

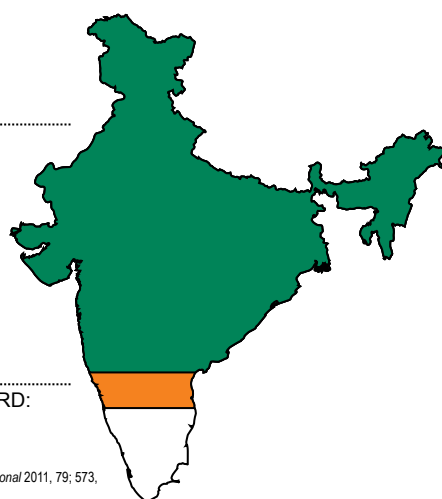
### India Country Status

#### Prevalence of ESRD in India (as of 2008)

Incidence of ESRD:  
160/1,000,000

Annual increase of ESRD:  
91 per year

Source: Modi G, Jha V, *Kidney International* 2011; 79: 573, DOI: 10.1038/ki.2010.477



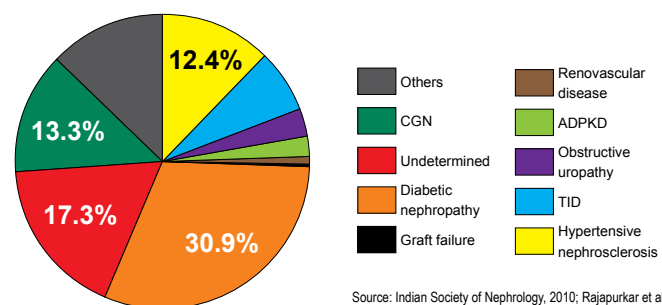
#### Age and sex distribution of CKD patients



Age	N = 63,538
≤ 30	7792 (12.3%)
31-40	9716 (15.3%)
41-50	13,848 (21.8%)
51-60	16,861 (26.5%)
61-70	10,978 (17.3%)
≥ 70	4343 (6.8%)

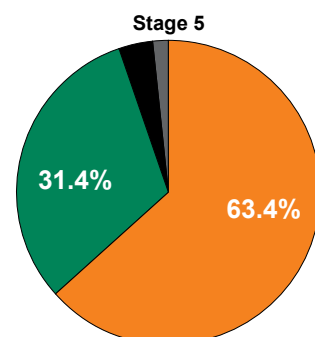
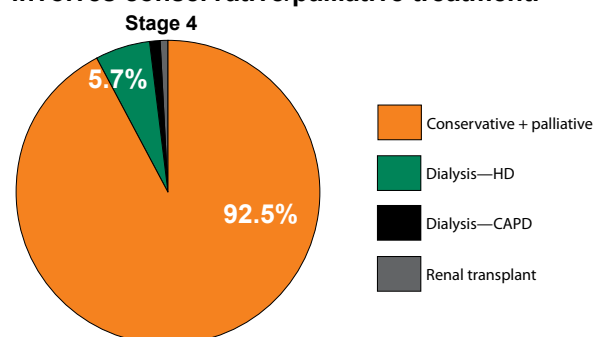
Source: Indian Society of Nephrology, 2010; Rajapurkar et al., *BMC Nephrology* 2012, DOI: 10.1186/1471-2369-13-10

#### Diabetic nephropathy, chronic glomerulonephritis, and hypertensive nephrosclerosis are the major causes of CKD in India.



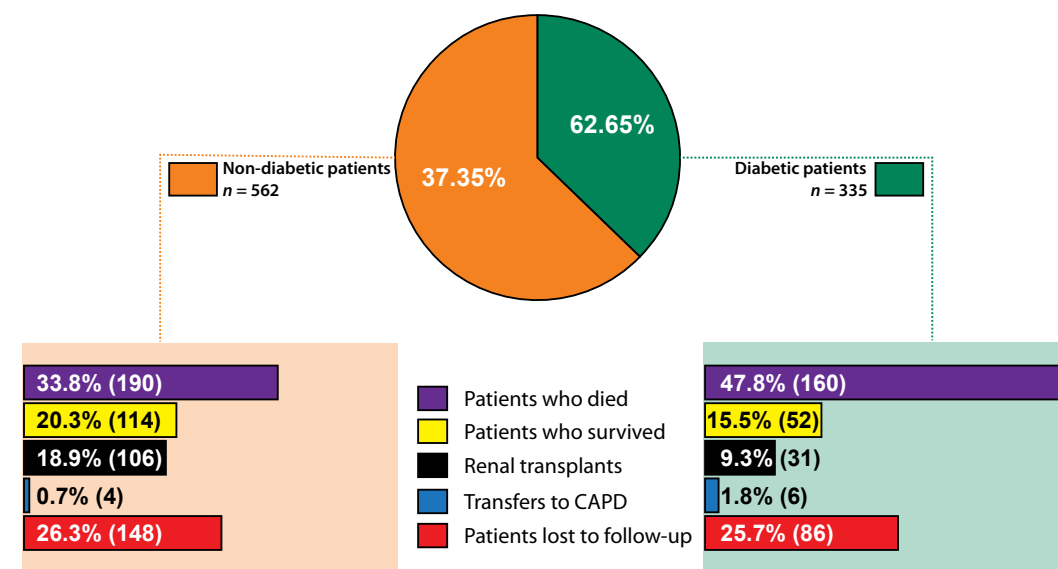
Source: Indian Society of Nephrology, 2010; Rajapurkar et al., *BMC Nephrology* 2012, DOI: 10.1186/1471-2369-13-10

#### The current management of most CKD stage 4 and 5 patients involves conservative/palliative treatment.



Source: Indian Society of Nephrology, 2010; Rajapurkar et al., *BMC Nephrology* 2012, DOI: 10.1186/1471-2369-13-10

#### Regarding outcomes in diabetic and non-diabetic HD patients, nearly three-quarters of diabetic patients died or were lost to follow-up.



Source: Vijayan et al., *Clin Kidney J* 2016, DOI: https://doi.org/10.1093/ckj/sfw069

#### Challenges going forward for India (2017)



Most dialysis care is provided by the private sector.



There is very little insurance coverage for HD and CAPD.



Nearly 45% of children present with CKD stage 4 or 5, and less than 50% of children presenting with ESRD receive continuous dialysis.



63.4% of CKD stage 5 patients do not receive any form of RRT.