Taking Action on Chronic Kidney Disease in Canada

A NATIONAL STRATEGIC FRAMEWORK

kidney FOUNDATION™

Table of Contents

National Executive Director Message

Chronic kidney disease (CKD) is a pressing public health issue that demands national recognition and coordinated action. For the millions of Canadians living with CKD, its impact reaches far beyond kidney function—affecting physical and mental health, social well-being, and financial stability. As kidney function declines, symptoms such as fatigue, nausea, and itching can become debilitating, often limiting the ability to work or participate fully in daily life. In the advanced stages of CKD, many require exhausting dialysis treatments exceeding 12 hours each week, which disrupt routines, strain family life, and exact a profound physical, emotional and financial toll. For those fortunate enough to receive a kidney transplant, the gift of life brings hope but also lifelong dependence on immunosuppressive medications, ongoing medical monitoring, and the constant uncertainty of transplant longevity. Together, these realities underscore the urgent need for national action to prevent kidney disease and support those affected by it.

The **National Strategic Framework for Chronic Kidney Disease** marks a pivotal step forward for Canada. Rooted in the experiences of people living with CKD and shaped by the dedication of health professionals and researchers, the Framework provides a unified national roadmap to improve kidney health. It establishes clear priorities for prevention, early detection, timely intervention, equitable access to care, and strengthened research and data systems.

This achievement reflects the collective vision and effort of Canada's kidney community and is the powerful result of countless hours, passionate commitment, and invaluable expertise from people living with chronic kidney disease (CKD), caregivers, healthcare professionals, and researchers across Canada. Thank you for your unwavering partnership.

The Framework is only the beginning. Implementation will require sustained leadership and collaboration across all levels of government. The federal government, as convenor, must work in partnership with provinces and territories to make CKD a true national health priority.

Canada's action aligns with a growing global movement to advance kidney health, underscored by the World Health Assembly's landmark adoption of the first-ever Kidney Health Resolution in 2025. This international momentum reaffirms both the urgency and opportunity before us.

The Kidney Foundation of Canada is proud to have led the development of this Framework and remains committed to ensuring its objectives translate into meaningful, measurable improvements for Canadians. We look forward to our collective journey as we turn this Framework into tangible, life-saving progress for all Canadian living with CKD.

ELIZABETH MYLES
NATIONAL EXECUTIVE DIRECTOR

kidney FOUNDATION ™

Acknowledgments

The development of the *National Strategic Framework for Chronic Kidney Disease* would not have been possible without the dedication, insight, and collaboration of many individuals and organizations across Canada.

We extend our deepest gratitude to the Framework **Steering Committee**, whose time, expertise, and leadership guided the creation of this document from concept to completion. Their thoughtful deliberation and commitment to improving kidney health have ensured that the Framework reflects both evidence-based policy and the realities of health system implementation.

We also wish to recognize the invaluable contributions of the **Kidney Community Advisory Committee**, whose members brought forward the voices and lived experiences of people affected by chronic kidney disease, their families, and caregivers. Their perspectives grounded the Framework in compassion and practicality, ensuring that its recommendations address the real challenges faced by Canadians living with CKD.

Special thanks are also extended to the many patients, caregivers, clinicians, researchers, allied health professionals, and organizational partners who shared their knowledge and experience throughout this process. Their collaboration across disciplines and jurisdictions exemplifies the spirit of partnership that will be essential to realizing the Framework's vision.

Together, this collective effort has laid the foundation for a stronger, more equitable approach to kidney health in Canada—one that reflects the shared dedication of all who strive to prevent, manage, and ultimately eliminate the burden of chronic kidney disease.

Executive Summary

Chronic kidney disease (CKD) affects 1 in 10 Canadians and is the 11th leading cause of death in Canada.

CKD is defined by a decreased level of kidney function that persists for a period of three months or more. It is a progressive condition, that can range from mild to severe and in some cases can lead to end-stage kidney disease (ESKD), also known as kidney failure. CKD often develops without symptoms over many years, meaning permanent damage often occurs before the condition is detected. This “silent epidemic” represents a missed opportunity for prevention and early intervention. While there is no cure for CKD, early diagnosis and timely intervention are crucial for preserving remaining kidney function and preventing progression of the disease in those affected.

Adding to the urgency of recognizing and addressing CKD as a critical public health priority is the fact that its prevalence is on the rise. Due to Canada’s aging and growing population, the prevalence of CKD is anticipated to grow from 4.5 million in 2024 to over 6.2 million by 2050, with nearly half of these cases expected to be people in the later stages of the disease. One study from 2017 estimated that the total cost to the health care system of Canadians living with CKD exceeds $40 billion (CAD) annually. This includes the cost of care for co-morbid conditions affecting these individuals. Without policy-level action, Canada faces a growing burden of kidney failure, avoidable hospitalizations, and inequitable outcomes across populations.

CKD disproportionately affects some racial and ethnic minorities, including Indigenous, African/Caribbean, Asian, South Asian, and Hispanic populations. Critical data gaps exist, particularly concerning CKD’s prevalence and impact on Indigenous communities. These gaps must be addressed to ensure that equitable care is delivered to the communities that are most at risk of developing CKD.

The National Strategic Framework for Chronic Kidney Disease serves as a foundational guidance to reverse these challenging trends and establish a modern, resilient kidney care system in Canada. The Framework sets forth the direction needed to:

Prioritize prevention, early detection, and timely intervention;
Ensure equitable access to kidney care for all Canadians; and
Advance research & data for better kidney health.

This Framework provides a national blueprint to guide federal, provincial, and territorial policymakers, health system administrators, and public health leaders in aligning CKD prevention and management nationwide and embedding kidney health promotion within the broader primary care agenda. Commitment and coordination at all levels of government will ensure that all Canadians, regardless of geography or background, have the opportunity to live healthier lives free from the preventable burdens of CKD.

CHRONIC KIDNEY DISEASE OVERVIEW

Introduction

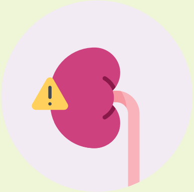
Chronic kidney disease (CKD) is a complex, progressive, and life-threatening chronic illness that is defined as the presence of kidney damage, or reduced kidney function, for three months or more[1]. It can range from mild impairment to severe disease and, in some cases, progresses to kidney failure (also referred to as end-stage kidney disease, or ESKD)[1].

CKD often develops gradually and may not cause noticeable symptoms until kidney function is severely reduced and irreversible damage has occurred[1]. As a result, the disease is frequently underdiagnosed and underreported, with many people unaware they have CKD until its advanced stages[2,3]. This “silent epidemic” represents a major missed opportunity for early prevention, detection, and intervention. Without policy-level action, Canada will face a rising burden of kidney failure, preventable hospitalizations, and widening health inequities across populations.

While most people with CKD do not progress to kidney failure, especially if the condition is detected early and managed appropriately, it remains the 11th leading cause of death in Canada[4]. CKD affects more than 4 million Canadians – 1 in 10 people, and with an aging population and rising rates of diabetes and hypertension, the number of Canadians with CKD is projected to exceed 6.2 million by 2050, with nearly half of those cases moderate to severe[3,5,6]. This poses significant challenges for those affected and places sustained pressure on provincial health budgets and the national economy.

1 IN 10

CANADIANS HAVE KIDNEY DISEASE[3,5]

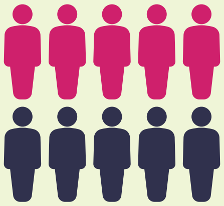


50,000+

PEOPLE BEING TREATED FOR KIDNEY FAILURE[7]

52%

OF ESKD PATIENTS ARE UNDER 65[7]



11TH

LEADING CAUSE OF DEATH[4]

Causes and Risk Factors

In adults, diabetes and hypertension are the leading risk factors for CKD[6]. In children, congenital abnormalities of the kidney and urinary tract, along with some genetic kidney diseases, can lead to kidney damage or kidney failure[1,8]. Other risk factors for CKD include cardiovascular disease, smoking, and a family history of kidney disease[1,6,9].

POPULATIONS AT HIGHER RISK

Chronic kidney disease (CKD) disproportionately affects certain racial and ethnic populations, including Indigenous, African/Caribbean, Asian, South Asian, and Hispanic communities. These groups experience higher rates of CKD due to a combination of factors such as increased prevalence of diabetes and hypertension, genetic predisposition, and inequities in access to early screening, diagnosis, and ongoing care[10,11,12,13,14]. Social determinants of health—including income, education, housing, and access to culturally safe health services—further compound these disparities[15,16,17].

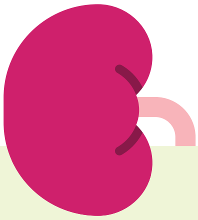
CKD IN CHILDREN AND YOUTH

Although CKD is rare in children and youth, those who are affected face lifelong health complications, decreased quality of life, and increased mortality[8]. Of growing concern, worsening patterns of diet and physical activity among young people may lead to a significant rise in CKD diagnoses in the future[18]. This trend underscores an increasingly urgent public health issue.

Higher rates of pediatric CKD have been identified in Indigenous populations compared to the general population, and the increased prevalence of obesity, hypertension, and type 2 diabetes in Indigenous youth contribute to this difference[19].

Treatment Options

There is no cure for kidney disease, and only three treatment options exist for kidney failure: a transplant, dialysis, or conservative kidney management, which is focused on quality of life and symptom control.



KIDNEY TRANSPLANT

Considered the best treatment for eligible patients, a transplant replaces the failed kidneys with a healthy kidney from a living or deceased donor. It offers greater freedom and improved quality of life but requires lifelong use of anti-rejection and other medications.

1,929

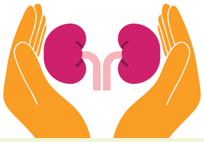
KIDNEY TRANSPLANTS PERFORMED IN 2024[20]

DIALYSIS

A life-sustaining treatment that removes waste and excess fluid from the blood when the kidneys can no longer do so. It can be done at home or in a hospital or clinic, usually several times per week.

30,213

PEOPLE ON DIALYSIS IN 2024[7]



CONSERVATIVE KIDNEY MANAGEMENT

This treatment option is for individuals who are not candidates for dialysis or transplant, or who choose not to pursue these treatments. It focuses on managing symptoms, preserving remaining kidney function as long as possible, and supporting quality of life.

5-YEAR SURVIVAL RATE[21]

Alignment with National and Global Health Priorities

The National Framework for Chronic Kidney Disease supports and reflects Canada's national and international commitments to reduce the burden of NCDs, increase health equity, and enhance sustainability in health systems. In May 2025, the World Health Organization passed its first ever resolution formally recognizing CKD as a priority within the global NCD agenda, urging Member States to strengthen prevention and management strategies.

There is growing global momentum to address kidney disease, with international organizations and governments increasingly recognizing its impact. In May 2025, the World Health Organization passed its first ever resolution formally recognizing CKD as a priority within the global NCD agenda[22]. In December 2025, world leaders at the United Nations General Assembly adopted a political declaration on NCDs that, for the first time, explicitly includes kidney disease as a core noncommunicable disease[23]. The national CKD framework reinforces international action to strengthen prevention, early detection, and integrated care for chronic conditions.

In Canada, the Framework aligns with the strategic plans of provincial renal programs, as well as the Public Health Agency of Canada's Integrated Pan-Canadian Healthy Living Strategy, which aims to improve overall health outcomes and reduce health disparities by addressing common preventable risk factors[24].

Prioritizing and addressing CKD offers an important opportunity to transform the health care system by moving from reactive care toward proactive, integrated, value-based models of care. There is a high return on this investment; early detection and treatment significantly reduce the costs associated with the treatment of kidney failure, especially since CKD prevention aligns with diabetes, hypertension, and cardiovascular disease management strategies, offering scalable, cross-sectoral efficiency[25,26].

Indigenous Kidney Health

CKD disproportionately affects diverse Indigenous populations in Canada, including First Nations, Métis, and Inuit communities[10,11,12] . First Nations peoples are nearly 3 times more likely to have CKD[10], and they experience higher rates of diabetes, hypertension, and other risk factors for kidney disease. These risks increase the farther they live from major urban centres[11,12,13,14,15]. Indigenous people are also more likely to experience early onset, late diagnosis, rapid progression, and a more severe form of kidney disease than non-Indigenous patients[10,12,15]. They face lower survival rates overall and are less likely to receive a kidney transplant than the general population with CKD[10,15,16].

Those who live in rural and remote areas also have poorer access to necessary resources including primary care, healthy food, clean drinking water, housing, reliable utilities, and culturally safe, sensitive, and appropriate health information, and they are more likely to have to leave their communities and support networks to receive treatment[10,12,15,16].

The inequities experienced by Indigenous peoples are driven by the intergenerational effects of systemic racism, and these inequities are compounded by the lack of access to medications, treatment, and health care providers from and within their home communities. The knowledge of Indigenous leaders, health care providers in urban, rural, and remote communities, and community members with lived experience of kidney disease are essential to building an urgently needed new approach to culturally safe and competent kidney care.

"As racism is in the world of health care, we have to think of that. It's important to always bring in the First Nations, the Métis, and the Inuit with respect. All of our experiences are different and unique to us. Canada has an obligation to us. We need to make sure that we reach out to the Métis and reach out to the Inuit. Whenever we sit at tables, we have to make sure that it's a distinction-based approach."

- INDIGENOUS LIVED EXPERIENCE FOCUS GROUP

Any measures to address inequities in access to kidney health or improve kidney health outcomes in Indigenous communities must be grounded in the Truth and Reconciliation Commission's Calls to Action on health[27]. Expanding the number of Indigenous health professionals and leaders is essential to improving access to preventative care and treatment within the community[15,28,29]. Equally important is the recognition and integration of traditional Indigenous healing practices as part of a holistic approach to care[15,16,28].

INDIGENOUS LIVED EXPERIENCE FOCUS GROUP

"You can't tell people to go eat green vegetables when a head of lettuce is 10 to 15 dollars. It's not helpful in circumstances of food insecurity."

"[…] it steers towards systemic racism. It steers towards lack of resources and lack of health care services in our communities that are afforded to others."

"It touches my heart because, you know, it's a difficult journey and it's unfortunate that we still have to continuously tell these stories over and over again."

INDIGENOUS ALLIED HEALTH FOCUS GROUP

"How things are designed impacts people."

Burden of Kidney Disease on Patients and Families

From the moment of diagnosis, the kidney journey brings profound changes not only to the life of the person with kidney disease but also to their entire social circle, including spouses, children, extended family, friends, and colleagues. Managing the disease, especially in its later stages, typically involves multiple medications, lifestyle adjustments, and strict dietary and fluid restrictions. These changes are often emotionally, physically, and financially challenging.

For many, simply receiving the diagnosis can be traumatic. It raises concerns about the future and how the disease will affect family life, work, and overall quality of life. The mental health toll can be significant and people living with CKD, especially in its later stages, are more likely to experience depression and anxiety[30,31]. The prevalence of poor mental health is linked in part with an increased burden of care and treatment, yet access to appropriate psychological or social support remains limited across Canada[31,32]. This lack of consistent, accessible care extends to caregivers as well, who often experience burnout and emotional strain[32,33].

As the disease progresses, the burdens increase. If kidney function declines to the point of failure, the person affected will require intensive, invasive treatment that has a profound impact on them and those who support them. Dialysis, in particular, imposes a rigid treatment schedule and exacts a heavy physical toll, often forcing individuals to reduce work hours or leave the workplace altogether.

Despite Canada's publicly funded health care system, there are many non-medical and out-of-pocket costs associated with kidney disease. These include expenses for medications and supplements not fully covered by provincial formularies, as well as travel and accommodation costs for those living in rural or remote areas who must access care far from home[34,35]. Patients and families often pay for transportation, parking, meals, and lodging while attending appointments, undergoing testing, or receiving dialysis.

> **"Decision-makers need to understand that people are really suffering a huge financial burden."**
>
> **- ALLIED HEALTH FOCUS GROUP**

For those who must relocate to a major centre for treatment, there are emotional, social, and financial costs associated with living far from home for an extended period of time.

Food insecurity adds another layer of hardship, because people living with kidney disease, kidney-friendly foods that may be unaffordable or inaccessible[36]. Managing fluid restrictions, particularly in the late stages of the disease, also poses a major challenge for many[37].

Ultimately, the kidney disease journey affects every facet of a person's life, from their health and finances to their mental wellness and social relationships. It also affects the well-being of caregivers, the stability of families, and the economic and social fabric of communities. Addressing kidney disease in Canada requires not only timely diagnosis and medical care but also a broader, more equitable system of supports for patients, caregivers, and those at risk.

Economic Burden of CKD

Chronic kidney disease represents a significant and growing economic challenge for Canada's health-care system and overall economy. CKD is both widespread and underdiagnosed, with many individuals unaware of their condition until it reaches an advanced stage.

The resulting costs are substantial. According to a 2025 report by Deloitte, the annual direct cost of CKD management in Canada is estimated at $7.6 billion in 2024, with the majority of expenses incurred in the later stages of the disease, particularly for dialysis and transplantation. These treatments absorb a disproportionate share of health budgets, despite serving a small fraction of patients[35].

Indirect costs to patients, families, employers, and insurers add $4.1 billion annually, driven by lost income, reduced productivity, early retirement, caregiving expenses, transportation for treatment, and donor expenses, significantly increasing the CKD's overall burden[35].

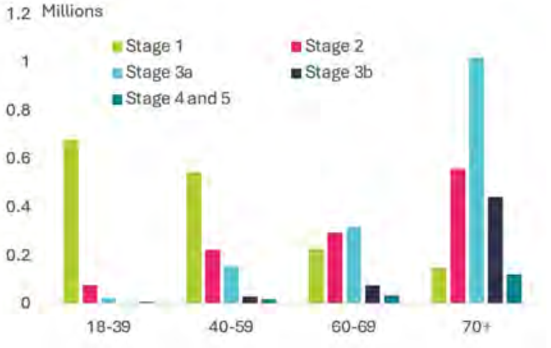
Collectively, the total annual economic burden (combining direct and indirect costs) now exceeds $11.7 billion and is projected to increase by 1.5 times by 2050, driven by demographic trends and the rising prevalence of risk factors such as diabetes, hypertension, and heart disease[35].

This trajectory underscores an urgent need for upstream investment in prevention and early intervention.

> **"[…] for the period of time that I was on dialysis and away from work, I ended up needing disability insurance through Canada Pension Plan. I went from being a taxpayer to a person taking resources out of the system."**

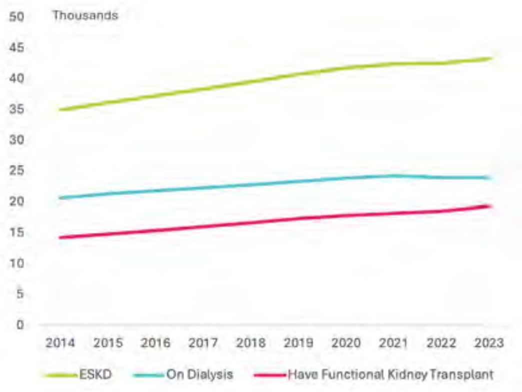
- TRANSPLANT RECIPIENT AND FORMER HOME HEMODIALYSIS PATIENT

ESTIMATED CKD CASES IN CANADA
by age group and disease stage



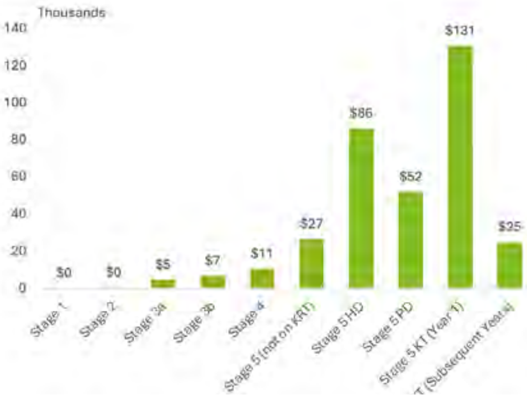
Source: Statistics Canada, CDC, Deloitte Analysis[35].

NUMBER OF PEOPLE LIVING WITH ESKD
by treatment modality



Source: CIHI. Deloitte Analysis[35].
i. Numbers excludes Québec. Québec data not avalable.

DISEASE MANAGEMENT OF DIAGNOSED PATIENTS
by CKD stage and kidney replacement therapy



Source: Inside CKD, Deloitte Analysis[35].

Economic Impact of Prevention and Early Diagnosis

Optimizing the management of early-stage CKD has the potential to generate cost savings at scale, with savings increasing over time due to the cumulative benefits of delaying disease progression.

Economic modelling shows that diagnosing CKD during its early, asymptomatic stages yields substantial cost savings[25,35]. Early detection allows for relatively inexpensive interventions—such as lifestyle modifications, medication management, blood pressure control, and diabetes management—that slow kidney disease progression. Delaying or preventing the onset of dialysis by even one year per patient can generate significant annual cost savings for the system. When scaled to the national population, these savings translate into hundreds of millions of dollars, making screening and primary-care engagement fiscally prudent as well as medically necessary.

Beyond direct medical expenditures, early CKD management produces measurable social and macroeconomic benefits[35]. Patients receiving timely treatment maintain higher productivity, remain in the labor force longer, and require fewer disability supports[34,38,39]. Reduced hospitalization and emergency visits further lessen the strain on acute-care infrastructure[33,35,40]. These indirect gains—lower absenteeism, preserved tax revenues, and decreased social assistance outlays—enhance the overall economic case for CKD testing in at-risk populations and coordinated primary care.

DIRECT AND INDIRECT DISEASE MANAGEMENT COSTS OF CKD 2024, 2030, 2050

Source: Inside CKD. Deloitte Analysis[35].

IMPACT OF CKD MANAGEMENT IMPROVEMENTS ON DIRECT COSTS

Source: Deloitte Analysis[35].

MANAGEMENT IMPROVEMENTS ARE BASED ON ENHANCING EARLY DIAGNOSIS, OPTIMIZING MEDICATION USE, AND EXPANDING KIDNEY TRANSPLANT CAPACITY.

NATIONAL STRATEGIC FRAMEWORK FOR CHRONIC KIDNEY DISEASE (CKD)

Framework Purpose and Scope

At present, Canada does not recognize kidney disease as a distinct chronic condition. This lack of recognition creates significant barriers to addressing the urgent challenges faced by people living with kidney disease, as well as the broader impacts on the health care system and the larger Canadian economy.

The National CKD Framework is intended to chart a shared policy course in addressing CKD across Canada, serving as a complementary tool for decision-making, change, and health services planning. The Framework is designed to increase prevention, detection, and equitable access to care, as well as support standardized data and innovative research to improve the lives of Canadians at risk of or living with the disease.

While frontline health care in Canada is predominantly delivered by provincial and territorial governments and agencies, this Framework strives to identify priorities for all levels of health system decision making across the spectrum of provincial and federal entities.

Strategy and Background

VISION: TRANSFORMING KIDNEY HEALTH FOR ALL CANADIANS

Ensuring equitable, innovative, and evidence-based kidney care for every Canadian, with a focus on prevention, early detection, and timely intervention.

Foundational Principles

The following principles are essential to providing a solid foundation for prevention and early intervention, as well as consistent, high-quality kidney care that is accessible to all Canadians. This will help reduce disparities and improve the health and well-being of those at risk of or affected by kidney disease across Canada.

EQUITABLE

HOLISTIC

PERSON-CENTRED

EVIDENCE-INFORMED

COLLABORATIVE

EQUITABLE

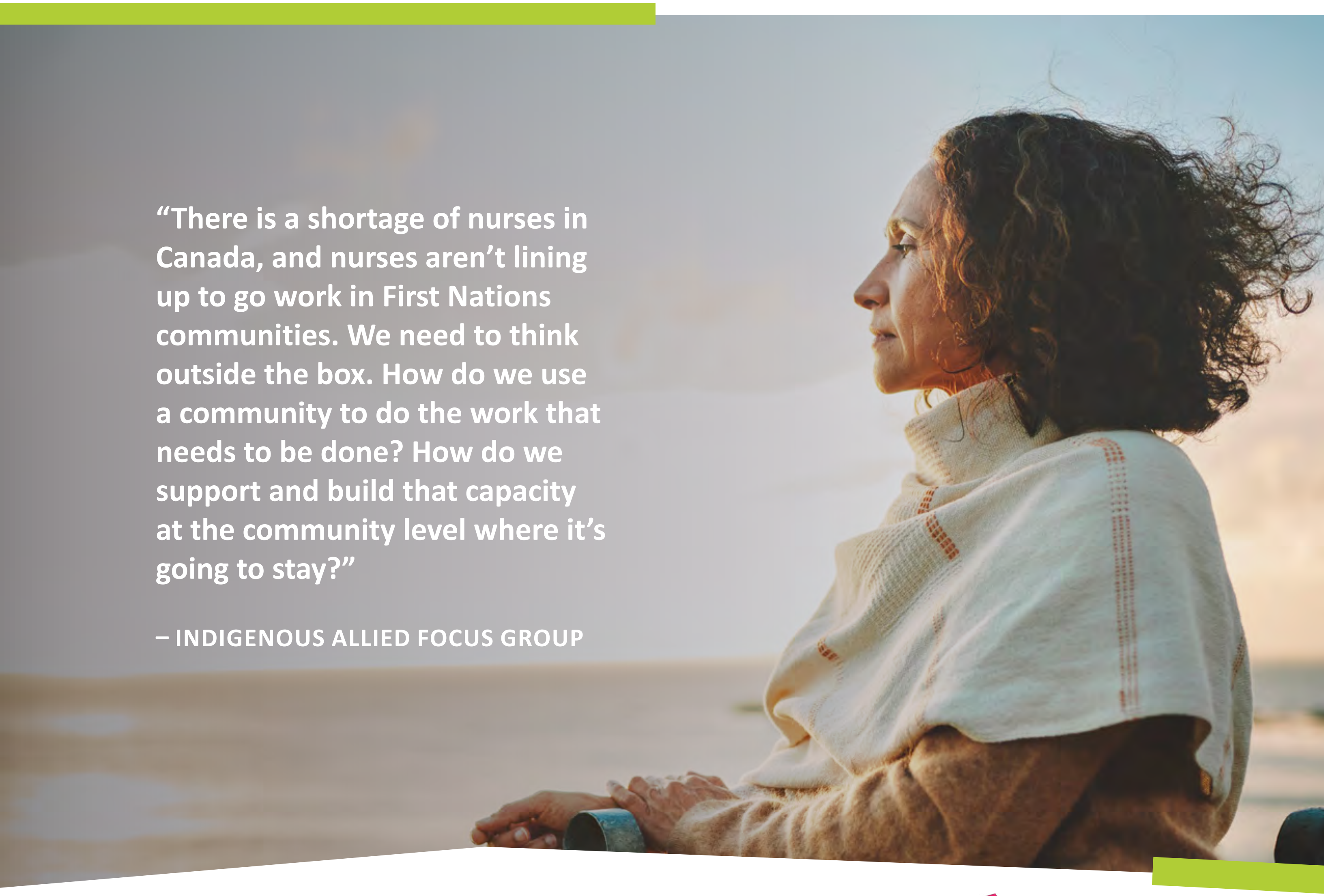
Equitable access to CKD care is critical to addressing health disparities and ensuring that all individuals, regardless of socio-economic status, ethnicity, or geographic location, receive the care they need. Research consistently demonstrates that marginalized communities face barriers to health care access, contributing to worse outcomes in CKD progression and mortality[11,12,13,14,15,16,17]. This principle entrenches a proactive approach to identifying and addressing these barriers.

Policies should prioritize equitable resource allocation, incentivize care in under-resourced regions, and ensure that advancements in CKD detection and treatment are accessible to all, especially vulnerable populations. This also includes reconciliation-based strategies to co-design care that addresses systemic inequities for Indigenous Peoples and builds trust and collaboration amongst these communities and their partners.

> **“Equitable access to me means all treatment modalities, access to specialists, to sources of research, and to funding assistance. All, regardless of geographic location, age, gender. It should be based on the needs of your kidney disease.”**
>
> **- CKD PATIENTS FOCUS GROUP**

HOLISTIC

A holistic approach to managing CKD requires health care systems to look beyond clinical interventions, to address the emotional, psychological, and social well-being of individuals alongside their physical health. CKD care must consider mental health, family dynamics, financial circumstances, and broader social determinants of health, recognizing the interconnectedness of these factors. For Indigenous Peoples, this interconnectedness extends to the spiritual realm, where traditional knowledge and healing practices play a vital role. Collaborating with Indigenous Elders and community leaders ensures culturally safe care that respects their values and fosters trust, enhancing overall health outcomes. Similarly, integrating traditional medicine plays an important role for other cultural and ethnic groups in ensuring respectful health care that has a meaningful impact on patients and families. Partnerships between stakeholders will be integral to providing holistic care.



> **“There is a shortage of nurses in Canada, and nurses aren’t lining up to go work in First Nations communities. We need to think outside the box. How do we use a community to do the work that needs to be done? How do we support and build that capacity at the community level where it’s going to stay?”**
>
> **– INDIGENOUS ALLIED FOCUS GROUP**

PERSON-CENTRED

At the heart of CKD management is the principle of person-centred care, which emphasizes the importance of respecting the individual's preferences, values, and unique experiences. The traditional "one-size-fits-all" approach to health care fails to accommodate the variability in how individuals experience and manage CKD. Effective person-centred care involves shared decision-making processes, where health care providers engage people living with kidney disease in meaningful discussions about their care options, potential outcomes, and long-term goals. This collaborative approach fosters trust and enhances adherence to treatment plans, ultimately improving both care experiences and clinical outcomes[41]. By tailoring interventions to the individual's lifestyle, cultural background, and personal preferences, care becomes not only more effective but also more aligned with the individual's definition of quality of life.

In line with this commitment, the Framework also acknowledges the critical importance of applying a Gender-Based Analysis Plus (GBA Plus) to achieve equitable kidney health care, recognizing that factors like sex, gender, race, and socioeconomic status contribute to disparities in CKD risk, diagnosis, and treatment[1,42].

EVIDENCE-INFORMED

A robust CKD framework is rooted in evidence-informed decision-making, ensuring that health care policies and practices are continuously updated in response to emerging research. The rapidly evolving landscape of CKD research, particularly in areas such as precision medicine, new pharmacological treatments, and artificial intelligence driven diagnostics, necessitates a flexible and adaptive approach to care. Evidence-informed practice means that health care providers not only rely on clinical guidelines but also remain engaged with cutting-edge research, applying findings that enhance the effectiveness and safety of CKD care.

COLLABORATIVE

Tackling the complexities of CKD requires a coordinated multisectoral approach, with strong partnerships across health care, research, government, and community organizations. No single entity can manage CKD's impact alone. Collaborative models drive resource-sharing, enhance support networks, and foster innovation by combining diverse expertise. Partnerships between health care providers and researchers accelerate clinical trials and bring research to practice, while advocacy groups ensure policies meet the needs of people living with kidney disease. Supporting Indigenous communities in the design and evaluation of CKD programs within their communities ensures culturally safe, equitable care and aligns with the Truth and Reconciliation Commission's Calls to Action.

Strategic Framework Priorities

Informed by comprehensive stakeholder consultations across the kidney community, the National Strategic Framework for Chronic Kidney Disease is guided by three overarching priorities:

PRIORITIZE PREVENTION, EARLY DETECTION, AND TIMELY INTERVENTION

ENSURE EQUITABLE ACCESS TO KIDNEY CARE FOR ALL CANADIANS

ADVANCE RESEARCH AND DATA FOR BETTER KIDNEY HEALTH

These priorities guide actions aimed at reducing the long-term burden of chronic kidney disease, closing gaps in access to care and advancing evidence-based interventions that improve outcomes and quality of life for people living with kidney disease.

Through sustained collaboration among national, provincial, and local partners, these efforts will strengthen prevention, early detection, and management of CKD. By integrating policy, research, and health system planning, Canada can protect and enhance the kidney health of its population, mitigating the social, economic, and health system impacts of CKD on individuals, families, and communities.

STRATEGIC PRIORITY #1:
PRIORITIZE PREVENTION, EARLY DETECTION, AND TIMELY INTERVENTION

Prioritize Prevention, Early Detection, and Timely Intervention

Chronic kidney disease (CKD) is a largely preventable condition that remains underdiagnosed and undertreated across Canada. Improved public awareness, health literacy, and education—along with better management of co-existing conditions such as diabetes and hypertension[43]—can substantially reduce the risk of developing CKD and its complications. CKD is also strongly associated with elevated cardiovascular risk, further underscoring the need for early detection and prevention.

> **“I feel like if there was better treatment for my disease or earlier detection, maybe I could have got a lot longer on the kidneys that I had. I didn’t know anything about kidney disease when I was diagnosed. I was taking a lot of ibuprofen and other things for other conditions, not knowing it was really just speeding up an underlying kidney issue.”**
>
> **- CKD PATIENTS FOCUS GROUP**

Despite this, most people living with CKD are unaware of their condition, as it often progresses silently until advanced stages. Public understanding of kidney health and its risk factors remains low: a recent poll conducted on behalf of The Kidney Foundation of Canada found that 55% of Canadians report knowing nothing about kidney disease, and 52% are unaware of its associated risks[44].

> **“How come the referrals weren’t done when they found out his kidneys were in trouble a year ago? They just waited until he was in complete failure. In an ideal health system, education and prevention is something I will stress all the time.”**
>
> **- LIVING KIDNEY DONOR**

Targeted testing can identify CKD in its early stages, when appropriate treatment can delay or even prevent disease progression. Embedding kidney health screening into routine care—particularly for at-risk populations—will support earlier diagnosis and more effective management. Integrating such screening into primary care and community-based health services also helps reduce inequities in access and outcomes[15,29].

Preventive measures, including maintaining a healthy diet, regular physical activity, and smoking cessation, can slow disease progression and preserve kidney function. Ensuring timely access to evidence-based interventions and essential medications for those with progressive CKD can significantly decrease the number of Canadians reaching kidney failure—alleviating the personal, social, and economic burden on patients, families, and the health care system.

A national framework that prioritizes prevention, early detection, and timely intervention is therefore essential. Effective implementation will require coordinated leadership and engagement across sectors—bringing together primary care providers, specialists, pharmacists, public health leaders, and, critically, patients and their care partners—to advance kidney health and reduce the long-term impact of CKD in Canada.

OBJECTIVES:

SHORT-TERM OBJECTIVE (1-2 YEARS):

Increase public awareness of CKD risk factors: The Framework calls for federal, provincial, and territorial governments to take a leadership role in raising public awareness of chronic kidney disease (CKD) and its associated risk factors. A coordinated multi-jurisdictional approach is needed to strengthen kidney health literacy across Canada through sustained public education and engagement. This would include social media campaigns, community-based outreach, and partnerships with health organizations and advocacy groups. Initial efforts should prioritize high-risk populations and provide accessible, culturally relevant education materials that promote CKD prevention, early detection, and proactive management of kidney health.

Integrate chronic kidney disease care into primary care access and modernization: The prevention of chronic kidney disease can only be effectively realized through equitable access to primary care. As governments seek to connect patients to primary care and modernize preventative care models, integrating data systems and advanced AI tools to monitor and assess patients' ongoing health, it is vital to understand how these primary care models can systematically support CKD prevention and early intervention.

MEDIUM-TERM OBJECTIVES (2-5 YEARS):

Address barriers to early CKD care in at-risk and underserved populations through targeted interventions: All governments have a role in developing region-specific interventions such as mobile CKD testing clinics or partnerships with primary care providers, especially in rural, remote and Indigenous communities. This is an important step in addressing inequities in access to kidney care in the early stages of the disease. This Framework emphasizes the importance of training and empowering members of underserved communities to act as local health champions. These individuals can play a vital role in promoting kidney health awareness, facilitating peer education, and supporting navigation of health services within their communities. Investing in community-based capacity building not only enhances the reach and impact of public awareness initiatives but also fosters trust, sustainability, and equity in the delivery of kidney health education across Canada.

LONG-TERM OBJECTIVES (5+ YEARS):

Integrate effective prevention and early detection practices within health care systems across Canada: The federal government, together with provincial and territorial authorities and the broader kidney community, should collaborate to establish the minimum standard of care by developing and implementing nationwide guidelines for the early detection of CKD, integrated into routine health care and focused on high-risk populations. Through provincial and territorial leadership, achieving consistent adoption across jurisdictions will reduce variation in CKD care practices and improve outcomes. This work should actively engage clinicians, allied health professionals, researchers, and people with lived experience as essential partners in designing, testing, and promoting evidence-based screening approaches that are practical, equitable, and sustainable across the health system.

STRATEGIC PRIORITY #2:
ENSURE EQUITABLE ACCESS TO KIDNEY CARE FOR ALL CANADIANS

Ensure Equitable Access to Kidney Care for All Canadians

CKD care, including dialysis and kidney transplant programs, varies significantly across Canada depending on many factors, including geographic location, socio-economic status, ethnicity, and access to primary care[29]. Indigenous, Black, and other at-risk populations experience a higher prevalence of CKD and face significant barriers to accessing appropriate care. People living in rural and remote communities often lack access to health care at all stages of CKD resulting in delayed diagnosis and poorer outcomes. Achieving equitable access to care means addressing these disparities by focusing on culturally competent, region-specific approaches.

> **"[...] we don't have equitable access. In any kind of small centres, even somewhat larger communities. All these services are based in city centres so if you don't live in a large city it's certainly a bit of a disadvantage."**
>
> **- RURAL/REMOTE TRANSPLANT RECIPIENT**

Expanding virtual health services and improving access to reliable, affordable transportation are both essential to reducing geographic inequities in CKD care. Virtual care can effectively support routine monitoring, specialist consultations, and patient education regardless of location[45]. However, many people with CKD, particularly those requiring dialysis or other in-person treatments, continue to face significant barriers related to travel and, in some cases, temporary or permanent relocation to access care. Addressing transportation and relocation challenges alongside virtual care is critical to improving access, reducing financial and emotional strain on families, and enhancing quality of life for people living with CKD.

A comprehensive and fulsome approach to kidney care requires the inclusion of an integrated multi-disciplinary team beyond the acute care or dialysis setting. Primary care, mental health services, pharmacists, caregiver support, and income/transportation/living expense support are key to achieving a kidney care system that is equitable for all Canadians.

In particular, recent studies indicate that people living with CKD are significantly more likely to experience depression, anxiety, and other mental health challenges[31,32]. Addressing these complex interrelated needs ensures holistic, person-centred care that allows people living with kidney disease to focus on their health, family, and managing life with CKD.

OBJECTIVES:

SHORT-TERM OBJECTIVE (1-2 YEARS):

Identify measures to address barriers to CKD care in all populations: Identifying and addressing systemic, cultural, geographic, and socioeconomic barriers that limit access to chronic kidney disease (CKD) treatment is key to ensuring equity in kidney care, including dialysis and transplant, across all populations. Governments, in collaboration with health authorities and the kidney community, should work with community leaders—particularly within at-risk populations such as Indigenous communities, newcomers, and those in rural or remote areas—to understand local health care needs and co-develop targeted interventions.

Promote integrated, person-centred care that includes mental health supports: Strengthen the delivery of kidney care by integrating mental health services into all stages of CKD management. This includes identifying and addressing the psychological and emotional challenges associated with kidney disease and its treatments, improving access to counselling and peer support, and ensuring that mental health professionals are part of multidisciplinary kidney care teams. Such an approach supports holistic, person-centred care and improves overall well-being for patients and families.

MEDIUM-TERM OBJECTIVES (2-5 YEARS):

Develop strategies to close gaps in access to CKD care: Models of care grounded in cultural safety and sensitivity will strengthen trust, improve adherence to care, and ensure that kidney health programs are responsive to the diverse realities of communities across Canada. The following strategies are an important step toward addressing inequities:

- Integrate culturally competent care models that are tailored to specific community needs, including the inclusion of traditional healing practices for populations disproportionally affected by kidney disease.
- Enhance transportation and virtual health infrastructure, especially in rural and remote regions, to ensure continuity and access to routine kidney care.
- Accelerate the adoption of best practices by fostering intra and inter-provincial learning. This can be accomplished by establishing mechanisms for shared knowledge exchange, including collaborative forums and support for pilot projects that evaluate and scale successful models of CKD care.

Improve access to new medicines: The Framework recommends that federal and provincial drug reviews and implementation systems streamline and expedite approval processes for new and innovative medicines for chronic kidney disease (CKD) and related conditions. For Health Canada, exploring alignment of review timelines with major international regulatory bodies such as the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA), where products have already undergone rigorous evaluation, would allow Canada to leverage international evidence, reducing duplication and accelerating access while upholding high safety and efficacy standards. Further coordinated efforts among Health Canada, the Canadian Drug Agency (CDA), and provincial drug plans will help ensure timely, equitable access to breakthrough kidney therapies for all Canadians.

LONG-TERM OBJECTIVES (5+ YEARS):

Monitor and evaluate nationwide models of care and equity in CKD outcomes: Establish national evaluation criteria to assess the effectiveness and equity of CKD care models and related health policies to ensure consistent access to high-quality care across jurisdictions, reduce geographic and socioeconomic disparities, and address social determinants of health. Regular reporting and outcome measurement should track progress in improving CKD prevention, detection, and treatment for all those affected by kidney disease, with a particular focus on marginalized and high-risk populations, including Indigenous communities.

STRATEGIC PRIORITY #3:
ADVANCE RESEARCH & DATA FOR BETTER KIDNEY HEALTH

Advance Research & Data for Better Kidney Health

Both innovative research and standardized, integrated data collection are essential to preventing CKD, diagnosing it early, and improving care for those living with kidney disease. A more connected research and data ecosystem accelerates innovation, fosters collaboration between researchers, clinicians, and policymakers, and ensures that scientific advances are translated into better, timelier, and more equitable care for all Canadians affected by CKD[29,46,47].

Canada has established a strong foundation and world-class reputation in nephrology and transplantation research; leveraging this expertise will drive access to clinical trials and new therapies for people throughout the CKD continuum, including those on dialysis, awaiting transplant, post-transplant, or living with a rare kidney disease.

In addition to building on Canada's research ecosystem, meaningful progress for people with CKD will require nationwide collaboration to ensure standardized and comprehensive data collection. This is a necessary next step to tracking trends, identifying gaps in care, driving data-informed policy change, and increasing accountability. Strengthening Canada's data infrastructure - while upholding principles of data sovereignty and equity - will deepen our understanding of CKD epidemiology, treatment effectiveness, and long-term outcomes[29,46].

> **"Perhaps if more of that money (i.e. savings from preventing CKD) was put into research and development and finding cures for these diseases early on, certainly all of us would have a better quality of life and not have to go through this whole process."**
>
> **- CKD PATIENTS FOCUS GROUP**

Investment in kidney research and data systems will have a profound impact not only on patient outcomes but also on the sustainability and efficiency of the broader health care system and the Canadian economy. Strengthening research capacity and data integration enables earlier diagnosis, more effective treatment, and better management of complications – reducing hospitalizations, emergency visits, and the need for costly dialysis and transplants. Economically, these improvements translate into lower health system expenditures, greater workforce participation, and improved quality of life for people living with kidney disease[46,47].

OBJECTIVES:

SHORT-TERM OBJECTIVE (1-2 YEARS):

Increase investment in CKD research: The funding of CKD research in Canada does not reflect its significant burden on public health. Increasing investment is essential to advance preventive strategies, accelerate the discovery of new treatments, and improve models of care, particularly for underserved and at-risk populations.

Define and establish data indicators to ensure that data is comparable across jurisdictions: Data on CKD incidence, progression, and treatment outcomes are not uniformly collected across Canada, limiting the ability to perform national analyses that support data-driven decision making and advance research initiatives.

Create an environment where research and industry converge to accelerate discovery, commercialization, and adoption of new kidney health innovations: By strengthening Canada's clinical trial capacity and creating incentives for commercial investment, Canada can become an attractive market and incubator for CKD-related therapies, technologies, and data-driven solutions. This approach will not only improve patient outcomes but also stimulate economic growth and enhance Canada's global competitiveness in the life sciences.

MEDIUM-TERM OBJECTIVES (2-5 YEARS):

Leverage existing data collection infrastructure to include upstream metrics: Build on Canada's foundation in standardized data collection, such as that of the Canadian Institute for Health Information (CIHI) / Infoway project's dataset, by integrating and expanding these systems to capture more upstream kidney health metrics. Leveraging existing government investments in data infrastructure can help quantify early detection, prevention, and disease progression, building current successes into a more comprehensive national picture of kidney health.

Accelerate the translation of research into practice: While CKD research is ongoing, there remains a gap in translating new discoveries into clinical guidelines and public health interventions, and patient care[47]. Promoting and supporting interdisciplinary collaboration between researchers, clinicians, government, and people with lived experience will ensure that innovations are rapidly adopted into practice, improving outcomes and maximizing the impact of research investments.

LONG-TERM OBJECTIVES (5+ YEARS):

Establish sustainable, coordinated national investment in kidney research and innovation: Short-term or fragmented funding limits Canada's ability to advance prevention and early detection, and to ensure timely, effective intervention. A sustained national investment framework would ensure stable support for discoveries that support both improved patient outcomes and system level cost burdens associated with CKD.

Position Canada as a global leader in CKD research and innovation, promoting collaboration across sectors: Foster global collaborations and partnerships with international research bodies to continue to elevate Canada as a leader in CKD research. Promote the continuous integration of new research findings into Canadian health care guidelines, ensuring that innovations in CKD detection, treatment, and management are rapidly translated into practice.

Moving Forward

The endorsement and official adoption of the National Strategic Framework for Chronic Kidney Disease by the Government of Canada is the necessary catalyst to transform this document from a blueprint to meaningful action that will improve the lives of people living with CKD. Once adopted, the federal government must convene and coordinate with provincial and territorial partners to advance the Framework's objectives. Implementation should be guided by clearly defined roles and responsibilities to ensure accountability, alignment, and consistency across all jurisdictions.

As a first step, the Government of Canada and Public Health Agency of Canada must formally recognize chronic kidney disease as a distinct chronic illness and track chronic kidney disease as part of the Canadian Chronic Disease Surveillance System. Strengthening national surveillance of kidney health is a critical first step toward improving outcomes—enabling early identification of trends, informing evidence-based policy decisions, and supporting timely interventions that reduce the burden of CKD across Canada.

We also call on health care providers, researchers, and allied health organizations to view this Framework as the foundational direction for CKD in Canada. Your unwavering commitment to embed its principles into practice will ensure that the objectives are not just targets but will result in improved health outcomes and quality of life for every person affected by this disease.

Appendices

APPENDIX 1: ENGAGEMENT PROCESS

The Kidney Foundation of Canada initiated an expansive and collective consultation endeavor to support the development of the National Framework for CKD. This initiative was purposefully designed to engage a diverse spectrum of stakeholders, including Canadians at large, health care practitioners, caregivers, people with lived experience, and subject-matter experts. Leveraging various platforms and extensive networks, the process was constructed to reach stakeholders in each province and territory, fostering inclusivity and robust participation.

The development of the Framework involved the following key engagement methods:

STEERING COMMITTEE: consisted of experts and advocates providing strategic direction and oversight to the consultation process, the identification of key priority areas, and the development of the Framework.

KIDNEY COMMUNITY ADVISORY COMMITTEE: served as an advisory body providing essential insights and perspectives from people with lived experience of kidney disease, ensuring these voices meaningfully shaped the Framework's priorities, recommendations, and approach.

INTERNAL AND EXTERNAL STAKEHOLDER MEETINGS: Hundreds of stakeholders, both within The Kidney Foundation and in the broader kidney community, were consulted via virtual and in person interactive meetings. These meetings included nephrologists, kidney transplant specialists, allied health care providers, researchers, kidney donors, patients, and caregivers.

SURVEY OF PEOPLE WITH LIVED EXPERIENCE OF KIDNEY DISEASE: This survey collected firsthand accounts and feedback from over 740 individuals directly affected by kidney disease, offering invaluable insights into their needs and challenges.

PROFESSIONAL / DECISION-MAKERS INTERVIEWS: solicited input from health care professionals and policymakers, garnering perspectives on the current landscape and potential avenues for improvement.

Focus Groups were convened to facilitate in-depth discussions on specific topics and issues related to kidney disease, fostering dialogue and generating actionable recommendations. A total of 4 focus groups were convened, made up of 19 participants in total, including 5 Indigenous participants with lived CKD experience, 8 individuals who work in allied health supporting kidney patients, 7 individuals living with CKD, 4 living kidney donors, and 7 who have acted as caregivers to those living with CKD. Several individuals had multiple roles, such as caregiver and living donor, or allied health professional and CKD patient.

APPENDIX 2: FEDERAL AND PROVINCIAL ROLES AND RESPONSIBILITIES

Health care in Canada is a shared responsibility across federal, provincial and territorial (FPT) governments. To achieve the objectives set out in this Framework, FPT collaboration is required. The following provides an overview of the respective roles and responsibilities of the FPT governments.

FEDERAL ROLES AND RESPONSIBILITIES

National standards

The federal government sets national standards described in the Canada Health Act for provincial and territorial health insurance plans. The provinces and territories must meet these standards to receive their full payment under the Canada Health Transfer

Health care funding

The federal government provides funding to provinces and territories through two primary mechanisms:

> *The Canada Health Transfer:* direct funding that supports the delivery of health care services; and
>
> *Other fiscal transfers:* additional funding provided through targeted or general-purpose transfer programs.

Health care services to specific groups

The federal government provides certain health care services to: eligible veterans, refugee claimants, inmates in federal penitentiaries, active members of the Canadian Forces, Inuit and First Nations people living on reserves

Regulation of health products

The federal government assesses and regulates a variety of products for the health of Canadians. This includes: food, cosmetics, chemicals, pesticides, medical devices, pharmaceuticals, consumer products, devices that emit radiation (for example, cellphones)

Tax support

The federal government provides tax support for health-related costs, such as tax credits for: disability, medical expenses, caregivers and disabled dependents, tax rebates to public institutions for health services, deductions for private health insurance premiums for people who are self-employed

Other health-related supports

The federal government also support initiatives, such as: health research, health promotion and protection, disease monitoring and prevention

PROVINCIAL / TERRITORIAL ROLES AND RESPONSIBILITIES

Provinces and territories are primarily responsible for the management, organization, and delivery of health services to the population. Key areas of responsibility include:

Health Service Delivery

The provincial government is responsible for health service delivery. Including:

- Hospital administration
- Physician Services
- Operation of local / regional health authorities
- Delivering home care, long-term care, and mental health and addiction services.

Health Insurance Plans

The provincial government designs and manages publicly funded health insurance systems in alignment with the Canada Health Act

Public Health

Provincial governments' role in public health include:

- Implementing disease prevention, vaccination, and health promotion programs
- Managing regional public health emergencies

Health Workforce and Regulation

The provincial government is responsible for:

- The licensure and regulation of health professionals.
- Planning and managing the health workforce.

APPENDIX 3: GLOSSARY

Asymptomatic: Having a disease or medical condition without noticeable symptoms (you may feel well even though the illness is present).

Cardiovascular Disease: Health problems that affect the heart or blood vessels, such as a heart attack or stroke.

Chronic Illness: A long-term health condition (usually lasting 3 months or more) that often requires ongoing management and care.

Chronic Kidney Disease: A progressive condition in which the kidneys are damaged or lose function over time, lasting three months or more, and which may progress to kidney failure.

Conservative Kidney Management: A treatment for kidney failure that focuses on symptom management and quality of life without dialysis or transplant.

Comorbidity: When a person has more than one disease or health problem at the same time.

Culturally Safe Care: Health care that respects a person’s cultural identity and addresses systemic barriers and racism to ensure care is safe, appropriate, and equitable.

Data Sovereignty: The right of a group - especially Indigenous Peoples - to control how their data is collected, used, stored, and shared.

Diabetes: A chronic condition in which the body cannot properly regulate blood sugar (glucose). Over time, high blood sugar can damage blood vessels and organs, including the kidneys.

Dialysis: A life-sustaining treatment that removes waste and excess fluid from the blood when the kidneys are no longer able to do so.

Health Equity: The state where everyone has a fair and just opportunity to attain their highest level of health. It requires addressing deeply rooted social and economic obstacles to health.

Health Inequities: Unfair and avoidable differences in health outcomes or access to health care between population groups.

Health Literacy: A person’s ability to access, understand, and use health information to make informed decisions about their care.

Hypertension: Commonly known as high blood pressure, a chronic medical condition in which blood pressure is persistently elevated.

Incidence: The rate at which new cases of a disease or condition occur in a population over a specified period.

Kidney Failure: A condition in which the kidneys can no longer filter waste and excess fluid from the blood well enough to sustain life.

Mortality: Death rate or number of deaths in a certain group of people over a period of time.

Multidisciplinary Care: A team-based approach to care involving multiple health professionals (e.g., physicians, nurses, pharmacists, mental health providers) working together to support a patient.

Nephrologist: A physician who specializes in the diagnosis and treatment of kidney diseases.

Noncommunicable Disease: A long-term condition that is not contagious and typically develops over time, such as kidney disease, diabetes, or heart disease.

Obesity: A complex disease involving an excessive amount of body fat.

Prevalence: The total number of cases of a disease or condition in a specific population at a given time.

Primary Care: The first point of contact with the health system, including family doctors, nurse practitioners, and community clinics, providing ongoing and preventive care.

Risk Factor: A characteristic or condition (such as high blood pressure or obesity) that increases the likelihood of developing a disease.

Social Determinants of Health: The social and economic conditions that influence health outcomes, such as income, education, housing, food access, and access to care.

APPENDIX 4: REFERENCES

1. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney International 105(4S): S117–S314 (2024). https://doi.org/10.1016/j.kint.2023.10.018
2. Pecoits-Filho, R., et al. High Prevalence of Unrecorded Stage 3 Chronic Kidney Disease in Australia, Brazil, Canada, England, and Spain: The Multinational, Observational REVEAL-CKD Study. International Journal of Clinical Practice Article ID 5138534 (2024). https://doi.org/10.1155/ijcp/5138534
3. Sundström, J., et al. Prevalence, outcomes, and cost of chronic kidney disease in a contemporary population of 2·4 million patients from 11 countries: The CaReMe CKD study. The Lancet Regional Health 20:100438 (2022). https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(22)00132-6/fulltext
4. Statistics Canada. Table 13-10-0394-01 Leading causes of death, total population, by age group. 2026. URL: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401. Accessed February 11, 2026
5. Arora, P., et al. Prevalence estimates of chronic kidney disease in Canada: results of a nationally representative survey. Canadian Medical Association Journal 185(9): E417-23 (2013). https://doi.org/10.1503/cmaj.120833
6. GBD 2023 Chronic Kidney Disease Collaborators. Global, regional, and national burden of chronic kidney disease in adults, 1990-2023, and its attributable risk factors: a systematic analysis for the Global Burden of Disease Study 2023. The Lancet. 406(10518): 2461-2482 (2025). https://doi.org/10.1016/S0140-6736(25)01853-7
7. Canadian Institute for Health Information. Annual statistics on renal replacement therapy in Canada, 2015 to 2024. 2025. URL: https://www.cihi.ca/en/annual-statistics-on-renal-replacement-therapy-in-canada-2015-to-2024. Accessed February 11, 2026.
8. Becherucci, F., et al. Chronic kidney disease in children. Clinical Kidney Journal 9(4): 583-91 (2016). https://doi.org/10.1093/ckj/sfw047
9. Xia, J., et al. Cigarette smoking and chronic kidney disease in the general population: a systematic review and meta-analysis of prospective cohort studies. Nephrology Dialysis Transplantation 32(3): 475–487 (2017). https://doi.org/10.1093/ndt/gfw452
10. Canadian Institute of Health Information. End-stage renal disease among Aboriginal peoples in Canada: treatment and outcomes. 2013. URL: https://publications.gc.ca/collections/collection_2013/icis-cihi/H117-5-17-2013-eng.pdf. Accessed October 2025.
11. Komenda, K., et al. The Prevalence of CKD in Rural Canadian Indigenous Peoples: Results From the First Nations Community Based Screening to Improve Kidney Health and Prevent Dialysis (FINISHED) Screen, Triage, and Treat Program. American Journal of Kidney Disease 68(4): 582-590 (2016). https://doi.org/10.1053/j.ajkd.2016.04.014
12. Kelly, L., et al. Prevalence of chronic kidney disease and cardiovascular comorbidities in adults in First Nations communities in northwest Ontario: a retrospective observational study. Canadian Medical Association Open 7(3): e568-572 (2019). https://doi.org/10.9778/cmajo.20190040
13. Sikaneta, T., et al. Ethnic and immigrant disparities in dialysis prevalence and chronic kidney disease trajectories in Toronto. British Medical Journal – Open 15: e105083 (2025). https://doi.org/10.1136/bmjopen-2025-105083
14. Desai, N., et al. CKD and ESRD in US Hispanics. American Journal of Kidney Disease 73(1): 102-111 (2019). https://doi.org/10.1053/j.ajkd.2018.02.354
15. Laurier, N., et al. Examining Inequities in Clinical Outcomes for Indigenous Patients Treated With Dialysis in Canada: A Scoping Review. Kidney Medicine 7(11): 101106 (2025). https://doi.org/10.1016/j.xkme.2025.101106
16. El-Dassouki, N., et al. Barriers to Accessing Kidney Transplantation Among Populations Marginalized by Race and Ethnicity in Canada: A Scoping Review Part 1—Indigenous Communities in Canada. Canadian Journal of Kidney Health and Disease 8: 2054358121996835 (2021). https://doi.org/10.1177/2054358121996835
17. El-Dassouki, N., et al. Barriers to Accessing Kidney Transplantation Among Populations Marginalized by Race and Ethnicity in Canada: A Scoping Review Part 2—East Asian, South Asian, and African, Caribbean, and Black Canadians. Canadian Journal of Kidney Health and Disease 8: 2054358121996834 (2021). https://doi.org/10.1177/2054358121996834

18. Pourghazi, F., et al. Association Between Childhood Obesity and Later Life Kidney Disorders: A Systematic Review. Journal of Renal Medicine 33(4): 520-528 (2023). https://doi.org/10.1016/j.xkme.2025.101106
19. Dart, A., et al. Screening for kidney disease in Indigenous Canadian children: The FINISHED screen, triage and treat program. Paediatric Child Health 23(7): e134–e142 (2018). https://doi.org/10.1093/pch/pxy013
20. Canadian Institute for Health Information. Summary statistics on organ transplants, wait-lists and donors. 2026. URL: https://www.cihi.ca/en/summary-statistics-on-organ-transplants-wait-lists-and-donors. Accessed February 11, 2026.
21. Canadian Institute for Health Information. Patient Survival Following Organ Transplant. 2026. URL: https://www.cihi.ca/en/indicators/patient-survival-following-organ-transplant. Accessed February 11, 2026.
22. World Health Organization (WHO). Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease. 2025. URL: apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF6-en.pdf. Accessed February 12, 2026
23. United Nations (UN) General Assembly. Equity and integration: transforming lives and livelihoods through leadership and action on noncommunicable diseases and the promotion of mental health and well-being. 2025. URL: https://docs.un.org/en/A/80/L.34. Accessed February 12, 2026
24. Public Health Agency of Canada. The 2008 Report on the Integrated Pan-Canadian Healthy Living Strategy. 2008. URL: https://publications.gc.ca/site/eng/9.506108/publication.html. Accessed February 12, 2026
25. Tangri, N., et al. Inside CKD: Cost-Effectiveness of Multinational Screening for CKD. Kidney International Reports 10(4): 1087-1100 (2025). https://doi.org/10.1016/j.ekir.2020.01.020
26. Chadban, S., et al. Projecting the economic burden of chronic kidney disease at the patient level (Inside CKD): a microsimulation modelling study. eClinicalMedicine 72: 102615 (2024). https://doi.org/10.1016/j.eclinm.2024.102615
27. Truth and Reconciliation Commission of Canada. Calls to Action. 2015. URL (English and French): https://publications.gc.ca/site/eng/9.801236/publication.html. Accessed February 12, 2026
28. Bachynski, J.C., et al. “Gidoodikosan Giiwitaabimin” (We Sit in a Circle for Kidneys): A Strength-Based Qualitative Study. International Journal of Indigenous Health. 20(1), 1-16. 2024. https://jps.library.utoronto.ca/index.php/ijih/article/view/39807
29. Erdmann, R., et al. Canadian Senior Renal Leaders Community of Practice: Vulnerable Populations With Chronic Kidney Disease—Evidence to Inform Policy. Canadian Journal of Kidney Health and Disease 7 [online] (2020). https://doi.org/10.1177/2054358120930977
30. Palmer, S., et al. Prevalence of depression in chronic kidney disease: systematic review and meta-analysis of observational studies. Kidney International 84(1): 179-191 (2013). https://doi.org/10.1038/ki.2013.77
31. Schick-Makaroff, K., et al. Burden of mental health symptoms and perceptions of their management in in-centre hemodialysis care: a mixed methods study. Journal of Patient-Reported Outcomes 5: 111 (2021). https://doi.org/10.1186/s41687-021-00385-z
32. Fernandez, L., et al. Mental Health Care for Adults Treated With Dialysis in Canada: A Scoping Review. Canadian Journal of Kidney Health and Disease 9: 20543581221086328 (2022). https://doi.org/10.1177/20543581221086328
33. Correa-Rotter, R., et al. PaCE CKD: A Multinational Survey of Health-Related Quality of Life in Patients with Chronic Kidney Disease and Caregivers. Advances in Therapy [online] (2025). https://doi.org/10.1007/s12325-025-03455-6
34. The Kidney Foundation of Canada. The Burden of Out-of-Pocket Costs for Canadians with Kidney Failure. (2018). URL: kidney.ca/KFOC/media/images/PDFs/Burden_of_Out-of-Pocket_Costs.pdf Accessed February 13, 2026
35. Deloitte. Health Economic Impact of Improving Chronic Kidney Disease Management in Canada. The Kidney Foundation of Canada (2025).
36. Ferrara, F., et al. Food insecurity and kidney disease: a systematic review. International Urology and Nephrology 56(3): 1035-1044 (2024). https://doi.org/10.1007/s11255-023-03777-w
37. Tsai, Y., et al. Association of Fluid Overload With Kidney Disease Progression in Advanced CKD: A Prospective Cohort Study. American Journal of Kidney Disease 63(1): 68-75 (2014). https://doi.org/10.1053/j.ajkd.2013.06.011

38. Manns, B., et al. The Financial Impact of Advanced Kidney Disease on Canada Pension Plan and Private Disability Insurance Costs. Canadian Journal of Kidney Health and Disease 4 [online] (2017). https://doi.org/10.1177/2054358117703986
39. Chadban, S., et al. PaCE CKD: A Multinational Survey of Financial Burden and Work Productivity in Patients with Chronic Kidney Disease and Caregivers. Advances in Therapy (2025). https://doi.org/10.1007/s12325-025-03456-5
40. Canadian Institute for Health Information. High Risk and High Cost: Focus on Opportunities to Reduce Hospitalizations of Dialysis Patients in Canada (2015). URL: cihi.ca/sites/default/files/document/opportunities-reduce-hospitalizations-dialysis-patients-canada-en. Accessed February 13, 2026.
41. Kohatsu, K., et al. Shared decision-making in selecting modality of renal replacement therapy confers better patient prognosis after the initiation of dialysis. Therapeutic Apheresis and Dialysis. 29(1): 34-41. (2025). https://doi.org/10.1111/1744-9987.14192
42. The Office of the Auditor General of Canada. Implementing Gender-Based Analysis (2015). URL: https://publications.gc.ca/site/eng/9.804407/publication.html. Accessed February 13, 2026.
43. Langham, R.G., et al. Kidney Health For All: Bridging the Gap in Kidney Health Education and Literacy. Kidney Medicine. 4(3): 100436. (2022). https://doi.org/10.1016/j.xkme.2022.100436
44. Ipsos. Kidney Health Awareness Improves: A Continued Call for Increased Engagement. The Kidney Foundation of Canada (2024). URL: https://www.ipsos.com/en-ca/kidney-health-awareness-improves-continued-call-for-increased-engagement. Accessed February 13, 2026.
45. Bello, A., et al. Protocol: Improving Access to Specialist Nephrology Care Among Rural/Remote Dwellers of Alberta: The Role of Electronic Consultation in Improving Care for Patients With Chronic Kidney Disease. Canadian Journal of Kidney Health and Disease [online] (2019). https://doi.org/10.1177/2054358119878715
46. Bello, A., et al. Prevalence and Demographics of CKD in Canadian Primary Care Practices: A Cross-sectional Study. Kidney International Reports. 4(4): 561-570. (2019). https://doi.org/10.1016/j.ekir.2019.01.005
47. Kitzler, T. and Chun, J. Understanding the Current Landscape of Kidney Disease in Canada to Advance Precision Medicine Guided Personalized Care. Canadian Journal of Kidney Health and Disease. 10: 1-11. (2023). https://doi.org/10.1177/20543581231154185

KIDNEY.CA
advocacy@kidney.ca