

Supplementary Table S2: Patient comments on accessibility, affordability, knowledge, facilitators and barriers to optimal kidney care.

Patient comment/category		Cost	Side effects, interaction	Patient empowerment	Safety	Source of information	Comfort level to query	Delay new therapy	New hope	Policies/ prevention	Education	Fragmentation of care	Lack of specialists
HK1	The medication is not covered by UHC or insurance policies, I cannot afford to take the most effective medications as recommended by my doctors. I decide to not to take the medication, settle for less expensive option or start to ration the regular dose.	x											
HK2	Given the side effects, not taking medication to the extent possible would be the best policy.		x										
HK3	I do not feel any side effects and question about the medication effectiveness.		x	x									
HK4	I am concerned or unsure about the interactions among the medications taken especially as I am seeing doctors of different specialties each of whom prescribe separate regimens of their own.		x										
HK5	I can stop taking my medication when my laboratory results improve or when I start to feel better.			x									
HK6	All over-the-counter medications are generally safe for me to take.		x								x		
HK7	The dose and varieties of medication keep increasing. I am not sure whether it's because of condition worsening or less effectiveness of medication.		x										
HK8	I am sceptical about adding new medications to my existing regimen and have the natural tendency of resisting any new additions or dose increase.				x								
HK9	As an experienced patient, I sometimes stop, or adjust the dose of the medication prescribed without telling my doctors. Or if they do ask, I would tell them that I am in full compliance.			x									
HK10	My knowledge of medication mostly comes from a peer patient who appears to be very knowledgeable about this stuff.					x							
UK1	People need confidence to tell clinicians about side effects of medications and clinicians can offer education and encouragement to explain medications (and also encourage people not to stop taking them without discussion)		x				x						
UK2	In England we have prescription charges on certain medications unless you are on dialysis. These charges, about £10 each and can be a barrier for some. Yet in Scotland, Wales, and Northern Ireland there are no charges.	x											
UK3	New medicines can take a very long time to reach patients even after approval from the regulators as payers can be reluctant							x					
UK4	New medications such as those which may delay CKD have been greeted with excitement by many.								x				
UK5	A universal focus on preventative approaches to CKD, including exercise, diet, emotional support as well as medications is one that's likely to be most patient-centred but needs a plan.									x			

Supplementary Table S2: Patient comments on accessibility, affordability, knowledge, facilitators and barriers to optimal kidney care.

Patient comment/category		Cost	Side effects, interaction	Patient empowerment	Safety	Source of information	Comfort level to query	Delay new therapy	New hope	Policies/ prevention	Education	Fragmentation of care	Lack of specialists
HN1	From the perspective of kidney patients in Honduras/Latin America, access to medicines is crucial to our quality of life and survival. For this we mention some points of importance related to access to medicines and what this means, based on our current experience based on the theme of World Kidney Day 2024, "Kidney health for all: Advancing equitable access to care and optimal medication practice "	x											
HN2	In the absence of solid programs/policies regarding the management of comprehensive kidney disease, as in Honduras, isolated programs exist for renal care, where the action is mostly geared to dialysis treatment only. Government responsibility for public assistance covers 85% of the renal population, 12-13% is covered by the social security system, and about 3% privately. Currently in Honduras, the law that does not cover the interests of kidney patients and it must be updated and revised in order to manage the comprehensive program of kidney disease.	x								x			
HN3	There is a significant diversity observed in the other countries of Latin America in health policies regarding Renal Health Programs promoted by SLANH, however many of them have shortcomings ranging from timely and early diagnosis, lack of coverage and accessibility to medicines. In Latin America, in recent years n most countries the focusing on the accessibility of medication has been on price rather than the benefit, effectiveness and quality of medicines.	x								x			
HN4	In Honduras, access to medicines is limited due to economic barriers and the type of health system that is managed. Many patients struggle to obtain the medications they need, but they cannot always be obtained and the costs of the low-income patient are inaccessible. Even though the Ministry of Health has a basic set of medicines, it does not meet the needs and does not adjust to the growth of the renal population, therefore they are insufficient.	x											
HN5	In Honduras, the absence of programs defined in primary care for the early or opportune detection of chronic diseases such as kidney, and having a fairly collapsed health system, has led to the increases in kidney disease in the last decade, and this has been deepened with the lack of health budget. ItFor these reasons patients are unable to obtain appropriate treatments of quality and with the regulatory requirements that are required. On the other hand, the lack of specialized professional resources affects us directly since medical cares is given only in case of extreme urgency and this means that in many cases very advanced complications are already detected.	x								x			
HN6	In Latin America, some countries which have developed a national public health coverage such as Argentina and Uruguay do not have major deficits but the rest of the countries have many deficiencies within their public systems in terms of timely medical attention. There is lack of education regarding the disease for patients.	x								x	x		

Supplementary Table S2: Patient comments on accessibility, affordability, knowledge, facilitators and barriers to optimal kidney care.

Patient comment/category		Cost	Side effects, interaction	Patient empowerment	Safety	Source of information	Comfort level to query	Delay new therapy	New hope	Policies/prevention	Education	Frag- mentation of care	Lack of special- ists
IN1	Patients are well advised on need for medications at all stages. When prescription changes more information on need for change for better outcome is needed.										x		
IN2	Co-relation between medications and the dietary requirements need to be established		x		x								
IN3	Cost is a huge factor for the poor as well as middle -income patients	x											
IN4	Exceptional drugs for rare diseases like eculizumab must be made available at reasonable costs world-wide	x								x			