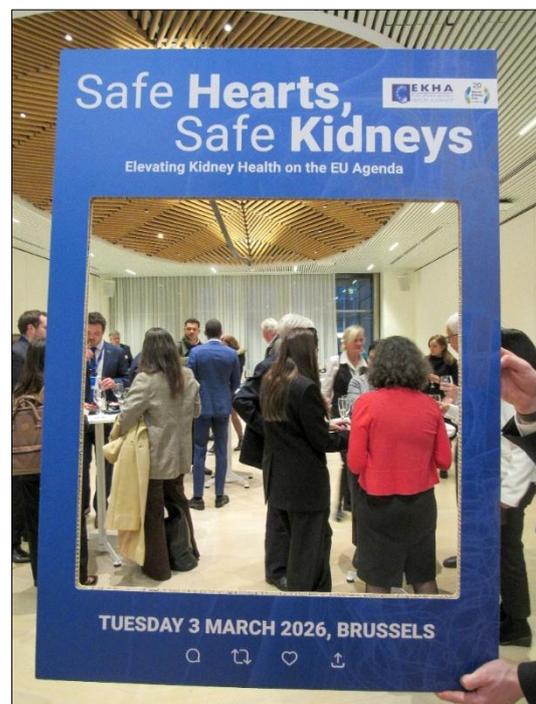
- Discussions throughout the event highlighted several key priorities:
- Stronger integration of kidney health within the Safe Hearts Plan
- Development of a European Parliament Resolution on Kidney Health
- Joint screening programmes for cardiovascular, metabolic and kidney diseases
- Harmonised standards and improved reimbursement for early detection tools
- Follow-up to the 2024 Council Conclusions on organ donation and transplantation
- Systematic inclusion of patient perspectives in policy development

Speakers also noted that while health competence primarily remains national, EU-level guidance, coordination and political leadership can play a crucial role in driving implementation.

Concluding Remarks

Emily Petrides concluded that CKD multiplies vulnerability because patients are forced to integrate fragmented care themselves. She argued that integrated care pathways are a clinical priority and should be supported through measures such as shared electronic records, joint cardio-renal-metabolic clinics, medication reconciliation at every transition, early patient education, and training for healthcare professionals including pharmacists and dietitians.

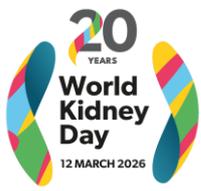
On the policy level, she called on EU policymakers to support further awareness of the kidney-heart connection in the Safe Heart Plan, including in the upcoming Council recommendation on cardio-renal-metabolic health checks and upcoming work on the EU Resolution on Kidney Health. She emphasised that these initiatives must be implemented meaningfully across all EU27 countries, not remain symbolic.



MEP Hadjipantela closed by urging stakeholders to "connect the dots" between heart and kidney health and said he had heard the requests clearly. He expressed commitment to supporting efforts that improve treatment and solutions for kidney patients as soon as possible.

Participants

We would like to extend our sincere thanks to all participants and contributors to the event. The meeting brought together representatives from the European Commission, the European Parliament, Permanent Representations to the EU, patient advocates, disease-specific organisations, industry stakeholders, and other key partners.



Event support

Our grateful thanks to the supports of this event, who are also members of the European Kidney Health Alliance.



ANNEX 1

SPEAKER BIOS - World Kidney Day “Safe Hearts, Safe Kidneys: Elevating Kidney Health on the EU Agenda”



Tamsin Rose (Moderator)

Tamsin Rose is a Brussels-based facilitator, moderator, trainer and independent consultant with extensive experience in European policy, public health and communications. A former radio journalist and communications expert, Tamsin has moderated high-level international events, bringing diverse voices together to foster understanding and actionable insight. She has served as Secretary-General of the European Public Health Alliance and is a Senior Fellow at Friends of Europe and the Africa Europe Foundation. Tamsin holds a BA in International History and Politics from the University of Leeds.



MEP Michalis Hadjipantela (EPP, Cyprus)

Michalis Hadjipantela is a Cypriot Member of the European Parliament (MEP) for the European People’s Party (EPP). He is a member of the Committee on Public Health (SANT) and the Committee on Economic and Monetary Affairs (ECON), among others. He served as Cypriot Minister of Health between 2021 and 2026 and brings extensive experience in healthcare reform and public health policy to his parliamentary work. As Minister of Health, he focused on improving access to healthcare services and strengthening national public health systems. Today, advancing health policy at the European level remains central to his mandate, with a particular focus on the prevention and management of non-communicable diseases (NCDs).



Dr. Valerie Luyckx (EKHA Co-President, Nephrologist, University Children’s Hospital, Zurich, Switzerland, in addition to Public and Global Health)

Dr. Valerie Luyckx is a physician-scientist specialist in nephrology and global public health. She trained in Internal Medicine at the University of Miami and in Nephrology at Harvard Medical School. She works at the Department of Public and Global Health at the University of Zurich and holds affiliate positions at the Renal Division of Brigham and Women’s Hospital, Harvard Medical School, and at the University of Cape Town. Her research focuses on justice, ethics and resource allocation in the prevention and management of kidney disease, particularly in resource-limited settings. An active global advocate for kidney health, she promotes equity, local expertise and fair priority setting to improve access to quality kidney care across the life course. She is currently serving as Co-President of the European Kidney Health Alliance (EKHA)



Dr. Draško Pavlović (Croatian Society of Nephrology, Dialysis and Transplantation)

Dr. Draško Pavlović is a nephrologist with extensive experience in clinical practice, research and international professional leadership. Professor Pavlović has authored more than 200 scientific and professional publications and has actively contributed to over 50 national and international symposia and congresses. He has served on the Board of Directors of the International Society for Hemodialysis and as a member of the Ethics Committee of the European Renal Association (ERA). His main clinical and research interests include chronic kidney disease, renal replacement therapies, disorders of mineral metabolism and arterial hypertension.



MEP Tomislav Sokol (EPP, Croatia)

MEP Tomislav Sokol is a Croatian Member of the European Parliament for the European People's Party (EPP) and a leading voice on EU public health policy. A lawyer by training, he holds a PhD from KU Leuven (2014), where he specialised in EU cross-border healthcare and its impact on national health systems. Before joining the European Parliament in 2019, he served as Assistant Minister in the Ministry of Science and Education and as a Member of the Croatian Parliament. He is currently the EPP Coordinator in the Committee on Public Health (SANT), a member of the Committee on the Internal Market and Consumer Protection (IMCO), and a substitute member of the ENVI and AFCO committees. He is the European Parliament's rapporteur for the European Health Data Space (EHDS) and EPP Group rapporteur on the reform of EU pharmaceutical legislation. He has published over 20 scientific papers and one book on EU law and teaches at the Catholic University of Croatia and the Zagreb School of Economics and Management.



Emily Petrides (EKPF Vice President and Patient Representative, Cyprus)

Emily Petrides is Vice-President and patient representative of the European Kidney Patients' Federation (EKPF) and a dedicated advocate for people living with chronic kidney disease (CKD) across Europe. Drawing from her personal journey with kidney disease, she brings a powerful and authentic patient perspective to European health discussions. As a patient advocate, Ms. Petrides highlights the urgent challenges facing kidney patients: the growing burden of CKD in Europe, limited access to transplantation, hospital capacity constraints, and the need for innovation in dialysis care. She strongly advocates for better prevention, improved treatments, and patient-centred policies to ensure equitable access to quality kidney care across Europe.



Prof. Michel Jadoul (EKHA, Co-President)

Prof. Michel Jadoul is currently serving as Co-President of the European Kidney Health Alliance (EKHA), where he works to advance kidney health policy and improve access to high-quality care across Europe. He has been the Head of the Division of Nephrology at Cliniques Universitaires Saint-Luc in Brussels and is just Emeritus Professor of Medicine at the Université catholique de Louvain. He has dedicated his career to the care of patients with chronic kidney disease (CKD) and those on haemodialysis. His clinical activities have triggered many research projects, published in international scientific journals. Prof. Jadoul has served as cochair (2019-2025) of KDIGO (that publishes the Global Guidelines in nephrology) and as Council member of the European Renal Association (ERA).
