

Towards a sustainable and effective model for the prevention of chronic kidney disease: the strategic role of nephrology nursing

Juan Carlos Julián-Mauro

Federación Nacional de Asociaciones ALCER; Faculty of Psychology, Department of Methodology, Universidad Autónoma de Madrid, Spain

Please cite this article in press as:

Julián-Mauro JC. Towards a sustainable and effective model for the prevention of chronic kidney disease: the strategic role of nephrology nursing. *Enferm Nefrol.* 2025;28(3):180-1

Corresponding author:

Juan Carlos Julián Mauro
jcjulian@alcer.org

Chronic kidney disease (CKD) is now one of the greatest health challenges in Europe and worldwide. Its rising incidence, late diagnosis, and the substantial clinical, social, and environmental costs associated with advanced stages require a profound transformation of health-care systems. The response cannot be limited to hospital-based care; it must be structured around primary care, prevention, and a comprehensive approach led by multidisciplinary teams. Within this context, the vision and role of nephrology nursing—and the support of patient organizations such as the Spanish Association for the Fight Against Kidney Disease (ALCER)—are essential to achieving systemic, effective, and sustainable change.

The Global Response: The World Health Organization (WHO) Resolution on Kidney Health

In May 2025, the World Health Assembly adopted Resolution EB156/CONF./6, which for the first time places CKD at the center of the global public-health agenda. This resolution, promoted by Guatemala and supported by organizations including the International Society of Nephrology (ISN) and the European Kidney Patients' Federation (EKPF), establishes a roadmap to address CKD through:

- Integration of kidney health into national non-communicable disease plans.
- Improvements in data collection and epidemiological surveillance.
- Promotion of primary prevention and early detection strategies.
- Strengthening of human resources, including training of health personnel in kidney health.
- Development of resilient health systems that prioritize equity and access to essential CKD treatments.

These international guidelines legitimize and reinforce many practices already under development across the European nephrology community, as documented in the report *Overview of primary prevention and screening best practices* from the PreventCKD project, in which the patient organization EKPF analyzes best practices in early CKD detection

The Chronic Care Model as a Strategic Framework and the Role of Nephrology Nursing

Llewellyn's 2019 article on the application of the Chronic Care Model (CCM) to CKD management in primary care provides a robust framework for rethinking CKD care. The CCM, developed by the MacColl Center for Health Care Innovation, is organized around six key components:

- Self-management support
- Delivery system design
- Decision-support strategies
- Clinical information systems
- Health-system organization
- Community engagement

Studies reviewed indicate that interventions integrating multiple CCM components are more effective in improving clinical and operational outcomes. A particularly relevant finding is that nurses—especially those with nephrology training—are “key facilitators” of successful CCM implementation, contributing directly to screening, education, treatment follow-up, and shared patient management.

The PreventCKD best-practice report and Llewellyn's work both highlight the positive impact of specialized nursing on CKD prevention and early management. Nephrology nurses not only

possess the clinical expertise required for interpreting tests, educating patients, and coordinating care, but they also play a decisive role in promoting self-care, treatment adherence, and shared decision-making.

Examples such as the SureNet model in the United States, community programs in New Zealand, and nurse-led clinics in Australia and the United Kingdom illustrate how nursing leadership in rural, urban, and multicultural settings increases access, reduces unnecessary referrals, and improves the quality of life of individuals with CKD.

Beyond Clinical Care: Campaigns, Community, and Empowerment

Awareness campaigns are also a high-value strategic tool. The WHO resolution underscores the importance of engaging communities and patient organizations in CKD prevention. Initiatives such as *Actúa por tus riñones* and *Renalert* by the Spanish National Federation of ALCER Associations, or *End Dialysis by 2050* by Kidney Health Australia, translate this vision into concrete actions that promote healthy habits, improve health literacy, and encourage early diagnosis.

Nephrology nursing can strengthen these campaigns through holistic, culturally adapted strategies, including school-based activities, outreach to high-risk groups, and digital health campaigns. Nurses possess a unique ability to translate science into accessible language and empower at-risk individuals to make informed decisions about kidney health.

Despite progress, the PreventCKD report highlights several gaps:

- Low risk perception in vulnerable groups.
- Limited evidence on awareness-campaign outcomes.
- Insufficient epidemiological data in early CKD stages.
- Limited systematization of the impact of educational and community interventions.

In this regard, the WHO resolution's aim to improve data collection, invest in workforce training, and strengthen links between primary and specialized care finds in nephrology nursing a strategic ally for practical implementation. Nurses can serve as a bridge between public policy, scientific evidence, and social realities.

Conclusion: A Global Opportunity Requiring Local Leadership

CKD demands integrated, sustainable, person-centered responses. The WHO resolution has opened an unprecedented window of opportunity for governments, professionals, and communities to act in a coordinated manner.

Spain has already begun this work. For months, a task force convened by the Directorate-General for Public Health of the Ministry of Health has been working on a national strategy for early CKD detection within the chronic-care framework. Nephrology nursing, represented by the Spanish Society of Nephrology Nursing, is part of this group, collaborating with medical societies and the National Federation of ALCER Associations toward a strategy that includes key indicators for future evaluation and improvement.

Implementing the CCM from a nursing perspective—as suggested by Llewellyn and by PreventCKD—brings this vision into the everyday reality of health-care centers, hospitals, and rural areas. Nephrology nurses are prepared to lead this transformation, not as peripheral support, but as central agents in redesigning kidney care.

Now is the time to act—not only for clinical or economic reasons, but as a matter of health justice, equity, and sustainability. As the WHO states, “kidney health is a global priority,” and nephrology nursing is a key defender of that priority.

REFERENCES

1. Llewellyn, S. (2019). The chronic care model, kidney disease, and primary care: A scoping review. *Nephrology Nursing Journal*. 46(3);301–12.
2. European Kidney Patients' Federation. (2025). Overview of primary prevention and screening best practices (D6.1, PreventCKD). 2025 [cited 25 Jul 2025]. Available from: <https://kidneyhealthcode.eu/best-practices/>.
3. World Health Organization. Resolution EB156/CONF/6: Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease. 2025 [cited 25 Jul 2025]. Available from: https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF6-en.pdf
4. Kidney Care UK. Bloody amazing kidneys. 2024 [cited 25 Jul 2025]. Available from: <https://kidneycareuk.org>
5. International Society of Nephrology. CKD early identification & intervention toolkit. 2024. [cited 25 Jul 2025]. Available from: <https://theisn.org/initiatives/toolkits/ckd-early-screening-intervention/>.



This is an open access article distributed under a Creative Commons licence. <https://creativecommons.org/licenses/by-nc/4.0/>