

San Salvador Declaration Comprehensive Management of Chronic Tubulointerstitial Kidney Disease of Central America (CTKDC) Predominantly Affecting Agricultural Communities

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Assembled in San Salvador, El Salvador, in the context of the High-Level Meeting on Chronic Kidney Disease of Non-traditional Causes in Central America with the objective of recognizing this serious public health problem and strengthening the response against the epidemic of this disease in the population of Central America, conscious and certain of our commitment to the right to enjoy the highest possible level of health and wellbeing of present and future generations, the region's Ministers of Health of the Central American Integration System [SICA, the Spanish acronym] adopt the present declaration on April 26, 2013.

CONSIDERING

1. That the global epidemic of chronic kidney disease (CKD) in all stages has a prevalence of 10% to 16% and in stages of chronic kidney failure (CKF), of 1.4% to 6.3% in the adult population; dialysis incidence of 285 to 415 patients per million population (pmp); dialysis prevalence of 1968 to 2288 pmp, growing by 8 to 10% annually and dialysis mortality of 20% annually; and an estimated cost of three billion dollars annually.[1–4]
2. That the economic burden of CKD generates impoverishment of affected homes and huge expenses for national health systems.[5]
3. That in Central America in the last decades an increasing number of cases of people with CKD has emerged, constituting a serious public health problem characterized by high premature mortality, morbidity, and pressure on health services, with high numbers of patients on renal replacement therapy, delay and waiting lists, failure to satisfy demand due to lack of response capacity, scarcity of medical resources and specialized health personnel.
4. That CKD etiology is associated with diabetes mellitus in 43% to 50% of cases and with hypertension in 20% to 30%, both diseases trending upward globally.[6]
5. That in the Central American countries a type of CKD has been reported whose etiology is not related to diabetes mellitus and/or high blood pressure, with a higher frequency than observed globally, and growing.
6. That understanding this disease requires enormous research efforts and health measures for a comprehensive approach to it.
7. That this disease mainly affects socially vulnerable groups of the agricultural communities of the Pacific coast of Central America, with predominance in young men and has been associated with various conditions, notably toxic-environmental and occupational factors, dehydration and habits harmful to kidney health.
8. That this is a disease that is potentially preventable by intersectoral intervention on social and environmental determinants, health promotion at individual and community levels, early diagnosis and timely treatment.
9. That from analysis of results presented at the “International Conference on Chronic Kidney Disease of Non-traditional Causes in Central America” held in San Salvador on April 24 and 25 of this year it can be asserted that:
10. The Regional High-level Consultation [of the Americas] on Noncommunicable Diseases (NCD) and Obesity, held in
 - a. In this conference, results of epidemiologic, clinical, histopathologic and toxicological–environmental studies have been presented that contribute to knowledge and characterization of the disease and its determinants.
 - b. There is still a gap in the understanding of CTKDC in the region, related to its epidemiological behavior, natural history, etiology and risk factors, making more research on the problem necessary at regional and national levels.
 - c. There is no regionally accepted case definition of CTKDC.
 - d. More information is needed on the economic burden of CTKDC on homes, health systems and society.
 - e. Better, comprehensive surveillance systems for CTKDC are required, including vital statistics.
 - f. A multisectoral approach for comprehensive management of CTKDC and its determinants is lacking.
 - g. The limited availability of qualified human resources and appropriate infrastructure for a comprehensive response to this health problem is recognized.
11. The commitment adopted at the 24th Ordinary Meeting of the Council of Health Ministers of Central America [COMISCA, the Spanish acronym] on June 23, 2011, in which the Declaration of Antigua, Guatemala “United to Halt the Epidemic of

Mexico DF on February 25, 2011, which in its declaration recognizes regional-level concern in Central America because of CKD's emergence as a public health problem due to its high human, social and economic costs.

Declaration

Chronic Noncommunicable Disease in Central America and the Dominican Republic” was approved, providing for inclusion of CKD among health priorities for the SICA region in the framework of international mobilizations against chronic non-communicable diseases.

12. Resolution 8 of the 40th Ordinary Summit of Heads of State and Government of the SICA Countries in December 2012, in which they urge COMISCA to continue working on strategies for control of tobacco and alcohol addiction, cardiovascular diseases, diabetes, as well as chronic kidney disease, a public health problem in Central America.
13. Resolution 54 of the 37th Ordinary Meeting of COMISCA in December, 2012, which instructs SE-COMISCA [COMISCA's secretariat] to prepare a proposal for comprehensive management of CKD emphasizing prevention and promotion and requests PAHO-WHO, in coordination with [US]CDC and other specialized agencies led by SE-COMISCA, to carry out research on CKD.

THEREFORE

We recognize the existence of chronic tubulointerstitial kidney disease in Central America (CTKDC), which predominantly affects agricultural communities, as a major public health problem.

WE DECLARE OUR COMMITMENT TO:

1. Take the present declaration to the upcoming Ordinary Summit of Heads of State and Government of SICA to secure the highest-level political support, allowing mobilization at regional and local levels of all sectors involved in the response to the epidemic of CTKDC in Central America and the Dominican Republic.
2. Create mechanisms of intersectoral coordination at local and regional levels led by the ministries of health and COMISCA.
3. Urgently promote guidelines, monitoring, evaluation and control of the known aggravating factors of CKD and risk factors and social determinants associated with CTKDC as a priority in national and regional health agendas, and advocate at the highest level for development of intersectoral public policies.
4. Promote public policies and strengthen the regulatory framework to ensure obligatory controls on import, smuggling, storage, sale, advertising, distribution, use and final disposal of agrochemicals in compliance with signed international agreements.
5. Promote transition towards an agricultural model that uses biological treatments, in the face of growing climate variability in the region.
6. Create regional and national plans for comprehensive management of CTKDC and strengthening of scientific research in the framework of prevention and control of chronic non-communicable diseases.
7. Strengthen and standardize comprehensive surveillance systems and obligatory notification of CKD and share information as a public good.
8. Widen coverage and improve quality of preventive actions, early detection, workplace hygiene and occupational health, timely and comprehensive treatment and equitable access to medications and resources with special emphasis on high-risk communities.
9. Facilitate health promotion actions and participation of civil society in prevention of CTKDC, reducing modifiable risk factors.
10. Strengthen competence of health team professionals and technicians for general and specialized care of CTKDC at all care levels.
11. Strengthen and/or create national toxicology centers.
12. Establish followup and monitoring mechanisms for this declaration through the Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic, accompanied by CDC and PAHO-WHO.
13. Recognize the leadership in the region and the personal effort of El Salvador's Minister of Health, Dr María Isabel Rodríguez, to position chronic kidney disease as a major public health problem.
14. Thank and congratulate El Salvador's Ministry of Health and National Institute of Health, in the person of the Honorable Dr María Isabel Rodríguez and her team for the excellent organization of the International Conference and High-level Meeting on Chronic Kidney Disease of Non-traditional Causes.