

RENAL DISEASE IN MINORITY POPULATIONS AND DEVELOPING NATIONS

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Similarities in patterns of renal disease in developing countries, and in minority and disadvantaged groups in developed countries, formed the basis of the International Society of Nephrology/Commission for the Global Advancement of Nephrology (ISN/COMGAN) initiative to explore how to share challenges and successes between these communities. From these insights the ISN/COMGAN subcommittee that has focused on renal disease in indigenous populations and ethnic minority groups has evolved to become the "Committee for Kidney Health in Disadvantaged Populations." The purpose of this evolution was to extend the focus beyond the renal problems of indigenous populations and ethnic minority groups to embrace similar communities within developing nations whose interests might otherwise go unrepresented.¹ The strength of this committee over the last 10 years has been its willingness to embrace the particular problems of chronic kidney disease (CKD) within developing areas, and to bring together at successive meetings, with the aid of scholarship support, those who are working in nephrology in the developing world and those whose clinical practice and research skills have direct application to the needs of the former.

These proceedings from the most recent satellite conference, linked to the Third World Congress on Nephrology in Singapore in June 2005, highlight several of the key themes explored during that meeting. The exchange of epidemiology, disease mechanisms and intervention strategies related to CKD, CKD risk factors, competing health issues, and diverse health care delivery systems led to a robust series of interactions and insights.² Presentations included the identification of key

strategies for improving the detection and prevention of renal disease and the newest findings on treatment and clinical outcomes of CKD among ethnic minority populations in developing nations. Additional sessions were designed to improve our understanding of not only the pathogenesis and pathophysiology of CKD, but the unique presentations, expressions, and key risk factors that contribute to the worldwide CKD pandemic. Finally, there was a series of discussions to recognize new research opportunities and to design and/or support programs to reduce the rising incidence of CKD to improve outcomes in at-risk communities.

As developing countries are faced with increasing rates of chronic diseases^{3,4} including an explosion in the rate CKD, the opportunity to learn from successes and failures in developed countries can help shape public health policy and create innovative cost-effective CKD programs. Simultaneously, these innovative programs may have significant utility for developing countries as they try to cope with increasingly diverse communities with relatively unique genetic and environmental CKD risks immersed within a broad range of health beliefs and health practices, and often isolated from traditional Western allopathic healthcare systems. Ultimately, these efforts contribute globally to help meet the *US Healthy People 2010* goals on increasing quality and quantity of life, and reducing disparities in health outcomes.⁵

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