European Kidney Forum 2026

KIDNEY HEALTH DISPARITIES

ADDRESSING THE GENDER GAP

European Parliament, 13 October 2026

Summary Report



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Summary

On 13 October 2026, the European Kidney Health Alliance (EKHA), together with its co-hosts MEP Romana Jerković (S&D, Croatia) and MEP Michalis Hadjipantela (EPP, Cyprus), held the 2026 European Kidney Forum at the European Parliament.

This year's Forum, *"Kidney Health Disparities: Addressing the Gender Gap,"* brought together representatives from the European Commission, Members of the European Parliament, healthcare professionals, patient advocates and caregivers. Discussions focused on the persistent gender disparities in kidney health and on the need to strengthen prevention and early diagnosis, improve care pathways, and ensure equitable access to treatment for women and men.

Speakers discussed gender and sex differences in kidney care, the greater burden of caregiving and organ donation on women as well as challenges in access to transplantation such as increased sensitization following pregnancy. They also explored how the EU Safe Hearts Plan could improve kidney health by promoting screening and early diagnosis, particularly among women, and tackling missed opportunities for detection at key life stages, such as adolescence, pregnancy and menopause. Discussions also highlighted the importance of integrating kidney screening with

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screening for cardiovascular disease, diabetes and other metabolic disorders. The role of the European Health Data Space (EHDS), the EU gender equality strategy and the proposed revision of the EU clinical trial revision under the EU Biotech Act was also discussed, with a focus on improving women's representation in research and clinical trials to improve care and reduce inequalities. The event also focused on the need for stronger support for patients and caregivers, adequate EU funding and closer cooperation between Member States.

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Opening remarks

MEP Romana Jerković (S&D, HR)



MEP Jerković called for chronic kidney disease (CKD) to receive greater attention on the EU public health agenda, highlighting both its significant burden and the persistent gender inequalities in diagnosis, treatment and access to transplantation. She stressed that these disparities are also matters of equal opportunities and fundamental rights. Drawing on her role as rapporteur on the European Parliament's strategy on cardiovascular diseases, MEP Jerković emphasised the strong link between kidney and cardiovascular health. She called for more integrated approaches to chronic disease prevention and care that recognise gender-specific risks, needs and outcomes.

The EU can make a difference by supporting research, innovation, cooperation between Member States and better use of health data. Access to timely diagnosis and quality care should not be determined by gender, socioeconomic background, or origin. Finally, she stressed the importance of patient-centred policymaking and welcomed the contribution of patients and caregivers to the discussion.

MEP Hilde Vautmans (Renew, BE)



MEP Hilde Vautmans highlighted the scale and often silent nature of CKDs, which affect more than 85 million Europeans and is frequently diagnosed too late.[1] Drawing on her personal experience of losing a family member after three kidney transplants, she underlined the significant emotional impact of kidney disease on both patients and their families. She also highlighted persistent gender inequalities in kidney care. Women face greater barriers to timely diagnosis and treatment, while men receive around 30% more kidney transplants globally.[2] At the same time, women are more likely to become living donors and take on caregiving responsibilities, often at the expense of their own health. MEP Vautmans stressed that healthcare should be seen as an investment rather than a cost, particularly

[1] De Sequera P, Martínez-Sesmero JM, Romo I, et al. Unmet needs in the management of CKD-associated pruritus. *J Clin Med*. 2025;14(2):624. https://pmc.ncbi.nlm.nih.gov/articles/PMC11766129/

[2] Gohar EY, Oh ES, Ahmed SB, et al. Women's kidney health in focus. *Circulation*. 2026;154(16). https://pubmed.ncbi.nlm.nih.gov/42751780/

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when it comes to prevention, early diagnosis, research and innovation. She recalled a visit to a hospital in Congo where, due to a lack of resources, a young patient could not access life-saving dialysis. Access to treatment should not depend on where someone is born.

As Chair of the MEP Group for Kidney Health, she reaffirmed her commitment to improving prevention, early diagnosis, organ donation and equitable access to care, also beyond Europe. She also called for patients' and healthcare professionals' voices to guide policymaking.

Olivér Várhelyi, European Commissioner for Health and Animal Welfare

In a video message, Commissioner for Health and Food Safety, Oliver Várhelyi highlighted the close links between kidney health, cardiovascular health, diabetes and obesity. He stressed the need to address gender inequalities in health risks, access to care and outcomes.



He pointed to the EU Safe Hearts Plan as a key initiative to strengthen prevention and early detection, including for CKD. In this context, he referred to the Commission's recent proposal for a Council Recommendation on cardiovascular health checks. It calls for accessible and inclusive national screening programmes, covering blood pressure, blood sugar, cholesterol and kidney function. Particular attention is given to vulnerable and high-risk groups.

Commissioner Várhelyi also highlighted the need to better address women's health, noting that women can be underdiagnosed, undertreated and underrepresented in clinical research. To help address these disparities, the Commission is developing an EU cardiovascular health inequalities dashboard and supporting further research through Horizon Europe.

He further referred to the Cardiovascular Disease Research and Innovation Roadmap, which aims to strengthen the translation of research into practice, including through more personalised and digital approaches to prevention, early detection and screening.

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Session 1:
Voices of lived experience

Susana Carvajal, President of the European Federation of Patient Associations with Rare Kidney Disease – FEDERG



Drawing on her experience as the mother of a child who developed kidney failure at the age of 14, Ms Carvajal reflected on the often-overlooked burden carried by families and caregivers. Rare kidney diseases can progress silently while placing significant emotional, practical and financial pressure on families. Beyond medical treatment, caregivers are often responsible for managing medication, appointments, coordination between specialists and the uncertainty surrounding disease, progression, frequently without

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sufficient psychological support or age-appropriate treatment options.

She stressed that women continue to carry a disproportionate share of caregiving responsibilities, with consequences for their careers, income, health and wellbeing. Women living with kidney disease may also face specific challenges related to body image, mental health, sexuality, fertility, pregnancy and independence. She therefore called for more integrated, gender-responsive care that addresses both the clinical and psychosocial needs of patients and their families. Ms. Carvajal also highlighted the Rare Kidney Disease Barometer as a valuable tool for policymakers which captures the broader impact of rare kidney diseases on quality of life, education, employment, financial security and caregivers' wellbeing. She concluded by identifying three priorities: (1) Earlier identification and prevention; (2) Integrated and gender-responsive care; (3) Meaningful involvement of patients, families and caregivers in decision-making. Above all, she stressed the need to make the often-invisible burden of care more visible, particularly its disproportionate impact on women.

Amanda Harvey Dehaye, EKHA General Manager



Ms Harvey Dehaye shared her personal experience as a living kidney donor to her son, who developed kidney failure at the age of 18. She highlighted the disproportionate role women often play as both caregivers and organ donors, giving not only their time and emotional support, but also, in some cases part of their own bodies.

She stressed that while transplantation can be life-changing, it does not necessarily bring an end to the uncertainty associated with kidney disease. Five years after the procedure, her son's transplant is still functioning, but the family continues to face uncertainty about its eventual failure and the possibility of further dialysis or transplantation.

Echoing Ms Carvajal, she also drew attention to the long-term psychological impact of kidney disease on both patients and families, including concerns around education, employment, independence and future care. Reflecting on early symptoms that had not initially been recognised, she called for stronger early detection and timely treatment. Finally, she stressed the importance of recognising and addressing the long-term emotional and practical burden carried by caregivers and families throughout the kidney disease journey.

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Session 2:
From gaps to action: policy priorities for gender equity and kidney health

Tomislav Sokol, Member of the European Parliament (EPP, HR)



MEP Sokol highlighted the potential of the European Health Data Space (EHDS) to help address gender inequalities in kidney health. He pointed to two key opportunities: improving access to electronic health records across Member States to support continuity of care and enabling the secondary use of health data for research and policymaking. More representative and comparable datasets, he noted, could help identify disparities in diagnosis, treatment and outcomes between different population groups, including women.

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He expressed support for an opt-out approach to the secondary use of health data, aiming to strike a balance between ensuring sufficient data availability for research and protecting patients' rights and privacy. He stressed that the successful implementation of the EHDS will depend on sustained investment in digital infrastructure, interoperability and appropriate training and information for both healthcare professionals and patients.

MEP Sokol also raised concerns about the absence of dedicated health funding in the Commission's proposal for the next EU budget, highlighting the European Parliament's efforts to secure adequate resources for health priorities, including the implementation of the EHDS. Finally, he referred to the ongoing revision of the EU clinical trials regulation, which aims to reduce administrative burdens and broaden participation across Member States and population groups, highlighting an important advocacy opportunity to improve women's representation in clinical trials

Dr Georgina Piccoli, Head of Nephrology, Le Mans Hospital



Dr Piccoli identified four key challenges in kidney care: missed opportunities affecting both women and men, the complexity of gender-related differences, delayed referral to nephrology services, and the need to strengthen and rethink the nephrology workforce.

She stressed that kidney health begins before birth. Children born small for gestational age tend to have smaller kidneys and face a substantially higher risk of developing early hypertension or kidney disease. Despite these risks, long-term follow-up remains limited, with fewer than one in four children born weighing less than 1.5 kg continue to receive follow-up at the age of five[3], with even lower rates among socioeconomically disadvantaged groups.

Adolescence represents another critical point for continuity of care, yet fewer than half of major European centres provide structured transition services. Pregnancy also offers an important opportunity for earlier identification of kidney risk. Hypertensive disorders affect up to 10% of pregnancies and can be associated with an increased risk of kidney disease later in life.[3] Dr Piccoli therefore called for stronger screening and follow-up before and/or during pregnancy. She also highlighted gaps in systematic kidney assessment among young men with early hypertension.

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[3] *Piccoli GB, Torreggiani M, Schwotzer N, et al. Kidney health outcomes of hypertensive disorders of pregnancy. Nat Rev Nephrol. 2025;21:671–686.* https://www.nature.com/articles/s41581-025-00977-8

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Turning to specialist care, Dr Piccoli noted that current referral practices often result in patients reaching nephrology services too late, when kidney disease has already progressed significantly. Delayed referral to nephrology remains a challenge, with some patients reaching specialist care only at an advanced stage of kidney disease.

Finally, she called for further research into sex and gender differences, stronger follow-up for disadvantaged populations, and better integration between research and clinical practice. She also underlined the need to strengthen the nephrology workforce, noting that personalised and multidisciplinary care requires more time, capacity and resources than standard treatment approaches.

Emmanuelle Pros Dawson, patient representative



Ms. Pros Dawson shared her experience of living with a rare hereditary kidney disease linked to the UMOD gene. Her mother and aunt carry the same mutation but experienced much slower disease progression, illustrating how differently the same condition can affect individuals within a family. She reflected on the possible impact of her four pregnancies on the deterioration of her kidney function, particularly as her kidney health was not closely monitored at the time. She now manages peritoneal dialysis at home, which allows her to maintain a greater degree of independence and continue with her daily activities.

Ms. Pros Dawson was placed on the transplant waiting list shortly after her kidney function declined. However, very high antibody have made it particularly difficult to identify a compatible donor. She noted that advances in research and emerging treatments may help reduce antibody levels and improve transplantation prospects for highly sensitised patients. At the same time, she highlighted the significant barriers that remain in accessing innovative treatments. She called for easier and more equitable access to new therapies, alongside continued investment in clinical research to expand future treatment options for people living with rare kidney diseases.

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Prof. Michel Jadoul, EKHA Co-President



Prof. Jadoul highlighted that kidney disease can often be detected before a measurable decline in kidney filtration function through albuminuria testing, which is a simple, inexpensive and non-invasive method for identifying early kidney damage. It also serves value a marker of potential cardiovascular disease.

He welcomed the inclusion of kidney health testing in the Commission's proposed cardiovascular health checks, reflecting a long-standing EKHA advocacy priority. He described this as an important step towards a more integrated approach to cardio-renal-metabolic prevention.

Prof. Jadoul stressed that the next priority is effective implementation by Member States. Early detection, he noted, must be accompanied by clear pathways for follow-up, specialist referral and treatment to ensure that screening leads to meaningful improvements in patient outcomes. He also highlighted the importance of paying particular attention to women with pregnancy-related or metabolic risk factors, who may face an increased risk of future kidney and cardiovascular disease.

Frederico Guanais, Deputy Head, Health Division, OECD Directorate for Employment, Labour and Social Affairs



Mr Guanais outlined the OECD's work on gender inequalities in healthcare, including its cooperation with the European Commission on cardiovascular health and the monitoring of health inequalities. He acknowledged that kidney health has so far received comparatively limited attention within this work and referred to a forthcoming OECD report examining why men tend to die younger while women spend more years living in poor health.

He highlighted differences in how women and men engage with healthcare systems. Men tend to have less contact with health services during early and middle adulthood, while women generally interact with

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healthcare more frequently but may still experience gaps in the quality and timeliness of care.

Drawing on preliminary findings from the OECD's PaRIS survey, covering around 100,000 patients across 19 countries, Mr Guanais noted that 80% of respondents aged 45 and over reported at least one chronic condition, while 27% reported three or more. Within the survey, 3% of women reported a diagnosis of chronic kidney disease, compared with 4% of men. As population studies suggest that CKD is more prevalent among women, he noted that this discrepancy may point to underdiagnosis among women.

He also highlighted the intersection between kidney disease and mental health, noting that mental health conditions were reported by around one in four women with kidney disease, compared with one in seven men. These inequalities can be further compounded by socioeconomic factors such as income and education.

Mr Guanais concluded by identifying several priorities for health systems: improving the availability of data disaggregated by sex and socioeconomic status; strengthening early detection and primary care; recognising the gendered burden of caregiving; and adopting more holistic approaches for people living with multiple chronic conditions.

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Audience Q&A

A representative of the Spanish National Research Council called for greater research attention to kidney fibrosis and metabolic factors. He noted that fibrosis is a common feature of chronic kidney disease and highlighted the need for more effective, non-invasive monitoring tools, comparable to those already available in other disease areas such as liver disease. He also stressed the importance of better understanding the role of metabolism in kidney health, particularly in relation to sex- and gender-specific differences across the life course, including pregnancy and the premenopausal period.

Prof. Michel Jadoul agreed that fibrosis requires further innovation and research, including fundamental, translational and clinical research. He noted its relevance across multiple organs, including the kidneys, heart and liver.

Dr. Piccoli emphasised that early detection must be matched by adequate treatment capacity. Nephrology services often lack the resources to manage patients at earlier stages of disease. Moreover, diagnosing fibrosis at an early stage is considerably more difficult than diagnosing advanced kidney disease. She advocated for improved care pathways and stronger follow-up after diagnosis.

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Closing Remarks

MEP Romana Jerković (S&D, HR)

MEP Jerković thanked patients, caregivers and healthcare professionals for sharing their experiences, and highlighted the importance of their perspectives to remain central to policymaking.

MEP Jerković stressed that policymakers have a responsibility to drive change through concrete and achievable actions. She highlighted the important role of the European Parliament in supporting research, facilitating the exchange of best practices and encouraging Member States to address persistent gaps in kidney care. She reaffirmed her commitment to ensuring that the experiences of patients and caregivers are translated into adequate funding, stronger policy responses and tangible improvements in kidney health across Europe.



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MEP Aurelijus Veryga (ECR, LT)



MEP Veryga stressed that kidney health is a shared priority across political groups and pointed to a broader shift in the European Parliament's approach to health policy. While healthcare was traditionally viewed primarily as a Member State responsibility, there is now growing recognition of the EU's role in supporting research, strengthening cooperation between health systems and addressing unmet needs, particularly for people living with rare diseases.

He highlighted the Safe Hearts Plan as an opportunity to strengthen the links between cardiovascular and kidney health. Earlier diagnosis, including during pregnancy and other key stages of life, should remain a priority, alongside stronger research, improved access to treatment, greater awareness of organ donation and better mental health support for patients and families. Finally, MEP Veryga underlined the importance of securing adequate funding for health and research under the next Multiannual Financial Framework (MFF). He stressed that continued cooperation across political groups will be essential to ensure these priorities are reflected in future EU budget negotiations.

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Networking reception and Kidney Testing



During the networking session, participants were offered voluntary urine albumin-to-creatinine ratio (uACR) testing as a practical demonstration of this simple screening approach. Prof. Jadoul encouraged anyone receiving an abnormal result to seek appropriate medical follow-up with a primary care physician or nephrologist, depending on the level of risk identified.

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