



Global Health Advocacy & Research

FROM PAYING FOR KIDNEY FAILURE TO PREVENTING IT

A National Kidney Failure Registry: The First Building Block of Nepal's NCD Surveillance System

THE POLICY OPPORTUNITY

Nepal already pays to treat kidney failure. The next step is to build the data system needed to prevent it.

WHY THIS MATTERS

Nepal supports dialysis and kidney transplantation, saving lives and protecting families from catastrophic costs. Yet the country still lacks reliable national data on:

- **Burden:** how many people develop kidney failure, where, and at what age.
- **Cause and timing:** what causes it, and how often diagnosis or referral is late.
- **Risk groups:** which populations, occupations, and regions are most affected.
- **Migrant workers:** whether returnee workers are disproportionately affected.
- **Future cost:** how dialysis and transplant demand will affect public expenditure.

Without national data, Nepal is largely financing kidney failure after it occurs rather than systematically finding opportunities for prevention.

THE SOLUTION

Establish a Government-owned National Kidney Failure Registry, beginning with universal registration of people receiving maintenance dialysis and kidney transplantation.

This is feasible because these patients already receive care through a defined network of facilities, many linked to government financing.

MEASURE national burden, geography, age and demographics

IDENTIFY causes, late diagnosis and preventable exposures

PLAN services, capacity and future public expenditure

PROTECT migrant workers by identifying high-risk jobs and destinations

IMPROVE access, quality and treatment outcomes

IMMEDIATE GOVERNMENT ACTION

The Ministry of Health and Population should establish a National Kidney Failure Registry Technical Working Group. Within six months, it should:

- define the national minimum dataset
- set governance, privacy and data-use standards
- design electronic reporting and integration with health/reimbursement systems
- launch a geographically diverse pilot leading to universal national reporting

THE POLICY CHOICE

Earlier detection • Targeted prevention • Better migrant-worker protection • Smarter planning • More efficient public spending

From paying for kidney failure to preventing it. From estimating the burden to measuring it - and acting on it.

A CRITICAL NATIONAL QUESTION: MIGRANT WORKERS

Emerging studies raise concern that returnee migrant workers may represent a substantial share of younger Nepalis presenting with kidney failure, particularly workers returning from Gulf countries and Malaysia.

Potential exposures include extreme heat, strenuous physical labor, long working hours, and inadequate hydration and rest. These observations require national confirmation - not assumptions.

If excess occupational risk is confirmed, registry data can support:

- pre-departure education and screening
- periodic kidney-health assessment
- heat, hydration and rest protections
- stronger kidney-health provisions in bilateral labor agreements

If it is not confirmed, the same registry will direct prevention resources toward the populations and causes that actually drive Nepal's burden.

FROM DATA TO PREVENTION

IDENTIFY → UNDERSTAND → PREVENT → MEASURE

A small standardized dataset can capture demographics, geography, kidney disease and risk factors, diagnosis/referral, dialysis/transplantation, migration and occupation, and key outcomes.

Within 12–18 months, Nepal could begin producing nationally relevant information on burden, causes, late diagnosis, migrant-worker health, treatment outcomes, service gaps, and current and projected public expenditure.

The same infrastructure can later expand upstream to advanced CKD, hypertension, diabetes, cardiovascular disease, and other priority NCDs.

Selected evidence: Kidney360 (2022, 2024, 2025); Nephrology Dialysis Transplantation (2020); BMC Nephrology (2026); Annals of Medicine & Surgery (2025); PLOS ONE (2024); BMJ Open (2025); Kidney International Supplements (2020); Kidney International Reports (2026). Full references available on request.