Saving Young Lives is part of the 0by25 Human Rights Initiative aimed at eliminating preventable and treatable deaths from AKI worldwide by 2025.
Acute Kidney Injury: a global healthcare challenge

13.3 million. That is the estimated number of individuals affected by Acute Kidney Injury (AKI) worldwide each year. The burden is particularly high in developing countries, where the annual incidence is estimated to be 11.3 million cases.

People living in low-resource regions of the world continue to die in large numbers as a direct result of AKI, which in many cases, is a preventable and treatable condition. To combat this, the global nephrology community has united around an ambitious goal: eliminate preventable AKI deaths worldwide by 2025.

**AKI treatments in low resource settings**

If identified early, AKI can often be prevented by simple treatments like fluid administration, resuscitation and/or prompt treatment of infection. Some people will, however, still require specialist care in a hospital, which may include dialysis treatment. With such treatments, mortality is low and full recovery is expected in the majority of patients.

The challenge in low resource settings is the lack of dialysis machines, facilities and knowledge of dialysis.

The ideal type of dialysis in this setting is peritoneal dialysis (PD). PD only requires fluid bags and catheters and is a simple an affordable alternative to hemodialysis, especially for AKI.
**THE SAVINGYOUNGLIVES PROJECT**

**Who we are**
SYL is a partnership

**What we do**
Starting in 2012, SYL has been helping local nephrologists to develop sustainable programs providing acute PD for AKI-patients in very low resource settings. To date, we have trained over 284 doctors and nurses through SYL programs in hospitals across Africa, South East Asia and Latin America.
We develop sustainable programs for prevention and treatment of Acute Kidney Injury by:

**Ensuring accessibility of PD supplies**
Where possible we assist hospitals in accessing commercial PD fluid at an acceptable cost. Where this is not possible we support the use of locally prepared PD fluids (as recommended by the ISPD guideline: Peritoneal Dialysis for Acute Kidney Injury).

**Informing hospitals on how to access low cost and good quality PD catheters**

**Providing tailor-made training and education**
Continued training of physicians and nurses is essential to maintain the PD programs. When working with a new SYL site, its needs are assessed and a training program is developed around sustainable outcomes. This often involves training interested physicians with no practical experience in peritoneal catheter insertion, or bringing experts on site to provide hands-on training to local staff.

**Bringing awareness of AKI among the medical community**
We support local teams in increasing awareness of AKI in their local medical community and emphasizing better chances of success if AKI is detected early, managed well, and if cases needing dialysis are identified and transferred to the PD center.

**Advocating for access to care of AKI**
As part of the ISN 0by25 Human Rights Initiative, SYL teams work locally, regionally and internationally to raise awareness of acute PD among policy makers and health professionals as a successful and cost-effective therapy for severe AKI in very low resource settings.

SYL trained doctors and nurses have treated more than **500 PATIENTS W/AKI USING ACUTE PD with a 65% SURVIVAL RATE**

We need your support!
You can help us expand our program and achieve our goals [www.theisn.org/syl](http://www.theisn.org/syl)

CONTACT US: khendricks@theisn.org

DONATE NOW!