Advocacy Workshop Report
National Kidney Health Advocacy Strategy for Spain

1. Executive Summary

Spain is a high-income European country with universal health coverage (UHC), strong nephrology leadership, and internationally recognized transplantation services. Despite these strengths, the country faces a growing burden of chronic kidney disease (CKD), coupled with gaps in early detection and constraints within primary care. CKD prevalence increased from 9.6% in 2019 to 10.3% in 2023, alongside rising incidence and prevalence of kidney failure(1). Early-stage CKD surveillance remains limited, and routine screening in primary care is not systematically implemented.

During the World Congress of Nephrology (WCN) 2026 Advocacy Workshop, the working group developed a targeted advocacy strategy focused on Catalonia, an autonomous region with strong governance structures, a large population, and the home region of the Spanish Society of Nephrology (S.E.N)'s president elect. The strategy centers on advancing early detection through structured screening of high-risk populations.

SMART Objective:
By July 2030, secure government approval for annual CKD screening of high-risk adults (individuals with diabetes, hypertension, and age >60 years) in Catalonia using blood pressure measurement, serum creatinine, estimated glomerular filtration rate (eGFR), and urine albumin-to-creatinine ratio (ACR).

Preparatory Work Summary

Between January and March 2026, the group convened for three online meetings to:

- Review the World Health Organisation (WHO) Kidney Health Resolution
- Analyse Spain's CKD landscape using the ISN Global Kidney Health Atlas (GKHA)
- Identify system-level barriers and opportunities within Spain's decentralized health system
- Develop a structured situational assessment and advocacy approach using the SMART framework(2)

These preparatory discussions were consolidated during the in-person meeting and later the workshop in Yokohama, where participants refined the situational analysis and advocacy strategy.

2. Working Group Composition

The working group comprised a multidisciplinary team representing nephrology, primary care, public health, and patient advocacy:

- Marina Wainstein (Argentina, Faculty)
    - Dr. Marina Wainstein is a nephrologist, clinician-researcher, and global kidney health advocate from Argentina with expertise in digital health, acute kidney injury, and patient-centered kidney care. She is the recent past Chair of the International Society of Nephrology Young Nephrologists Committee and has contributed extensively to ISN initiatives including the Educational Ambassadors Program, Renal Disaster Preparedness Taskforce, and Saving Young Lives workshops. She has also served as the ISN representative to the WHO Youth Council and is actively involved in global nephrology education, mentorship, and advocacy.
- Yogeshni Chandra (Fiji, Rapporteur)
    - Lautoka Hospital, Fiji
    - Dr Yogeshni is a clinical nephrologist with expertise in kidney health policy, advocacy, and health systems strengthening in Pacific Island countries. She is the founding trustee and recent past president of the Nephrology Society of Fiji and has been extensively involved in establishing and improving nephrology services across the Pacific region. She is a member of the Pacific Working Group of ANZSN. She is also a member of Cohort 3 of the International Society of Nephrology Emerging Leaders Program, with interests in equitable kidney care, workforce development, and chronic kidney disease advocacy.
- Georgina Irish (Australia)
    - Central and Northern Adelaide Renal and Transplantation Service, Royal Adelaide Hospital, Adelaide SA, Australia
    - Dr Georgina L Irish is an Australian Nephrologist currently working at the Royal Adelaide Hospital. She undertook medical school at The University of Adelaide and her nephrology training at The Royal Adelaide Hospital and Flinders Medical Centre before completing her training in Oxford in the United Kingdom. Georgina has a Master of Clinical Epidemiology through the University of Sydney. Georgina has completed a PhD is on Decision making in Kidney transplantation using epidemiological registry data to help inform decisions around kidney transplantation to help patients and clinicians make the best individual decision about kidney transplantation. She is the director of Projects and Analytics for the Australian and New Zealand Dialysis and transplant (ANZDATA) Registry. She is the Medical Director for Transplant Australia. She is a Senior Clinical Lecturer at the University of Adelaide. She also is the co-chair for the Transplant Society Early Career Member Committee and a council member of the Declaration of Istanbul Custodian

Group. She is a deputy director for the Transplant Research Epidemiology Group.

- Winston Fung (Hong Kong)
    - Department of Medicine and Therapeutics, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong SAR, China
    - Winston Fung is a nephrologist and a clinician-scientist from Hong Kong. He has been actively involved in kidney health advocacy and promotion of chronic kidney disease screening and awareness. He is currently a member in the ISN Young Nephrologist committee, a member in the ISN Education Working Group and a member of the ISN Emerging Leader Program with aim to advance the field of sustainable kidney care. He was previously invited as a guest member for the steering committee of the World Kidney Day both in 2020 and 2024 to promote World Kidney Day activities locally and worldwide. He has also been awarded as an ISN-Global Kidney Health Atlas Named Fellow and a fellow of the ISN for his significant contribution to global kidney care.
- Pedro França Gois (Australia)
    - Nephrology and Transplantation, John Hunter Hospital, Newcastle NSW, Australia
    - Pedro Franca Gois is a nephrologist and clinician-researcher with ongoing involvement in kidney health advocacy, education, and health systems research across Australia and Brazil. He has participated in community kidney disease screening and awareness initiatives since medical school and later co-led the Keeping Kidneys program in Queensland, supporting CKD education and capacity-building in primary care. His broader work focuses on improving access to kidney care, patient-centred decision-making, and outcomes for rural, remote, and culturally diverse populations with CKD.

- Nihal Bashir (UAE)
    - Dr. Nihal Bashir is a nephrologist based in the United Arab Emirates, currently working with SEHA Kidney Care, one of the UAE's largest integrated nephrology networks. She has expertise in chronic kidney disease, dialysis therapies, transplant nephrology, and internal medicine, with additional training in organ transplantation and endocrinology. Dr. Bashir is actively involved in providing patient-centered kidney care across the UAE, with a strong interest in advancing comprehensive renal services and improving outcomes for patients with kidney disease. She works closely with the AFRAN advocacy committee and also participated in the latest local CKD screening campaign in northern Sudan.
- Naveen Kumar Mattewada (India)
    - Dr Naveen Kumar Mattewada is a Consultant Nephrologist at Citizens Specialty Hospital with expertise in glomerular diseases, acute kidney injury (AKI), ICU nephrology, peritoneal dialysis, and kidney transplantation. His research interests include immediate-start automated peritoneal dialysis in patients with AKI and end-stage kidney disease requiring unplanned dialysis initiation. He is currently leading an epidemiological study investigating the prevalence and potential etiologies of chronic kidney disease, particularly

CKD of unknown origin (CKDu), in the underserved tribal region of Eturunagaram, Telangana, under the mentorship of Dr Shobana Nayak through the International Society of Nephrology Mentor–Mentee Programme. Dr Mattewada also serves as a member of the European Renal Association Social Media Team and is a Board Member of the India Chapter of the International Fluid Academy.

The group was supported by ISN staff (Tatiana Panteli and Magdalena Machalska) and expert input from Dr Maria Soler, president elect of SEN and nephrologist at Vall D'Hebron Hospital in Barcelona.

This diverse composition enabled a comprehensive and context-sensitive approach, integrating clinical, policy, and advocacy perspectives.

3. Situational Assessment: Spain

Epidemiological Burden

Spain has a population of approximately 48 million and one of the highest life expectancies globally (82.7 years), with a rapidly ageing population. CKD represents a growing public health challenge, with prevalence increasing from 9.6% in 2019 to 10.3% in 2023. This trend is accompanied by rising incidence (152 per million population) and prevalence (1368 per million population) of kidney failure(1).

CKD contributes significantly to morbidity and mortality, ranking as the eighth leading cause of death, with 24.5 deaths per 100,000 population(3). Both diagnosed and undiagnosed CKD contribute substantially to all-cause mortality, underscoring the need for improved early detection and prevention strategies.

The prevalence of treated kidney failure has been on the rise in Spain with Catalonia community leading at 1469 pmp(4). There has also been a progressive growth in the number of patients starting kidney replacement therapy (KRT) after the age of 65 years. Diabetic nephropathy is the predominant etiology in patients seeking KRT(4). Spain has an estimated age standardized prevalence of diabetes at 9.7% and hypertension at 27.2% in adults(5, 6).

Health System Landscape

Spain's healthcare system is decentralized, with substantial autonomy at the level of its 17 autonomous communities. Universal Health Coverage (UHC) ensures free national access to diagnostics, medications, dialysis, and transplantation. The country is internationally recognized for its excellence in transplantation services through the Organización Nacional de Trasplantes.

The nephrology workforce is well developed for providing advanced CKD care, supported by S.E.N standards for specialized care units (Unidades de Enfermedad Renal Cronica Avanzada

- UERCA). However, primary care faces significant constraints. While serum creatinine and urine ACR testing are available and referral pathways exist, routine CKD screening is not implemented. High patient volumes, shortages of specialized nursing staff, and workforce turnover limit the capacity for early detection and management(7).

Financing & Access

Spain allocates approximately 15% of its gross domestic product to healthcare. CKD accounts for 3.3% of total healthcare expenditure(8). Diagnostics, medications, and kidney replacement therapy are publicly funded, supported by pooled procurement and national price regulation mechanisms. However,

Out-of-pocket expenditure is low overall, although small co-payments for specific medications persist. Dialysis and transplantation are largely free at the point of care; however, transport costs remain a burden for patients on in-center hemodialysis(9). While financial protection ensures access to advanced care, it does not address gaps in early detection.

Data & Monitoring

Spain has robust national data systems for dialysis and transplantation through the Spanish Dialysis and Transplant Registry (REDYT, formerly REER). However, surveillance of early-stage CKD is limited. The decentralized nature of the health information system results in variability in data collection across regions, with only partial national aggregation. Although data are disaggregated by age, sex, and region, the absence of comprehensive early CKD indicators limits effective planning and evaluation. Catalonia has its own registry, the Registry of Renal Patients of Catalonia (RMRC).

Awareness & Partnerships

Spain benefits from active patient advocacy organizations, including ALCER (Federación Nacional de Asociaciones para la Lucha Contra las Enfermedades del Riñón), and CKD messaging is often integrated into broader non-communicable disease (NCD) campaigns. However, standalone CKD awareness initiatives remain inadequate, and public awareness of risk factors for CKD is relatively low. World Kidney Day provides an important engagement platform, but sustained and targeted awareness efforts are needed.

The Chronicity Prevention and Care Programme set up by the Health Plan for Catalonia 2011–2015 with emphasis on health promotion and disease prevention is an example of an integrated care model in Catalonia is already addressing risk factors for CKD(10). Validation of culturally adapted Spanish and Catalan versions of the Kidney PREM questionnaire is another step towards improving CKD care in Spain(11).

Key Gaps & Barriers

The following barriers were identified for initiating a CKD screening program in Spain because they specifically affect the feasibility, implementation, coordination, and sustainability of population-level screening:

i. Absence of systematic CKD screening in primary care

This is the most fundamental barrier. Several Spanish studies note that CKD screening is inconsistently performed, even among high-risk groups such as patients with diabetes or hypertension. Screening uptake in primary care remains variable and incomplete(12).

- The IntERKit project reported that CKD screening is not performed in up to 50% of high-risk patients in Spain(12).
- Spanish nephrologists also perceive low adoption of CKD screening recommendations in primary care(13).

ii. High patient volumes limiting preventive care capacity

Primary care overload is repeatedly identified in Spain as a major obstacle to early CKD detection and prevention activities. Screening programs require time for risk identification, ordering tests, interpretation, and follow-up(12).

- The IntERKit project specifically cites “care overload, particularly in primary care” as a reason for poor CKD detection(12).
- Systematic reviews also identify lack of consultation time as a major barrier to CKD screening(14).

iii. Fragmented data systems and limited early-stage CKD surveillance

A screening program depends heavily on integrated data systems to identify at-risk individuals, track results, and monitor outcomes. Fragmentation limits continuity and population surveillance(15).

- Spanish CKD initiatives highlight poor coordination across levels of care and the absence of integrated communication systems(7).
- Lack of updated CKD burden projections and surveillance has also been identified as limiting evidence-based planning.

iv. Lack of standardized diagnostic and referral pathways across regions

Spain’s decentralized healthcare system creates regional variability in CKD management. Without standardized pathways, screening programs may produce inconsistent diagnosis, referral, and follow-up practices(7).

- CARABELA-CKD identified the lack of clearly defined and standardized diagnostic and referral protocols as a major obstacle(7).
- Poor adoption of referral recommendations and inconsistent communication between primary care and nephrology have also been documented(13).

v. Workforce constraints, including shortages of specialized nursing staff and high turnover

Screening programs require trained personnel for education, testing coordination, counselling, and follow-up. Spain has reported shortages of CKD-specialized nurses(7).

- CARABELA-CKD specifically identifies scarcity of specialized CKD nursing staff as an important limitation for CKD care organization(7).

vi. Organizational and financial constraints, including resource limitations and workforce planning challenges

Even low-cost screening programs require investment in laboratory testing, information systems, workforce training, and referral capacity. Organizational barriers are frequently reported in CKD implementation literature(14).

- Studies note that preventive CKD activities often compete with other priorities in overstretched health systems(12).

vii. Absence of a CKD-specific national strategy

Although Spain has strong nephrology expertise, there is no unified national CKD strategy equivalent to national programs seen for other chronic diseases. This limits coordinated screening policy, funding, indicators, and accountability(7).

- The CARABELA-CKD initiative itself was developed partly because of the need for a more coordinated national response to CKD management.

These barriers collectively impair early detection, continuity of care, and large-scale program implementation.

Opportunities

Despite these challenges, several opportunities exist:

- Strong nephrology infrastructure and established Kidney Replacement Therapy programs
- Existing well-established national registry dialysis and transplant (REDYT, formerly REER)
- Active patient advocacy networks (e.g. ALCER (Federación Nacional de Asociaciones))
- Regional innovation in CKD screening (e.g., The former president of SEN, who was from Asturias, piloted CKD screening in Asturias)
- Catalonia's strong governance, population size, and leadership within S.E.N

The influence of leadership within the Spanish Society of Nephrology (SEN) has previously demonstrated effectiveness in catalyzing regional nephrology initiatives in Spain. During the tenure of a former SEN president from Asturias, several innovative kidney care initiatives were successfully established within the region, including pilot chronic kidney disease (CKD)

screening programs and the expansion of assisted peritoneal dialysis services. This experience highlighted the value of regionally driven leadership and reinforced the feasibility of implementing nephrology innovations initially at a regional level before broader national expansion.

Building on this successful model, Catalonia has been selected as the proposed pilot region for the implementation of CKD screening initiatives, particularly given that the incoming SEN president-elect is based within the region. Catalonia represents a strategic and highly suitable entry point for scalable CKD screening interventions for several reasons. First, the region has a large and diverse population of approximately 8 million people, providing a substantial population base for pilot implementation and evaluation. Second, Catalonia carries a significant and growing burden of CKD(4). Recent population-based studies from Catalonia have demonstrated a high prevalence of early-stage CKD and cardiometabolic risk factors within primary care populations, emphasizing the need for improved early detection strategies(16).

Catalonia also possesses several structural and organizational advantages that support the implementation of a CKD screening program. The region has well-developed primary care infrastructure, mature electronic health record systems, and established population health databases such as the SIDIAP (Information System for the Development of Research in Primary Care) and Catalan Health Surveillance System, which facilitate patient identification, longitudinal monitoring, and outcome evaluation(17). In addition, Catalonia has considerable experience in chronic disease risk stratification and integrated care models, including the use of population-based multimorbidity assessment tools to optimize healthcare resource utilization. The region has also demonstrated research and implementation capacity in CKD detection, including recent studies evaluating opportunistic CKD screening and albuminuria testing within primary care settings(16).

At the national level, the April 2026 CISNS consensus document represents a significant policy opportunity, formally mandating annual CKD screening for high-risk adults. See Section 7 for details.

4. Strategic SMART Objective

By July 2030, secure government approval for annual CKD screening of high-risk adults (diabetes, hypertension, age >60 years) in Catalonia using BP measurement, serum creatinine, eGFR, and urine ACR.

Rationale

This objective directly addresses:

- The absence of routine CKD screening
- Increasing CKD prevalence and late diagnosis
- Constraints within primary care

- Commitments outlined in the WHO Kidney Health Resolution
- The importance of a national CKD specific strategy

Catalonia's strong governance structures and leadership within S.E.N position it as an ideal setting for piloting and scaling this intervention nationally as mentioned above.

5. Advocacy Strategy

Stakeholder Mapping

Primary Decision-Makers:

- Ministry of Health of Catalonia
- Institut Català de la Salut (ICS), managing approximately 90% of primary care centers

Allies:

- Spanish Society of Nephrology (S.E.N)
- Spanish Society of Endocrinology (SEEN)
- ASDIPAS (Catalonia Diabetes Association)
- ALCER Catalonia (Federación Nacional de Asociaciones)
- Catalan Society of Family and Community Medicine (CAMFiC)
- Regional NCD programmes

Potential Barriers:

- Budgetary constraints
- Overburdened primary care workforce
- Competing NCD priorities

Proposed Activities and Timeline (2026–2030)

Timeline	Strategic Focus	Proposed Activities
Year 1 (2026–2027)	**Evidence Generation and Stakeholder Engagement**	**Policy Engagement** • Engage with the Catalonia Ministry of Health and Institut Català de la Salut (ICS) leadership to introduce the proposed CKD screening strategy. • Advocate for inclusion of CKD screening within national and regional NCD and UHC strategies. • Develop and present a policy brief demonstrating the cost-effectiveness of CKD screening compared with the burden and costs of kidney replacement therapy (KRT). The presentation should be delivered to the Minister of Health by the President of the Spanish Society of Nephrology.

		Evidence Generation • Collaborate with health economists to model the cost-effectiveness and projected health impact of annual CKD screening in high-risk populations(8). • Utilize data from the Global Kidney Health Atlas and other regional datasets to demonstrate CKD burden, health inequities, and service gaps in Catalonia. **Public Awareness** • Establish partnerships with ALCER and other NCD advocacy organizations to support joint awareness campaigns. • Use World Kidney Day as a platform for targeted advocacy activities, including region-specific walks, fun runs, media engagement, and social media campaigns.
Years 2–3 (2027–2029)	**Pilot Implementation and Workforce Strengthening**	**Workforce Strengthening** • Promote implementation of Spanish Society of Nephrology guidelines and standardized referral algorithms across primary care settings. • Advocate for targeted training programs for primary care physicians and nurses on CKD screening, early management, and referral pathways. • Support strategies to relieve the heavy workload in primary care through greater involvement of allied health professionals in CKD screening and follow-up care. **Pilot Screening and Service Integration** • Implement pilot annual CKD screening programs for high-risk adults (diabetes, hypertension, age >60 years) in selected regions of Catalonia using BP measurement, serum creatinine, eGFR, and urine ACR testing. • Evaluate feasibility, uptake, referral rates, early detection outcomes, and cost implications of the pilot programs. **Data & Digital Integration** • Begin integration of CKD indicators into regional digital health systems to support automated identification and follow-up of high-risk individuals. • Expand the REDYT to include early-stage CKD data and screening indicators. **Public Awareness** • Continue annual regional awareness campaigns linked to World Kidney Day, incorporating lessons learned from pilot regions to improve public engagement and screening uptake.
Year 4 (2029–2030)	**Scale-Up and Policy Adoption**	**Policy Engagement** • Present pilot program outcomes, economic analyses, and implementation recommendations to the Catalonia Ministry of Health and ICS leadership. • Advocate for formal government approval and funding for annual CKD screening among high-risk adults across Catalonia.

		Data & Digital Integration • Finalize integration of CKD screening indicators into regional health information systems to support region-wide monitoring and reporting. • Strengthen REDYT reporting mechanisms for early CKD surveillance and quality improvement. **Workforce and Systems Strengthening** • Expand workforce training programs region-wide, including continued professional education for physicians, nurses, and allied health professionals. • Standardize referral pathways and quality indicators across Catalonia. **Public Awareness and Advocacy** • Conduct a high-visibility advocacy campaign through ALCER, nephrology societies, and NCD partners to support government endorsement and public uptake of CKD screening. • Use World Kidney Day activities to reinforce public and political momentum for long-term sustainability of the program.

6. Learning Outcomes & Reflections

Insights Gained

The workshop demonstrated the value of structured advocacy tools such as the GKHA in identifying gaps and prioritizing interventions. Regional advocacy was identified as a particularly effective strategy within decentralized systems. Multidisciplinary collaboration strengthened the feasibility and relevance of the proposed strategy, while the SMART framework enabled translation of broad goals into actionable objectives.

Challenges

Key challenges included:

- Limited time to analyse a complex health system
- Navigating Spain’s decentralized governance structure
- Balancing ambition with feasibility in defining the SMART objective
- Ensuring that screening initiatives do not further burden primary care without parallel resource investment
- Lack of perspective of a primary care physician

These challenges highlight the need for phased implementation and strong stakeholder engagement.

7. Conclusion & Next Steps

This workshop strengthened participants' capacity to design data-driven, context-specific advocacy strategies aligned with the WHO Kidney Health Resolution. The Catalonia-focused screening initiative provides a practical and scalable pathway to improving early CKD detection in Spain.

Post-Workshop Policy Development

Following the workshop, the working group became aware of a significant policy development directly relevant to its advocacy strategy. On April 9, 2026, Spain's Consejo Interterritorial del Sistema Nacional de Salud (CISNS) approved the *Documento de Consenso para el Abordaje de la Enfermedad Renal Crónica*, establishing a national CKD roadmap for 2025–2028(18). The document prioritizes annual screening, using blood and urine tests, in adults over 60 and patients with hypertension, diabetes, or obesity, alongside clearer primary care referral pathways, digital alert integration in electronic health records, and annual compliance monitoring.

This validates the working group's analysis: the group independently identified the correct policy gap and proposed a solution closely aligned with what the national government has now formally adopted. It also reframes the next steps for anyone continuing this advocacy work, the priority shifts from securing policy approval to supporting implementation, particularly ensuring that autonomous communities like Catalonia translate the national framework into operational screening programs within primary care.

Future steps include:

- Continued collaboration through the ISN community
- Monitoring and learning from screening pilots in Asturias and Catalonia
- Supporting development of the S.E.N "80-80-80" framework for screening, referral, and treatment (that is, 80% of individuals with population are screened and aware of their diagnosis; 80% of those diagnosed are appropriately referred, and 80% of those referred are on appropriate management for CKD. These targets have been adopted from a hypertension and cardiovascular study(19)
- Preparing a formal policy brief for the Catalonia Ministry of Health
- Exploring opportunities for national scale-up based on regional success

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