Standing Committee Report Summary

Prevalence of Chronic Kidney Disease in India

- The Health and Family Welfare Committee (Chair: Prof. Ram Gopal Yadav) presented its report on 'Prevalence of Chronic Kidney Disease in India- Prevention, Diagnosis, Treatment and Management' on August 7, 2026. The Committee examined rapidly increasing prevalence and trends of chronic kidney disease (CKD) in India. Key observations and recommendations include:

- **Need for improved financing for interventions:** The Committee noted that cost of managing CKD may range from two to five lakh rupees annually, while cost of maintenance dialysis may range from three to six lakh rupees annually. It also observed that the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) kidney transplant package covers post-hospitalisation care for only 15 days, excluding long-term medication costs. The Committee recommended: (i) extending AB-PMJAY post-transplant coverage from 15 days to one year for follow-ups, tests and medicines, (ii) increasing the scheme's family health cover from Rs 5 lakh to Rs 10 lakh per year, and (iii) conducting a national costing study to identify financial gaps across all stages of CKD care.

- **Lack of medical specialists:** The Committee observed shortages of nephrologists, urologists and trained dialysis technicians. It also noted zero sanctioned and in-position nephrologists at district hospitals in a number of states. It also observed that nephrologists visit district hospitals once every three to four months. The Committee recommended: (i) filling vacant specialist posts in underserved states, particularly Bihar, Odisha, Rajasthan, Assam, Chhattisgarh, (ii) establishing dedicated nephrology departments in all government medical colleges in phases, and (iii) expanding Doctors of Medicine (DM) Nephrology seats to build long-term specialist capacity.

- **Prevention-first strategy:** The Committee observed that India has an estimated 138 million people with CKD, with nearly two lakh new patients progressing to end-stage kidney disease annually. It noted that reliance on dialysis and transplantation is financially and structurally unsustainable. It recommended shifting the programme for prevention and of non-communicable diseases to a prevention-first approach. It suggested using Ayushman Arogya Mandirs for door-to-door campaigns led by accredited social health activists (ASHAs) and auxiliary nurse midwife (ANMs) to identify high-risk individuals early.

- **Standardised screening:** CKD is characterised using estimated Glomerular Filtration Rate (eGFR). It measures how well kidneys filter waste products such as creatinine from blood. The Committee observed that CKD often remains asymptomatic in its early stages, with patients potentially losing up to 60-70% of kidney function before symptoms appear. It noted that laboratories largely rely on serum creatinine, which can remain normal despite significant kidney damage and varies with age, sex, and muscle mass. The Committee recommended mandatory eGFR reporting with every serum creatinine test at no additional cost. It further recommended biannual Kidney Function Tests (KFTs) for everyone aged 20 years and above, free for below poverty line patients and at nominal cost for above poverty line patients.

- **Lack of equitable access to resources:** The Committee observed a wide gap between organ transplant demand and availability. Between 2019 and 2023, women accounted for 64% of living organ donors, while men accounted for 70% of recipients. It recommended: (i) a study on the socio-economic and cultural factors behind the gender disparity, (ii) establishing transplant facilities in at least three government medical colleges in every large state and one government medical college in small state or UTs, and (iii) simplifying organ retrieval protocols.

- **Climate as a risk contributor:** The Committee observed that CKD of unknown causes (CKDu) accounts for 16% of CKD cases in India. It occurs without traditional risk factors such as diabetes or high blood pressure and disproportionately affects young agricultural and outdoor workers. It noted risk factors including: (i) heat stress, (ii) dehydration, (iii) heavy metals, and (iv) pesticide exposure. It recommended: (i) a national framework for prevention and surveillance of CKDu in coordination with the Ministries of Agriculture, Jal Shakti, Environment, and Labour, (ii) district-specific measures such as hydration breaks, shaded rest areas and safe drinking water at worksites, and (iii) agrochemical regulation and workplace kidney health programmes for high-risk workers.

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September 1, 2026