This issue of PJKD brings an article focusing on a major challenge, health policy formulation for kidney diseases. It is quite clear that major chunk of budget is being used in many instances for catering of kidney disease patients mainly dialysis and transplantation. It is the voice from the concerned quarters such as nephrology community and patients itself that policy matters will be discussed. It comes as a fresh air, since Pakistan Society of Nephrology has finally decided to speak out for the cause of care of kidney disease patients. It is hoped that such voices and advocacy groups will ultimately bring a radical change in the current state of affairs.

The current issue also tackles the difficult question of treatment of hyperuricemia among dialysis patients. While documenting a significant portion of patients having hyperuricemia the authors Farya Moon et.al. suggest further studies and in our opinion a collaborative effort from different centers to address the issue of to treat or not to treat hyperuricemia in CKD patients both pre and hemodialysis patients.

Another study by Merina Khan et.al. highlights the presence of iron deficiency anemia among chronic kidney disease patients. It is important to understand the correction of Iron deficiency anemia and thus decrease the cost by erythropoietin dose reduction.