Letter to the Editor, The Lancet

Global kidney disease

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We read with interest the *Lancet* Series on Global Kidney Disease. Valerie Luyckx and colleagues describe the economics and medical management of chronic kidney disease in sub-Saharan Africa.¹ We note clear similarities with patients in Peru. Indeed, in Peru, the Ministry of Health (MINSA)—which covers 70% of the population—does not have a comprehensive programme for the management of patients with chronic kidney disease, including renal replacement therapies. However, the Social Security System (Essalud)—which covers 20% of the population—has a chronic kidney disease programme.

Through MINSA, the care of patients requiring renal transplantation is limited to general hospitals and haemodialysis is provided by hospitals with self-initiated dialysis centres with limited capacity, mostly in the capital, Lima. There are several remote regions that do not have dialysis centres or nephrologists.² The financing of dialysis therapy is covered by the Comprehensive Health System (SIS) for patients in extreme poverty, up to a maximum of €10 700 per patient. In practice, the funding is limited by the shortage of dialysis centres or places in MINSA hospitals, and some patients cannot receive dialysis therapy.

The main problem for planning a comprehensive programme for patients with chronic kidney disease in Peru is the absence of studies evaluating the number of patients with chronic kidney disease, including those requiring renal replacement therapies. Likewise, there are no official data on mortality, nor on abandonment of therapy, in these patients. Given the scarcity of centres and nephrologists, we anticipate that abandonment of therapy might be important.

Health coverage in Peru is still insufficient, and is not in line with the economic growth of the country.

We declare that we have no conflicts of interest.

References

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