Advocacy Workshop Report Outline:

National Kidney Health Advocacy Strategy for Senegal

Executive Summary

Chronic kidney disease (CKD) and end-stage kidney disease (ESKD) represent a significant and growing public health burden in Senegal, driven primarily by hypertension, diabetes, and aging populations. Despite government efforts—such as free hemodialysis in public settings and emerging transplantation services—access remains inequitable, costly barriers persist, and primary health care (PHC) plays a limited role in early detection and management. Data reporting systems and registries are weak, hindering policy planning. Strategic, evidence-based advocacy is essential to strengthen kidney health across the continuum—from prevention to treatment.

A brief overview of the selected focus country

Kidney disease has emerged globally as a major driver of premature mortality, catastrophic health expenditure globally, and reduced quality of life, particularly in low- and middle-income countries where access to kidney replacement therapy is limited (1). In sub-Saharan Africa, the epidemiologic transition toward noncommunicable diseases (NCDs) has contributed to rising rates of hypertension and diabetes, which are major drivers of CKD progression (1,2). Senegal, a West African country of approximately 18 million inhabitants, undergoing this transition, has demonstrated a high CKD burden. Evidence indicates that hypertension and diabetes mellitus are major drivers of CKD and kidney failure, while social determinants (poverty, geographic inequity, health literacy, and limited diagnostics) shape the real-world distribution of kidney health outcomes (2–4).

Despite policy efforts such as subsidized hemodialysis and early steps toward transplantation, Senegal continues to face substantial unmet kidney health needs, characterized by late CKD diagnosis, inequitable access to dialysis, limited primary health care (PHC) integration, limited workforce capacity, inadequate surveillance systems, and persistent out-of-pocket expenditure for non-dialysis CKD care (1,3–5). The absence of robust national registries and kidney-specific policies constrains strategic planning, resource allocation, and equitable expansion of kidney care (1,6).

This is shaped by a nephrology and health systems advocacy perspective, with an explicit commitment to equity, sustainability, and evidence-based policy reform. As an International Society of Nephrology (ISN) leadership program outcome, the analysis is positioned toward actionable solutions and strategic engagement rather than purely academic description. This position is declared to strengthen transparency and accountability.

The SMART objectives developed by the group

- By 2030, increase national awareness of CKD risk factors and prevention strategies ≥60% awareness, through coordinated public health education integrated into national NCD prevention programs

- By December 2032, increase routine screening for CKD among high-risk adults in primary healthcare facilities to at least 60%, through nationwide implementation of standardized CKD screening protocols

- By 2035, ≥60% of CKD patients attending public health facilities should receive guideline-directed kidney-protective therapy by integration into National Health Insurance

Summary of the preparatory work

We held 6 meetings as part of our preparatory work. We started off with an introductory meeting on the 20th January 2026. The rest of the meetings were held on the 22nd January 2026, 5th February 2026, 26th February 2026 and 16th March 2026. We held our last meeting on-site in Yokohama on the 30th March 2026 to put together the final PowerPoint for presentation.

2. Working Group Composition

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Ehab Hafiz (EGYPT)
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Adeera Levin (CANADA)
We were ably supported by ISN Staff: Magda Machalska

3. Situational Assessment: The Country Case

Epidemiological Burden

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Health System Landscape

- **Dialysis infrastructure**

Dialysis centers in Senegal have expanded (from 3 in 2010 to 25 by 2023). Currently, 26 dialysis units (22 public, 4 private), since 2020 were serving about 846 public-sector and 246 private-sector patients (8). A more recent situational narrative suggests that in 2023 only 867 patients were on dialysis while 2,289 were awaiting treatment, indicating that dialysis provision meets only a fraction of need (~27.5%) (6). While this figure originates from grey literature and should be interpreted cautiously, it is consistent with the known dialysis access constraints described in peer-reviewed work (2,7,8). Niang and Lemrabott report that dialysis is predominantly hemodialysis (96%), with peritoneal dialysis accounting for approximately 4% of patients, reflecting limited PD adoption (3,8).

Dialysis units remain unevenly distributed (28% of centers in Dakar), contributing to urban-rural inequities (1,2). Ethical analysis confirms ongoing rationing of dialysis access and constraints in service provision with over 75% of kidney failure patients may die without receiving dialysis, highlighting a severe treatment gap (3,4).

Conservative kidney management exists informally but is not standardized nationally. This is consistent with broader African context described in ISN-GKHA, where structured CKM programs are uncommon (1).

The first kidney transplant in Senegal was performed in November 2023, marking a new development in renal care, however, transplant scale remains limited, and sustainability depends on financing, workforce, immunology services, and organ donation systems (13).

- **Financing & Access**

According to recent health accounts, overall government health spending is ~4.1% of gross domestic product (GDP), lower than the African median (6.1%) (1). There are policies for risk pooling through social protection programme and complementary health insurance (mutuelles), but coverage is incomplete (only ~50% of population has any health coverage) (6,17). Specific budget lines for

kidney care are not publicly detailed. The existing subsidy for dialysis is significant but may strain budgets as demand grows. No national fund specifically focuses on CKD with only one known non-profit organization offers its services in Dakar.
A major national policy shift between 2010–2012 is free public-sector dialysis. Since 2012, Senegal's Ministry of Health covers hemodialysis sessions at public hospitals for registered patients under the Couverture Maladie Universelle (CMU) scheme (4). The CMU program targets vulnerable groups (rural poor, informal workers) (8). In practice, patients on waiting lists may wait months for free dialysis, and private dialysis remains prohibitively expensive (US$110/session). Still however, only ~20% of dialysis patients have any insurance coverage, meaning the majority face out-of-pocket costs for non-dialysis care (1). Patients on public dialysis still pay for diagnostics, ancillary medicines (antihypertensives, erythropoietin, etc.) and travel costs (3,4).
No verified evidence confirms a national pooled procurement mechanism for CKD-specific medicines and dialysis consumables; therefore, this remains an identified information gap rather than a definitive conclusion (3,13). ACE inhibitors/ARBs and statins are generally available but access is inconsistent due to affordability and supply constraints. SGLT2 inhibitors are not widely available and are unlikely to be covered under CMU (11,13).

- **Key Gaps & Barriers**
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  Workforce
  The nephrology workforce remains small. As of 2020 Senegal had 28 nephrologists (~1.75 per million population). This number has increased by 2022

to 37 registered nephrologists. Most nephrologists trained locally or via short fellowships. Workforce constraints extend to dialysis nursing and technical staff, yet no trained nephrology nursing programs exist locally. Vascular surgery for fistula creation is centralized (only Dakar), delaying timely access (3,8).

3.2.3. Primary Health Care (PHC) Role in CKD management

Primary care in Senegal has limited involvement in CKD detection and management. ISN-GKHA Senegal metrics indicate that creatinine and urine albumin testing are not widely available at the PHC level, limiting routine screening (1,7). A national registry or CKD screening program does not yet exist. Currently, referral pathways for CKD are not standardized nationally, and PHC programs remain focused largely on infectious diseases and maternal-child health and immunization (8,14). Chronic disease programs (e.g. for hypertension/diabetes) exist but rarely integrate kidney screening (8,11). In practice, PHC clinics may identify hypertension but typically refer late. Due to lack of referral guidelines for CKD, most patients reach tertiary care only in advanced stages requiring KRT, placing further pressure on specialized centers.

Awareness, and Campaigns

Senegal has few targeted campaigns addressing kidney disease. Unlike malaria or HIV, CKD lacks high-profile public health campaigns. World Kidney Day (March) is noted by nephrologists, but media coverage is sparse (15). However, broad public awareness remains low. Media reports indicate childhood kidney disease awareness efforts and calls for enhanced pediatric care networks, but formal national campaigns are limited (16).

- **Opportunities to address/expand kidney care**

On national planning, kidney disease is recognized in strategic documents. The 2017–2020 National NCD plan did mention kidney failure as a target, and the 2019–2028 National Health Development Plan (PNDS) expressly prioritizes chronic kidney disease and kidney failure (5). These plans call for prevention, increasing dialysis access, expanding nephrology training, and introducing kidney transplantation. Policy briefs emphasize mobilizing resources for NCD prevention, but dedicated CKD strategy is still lacking (14).

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Partnerships and Leadership
Non-governmental professional leadership plays a key role. Professor Abdou Niang, president of SOSENDT and head of AFRAN, has been a leading advocate for dialysis access and kidney health strengthening in Senegal, reflecting reliance on professional champions rather than institutionalized governance structures (6). In 2021, Senegal's Dialysis Working Group (ISN-affiliated) even proposed creating a West Africa dialysis referral center (Dalal Jamm Hospital) (18).
No formal governmental kidney health focal point or national CKD steering committee has been identified. Kidney care responsibilities appear embedded within the broader NCD framework of the Ministry of Health, without a named kidney health lead (3,11). Coordination occurs through professional groups and ad hoc initiatives, including ISN-linked activities, but formal national institutionalization remains limited (4,7).

4. Strategic SMART Objectives

- **The SMART Objectives**
  By 2030, increase national awareness of CKD risk factors and prevention strategies ≥60% awareness, through coordinated public health education integrated into national NCD prevention programs

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- **Rationale**

These strategies would go a long way to increase CKD awareness in Senegal to increase the prevention drive as its integrated in existing NCD programs, giving the opportunity for early detection so patients can benefit from guideline directed therapy to prevent progression to kidney failure.

5. Advocacy Strategy and proposed activities

- **Stakeholder Mapping** (Targeted entities such as the Ministry of Health, Ministry of Finance, national nephrology societies, patients' advocacy groups, etc.)

✓ **Know the decision maker**

The implementation of this strategic plan must target specific institutional leaders who hold budgetary and legislative power. This principally includes the Minister of health and social action in Senegal, the director of the division for the fight against non-communicable disease, regional and district health directors and the president of the Senegalese society of nephrology. The community leadership should be an integral target of the decision making process.

✓ **Determine the ask**

The ASK should focus on high-impact and feasible policy changes that target the key drivers of CKD in Senegal. The main ASK of this initiative is to integrate routine CKD screening and early detection into primary health care and existing NCD programs nationwide, simply to make urinalysis (dipstick) and creatinine in every primary health care setting.

✓ **Create a work plan**

To achieve an effective work plan according to a phased timeline, a range of detailed actions are outlined to support the above objectives as follows:

Early Detection & Community Screening (Primary Prevention)

- Resource Mapping: Ensure each region has the basic clinical and laboratory capacity for screening.
- Strengthen Primary Healthcare Capacity: Integrate mandatory blood pressure, blood sugar, eGFR and urine protein screenings (uACR testing) into all primary healthcare settings. Integrate CKD screening into current diabetes, hypertension, and CVD programs to maximize efficiency and cut costs. Consider the provision of point of care creatinine testing for high-risk populations.
- Workforce: Train general practitioners, community health workers, and nurses at rural "health posts" to perform basic diagnostic screenings.
- Awareness Blitz: Educate the public through schools and community leaders.
- Measurable: Target the screening of 1,000,000 high-risk individuals (diagnosed with diabetes mellitus, hypertension or other risk factors)
- Method: Launch large-scale free screening campaigns in high-prevalence areas and deploy the community health worker network to run screening campaigns across health hubs and posts, traditional community meeting spaces, in addition to clinic-based screening.

- Time-bound: Achieve education of the populace of Senegal by December 2030, followed by screening of the population by December 2032, and all people diagnosed with early stage of chronic kidney disease should be on guideline directed therapy by December 2035).

6. Learning Outcomes & Reflections

- **Insights gained from the exercise.**

It has been a great exercise with a lot of learning on effective advocacy especially now that we have the World Health Assembly Resolution on Chronic kidney disease. As the Chair of the Prevention and Advocacy Committee of the African Association of Nephrology (AFRAN), I am planning to replicate this in Africa with a workshop also during our next conference in Tanzania in 2027. The SMART framework is a great tool-kit for effective advocacy. The ISN-Global Kidney Health Atlas also provided valuable data on the situational analysis for Senegal during our preparatory phase.

- **Challenges faced during the exercise**

There were some challenges faced during the exercise. Some members were busy and could not engage as much as they would have preferred. Some local data required were not on the ISN_GKHA and we had to rely on publications as well as expert opinion from Nephrologist on the ground. Also, we could not hear from one of our members from Sudan, all through the preparatory face and during the meeting in Yokohama.

7. Conclusion & Next Steps

- Plans/ideas for potential continued collaboration via the dedicated **ISN Chat community**.

With all the lessons learnt, myself and my team will be happy to engage further with the ISN to roll out training of nephrologist all over the world to use this tool effectively for improve their advocacy drive. It is also imperative to continue with webinars on the framework and help train more people on how to use the tool. As shared, it will be great to ensure this trickle to all the 10 regions with clear programs and training on effective advocacy. Happy to be part of any committee by the ISN to push further this initiative.

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