WCN'26 Advocacy Workshop – Mexico Group
Comprehensive Workshop Report
Advancing Kidney Health Policy in Mexico

International Society of Nephrology (ISN)
World Congress of Nephrology 2026
Prepared by the Mexico Working Group

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Executive Summary

Chronic kidney disease (CKD) is an increasingly urgent public health challenge in Mexico. Current estimates suggest that approximately 13.8% of the adult population is affected by CKD, with substantial increases in both incidence and prevalence of kidney failure over recent years. Mexico simultaneously faces high rates of diabetes, hypertension, obesity, and socioeconomic inequities, creating an environment conducive to progressive kidney disease and late-stage presentation.

During the ISN WCN '26 Advocacy Workshop, the Mexico Working Group conducted a structured situational assessment aligned with the WHO Resolution WHA78.6, "Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease."

The workshop identified several major challenges:

- Fragmented kidney health governance
- Lack of a national CKD strategy
- Absence of a national kidney disease registry
- Unequal access to kidney replacement therapy (KRT)
- High out-of-pocket expenditures
- Limited early detection strategies
- Geographic disparities in specialist care
- Limited integration of kidney disease into national NCD frameworks

Despite these challenges, participants identified important opportunities:

- Existing public health infrastructure
- National survey systems such as ENSANUT
- Ongoing healthcare integration reforms
- Strong academic and professional nephrology communities
- Active patient and civil society organizations
- Existing regional dialysis and transplant registries

The workshop culminated in the development of two major advocacy priorities:

1. Establish CKD screening as a national public health priority
2. Create a National Kidney Disease Registry

These priorities aim to strengthen prevention, surveillance, equitable access to care, and evidence-based policy planning in Mexico.

Introduction and Background

Kidney disease is increasingly recognized as one of the most important noncommunicable diseases globally. The recent WHO Resolution WHA78.6 formally acknowledged kidney disease as a major global health challenge and called on member states to strengthen prevention, early detection, surveillance, financing, and equitable access to kidney care.

Mexico represents a particularly important setting for kidney health advocacy due to:

- High prevalence of diabetes and hypertension
- Rapidly increasing CKD burden
- Significant social and healthcare inequalities
- Fragmented healthcare delivery systems
- High mortality associated with kidney failure

The ISN WCN '26 Advocacy Workshop was designed to help country teams analyze national kidney health systems and develop actionable advocacy strategies adapted to local realities.
The Mexico Working Group included nephrologists, researchers, and advocacy contributors from multiple regions and institutions who collaborated to produce a comprehensive situational assessment and advocacy roadmap.

Workshop Objectives

The objectives of the Mexico Working Group were to:

1. Conduct a structured situational assessment of kidney health in Mexico
2. Identify major barriers to CKD prevention and management
3. Align national priorities with WHO Resolution WHA78.6
4. Develop realistic advocacy strategies and SMART objectives
5. Identify key stakeholders and implementation opportunities
6. Strengthen collaboration among national and international kidney health advocates

Methods and Workshop Structure

The situational assessment was organized into thematic domains:

- Governance
- Policy
- Epidemiology
- Primary care
- Workforce capacity
- Financing and procurement
- Clinical service delivery
- Data and monitoring
- Awareness and partnerships

Each section was assigned to specific contributors within the Mexico Working Group.

Sources used included:

- ISN Global Kidney Health Atlas (GKHA)
- ENSANUT data
- WHO Resolution WHA78.6
- National policy documents
- Published epidemiological studies
- Regional registry data
- Expert discussions during the workshop

The workshop also included collaborative group discussions focused on:

- Advocacy priorities
- Stakeholder mapping
- Health system opportunities
- SMART objective development
- Implementation barriers and facilitators

Situational Assessment

1. Governance and Leadership

Mexico currently lacks a dedicated national kidney health focal point within the federal Ministry of Health. Kidney-related responsibilities are distributed across multiple public health institutions including:

- Secretaría de Salud Pública (*Ministry of Public Health*)
- IMSS *(Mexican Social Security Institute)*
- ISSSTE *(Institute for Social Security and Services for State Workers)*
- IMSS-Bienestar

The absence of a centralized kidney health authority limits:

- National coordination
- Surveillance integration
- Policy implementation
- Accountability mechanisms
- Strategic planning

Additionally, no formal national steering committee dedicated exclusively to kidney health currently exists.

However, Mexico has recently initiated major health system reforms aimed at improving interoperability and universal access through:

- Shared digital health platforms
- Universal health registration systems
- Cross-institutional care integration

Participants considered these reforms a potential opportunity for future kidney health integration.

2. Policy and Universal Health Coverage

CKD is recognized within broader NCD strategies, particularly through diabetes and hypertension programs, but it is not consistently framed as a stand-alone national health priority.

Current limitations include:

- Lack of a unified CKD policy
- Absence of dedicated kidney health budget lines
- Variable inclusion of CKD in UHC frameworks
- Fragmented financing mechanisms

Kidney replacement therapies are available through social security institutions; however, uninsured populations continue to experience unequal access and substantial financial barriers.

The group emphasized that kidney disease should be explicitly integrated into:

- Universal health coverage policies
- National NCD strategies
- National prevention frameworks
- Financing and procurement systems

3. Burden and Epidemiology

The burden of kidney disease in Mexico is substantial and rising rapidly. Current estimates indicate:

- CKD prevalence: 13.8%
- Kidney failure prevalence: 1,905 per million population
- Kidney failure incidence: 526.5 per million population

The burden is disproportionately higher among:

- Older adults
- Men
- Individuals with diabetes or hypertension
- Populations exposed to heat stress
- Socioeconomically disadvantaged groups

Several regions, including Jalisco, Aguascalientes and Veracruz, demonstrate particularly high CKD prevalence.

The group also discussed CKD of unknown etiology (CKDu), which appears increasingly relevant in agricultural and heat-exposed communities.

4. Primary Care and Early Detection

Participants identified delayed CKD diagnosis as one of the most important systemic challenges in Mexico. Although serum creatinine testing is widely available in many regions, albuminuria screening remains inconsistent and frequently unavailable in primary care settings.

Key limitations identified included:

- Inadequate routine CKD screening
- Limited UACR availability
- Delayed nephrology referral
- Variable implementation of clinical guidelines
- Unequal access to SGLT2 inhibitors and renoprotective therapies

The group emphasized that Mexico already possesses scalable national platforms that could support CKD screening implementation, including:

- ENSANUT infrastructure
- Vaccination campaign models
- Existing primary care networks

5. Workforce Capacity

CKD care in Mexico is delivered through multidisciplinary teams involving:

- Adult nephrologists
- Pediatric nephrologists
- Family medicine physicians
- Internal medicine specialists
- Dialysis nurses
- Transplant teams

Formal nephrology training pathways exist nationally; however:

- Workforce density remains insufficient relative to CKD burden
- Specialist distribution is concentrated in urban centers
- Rural and underserved areas experience limited nephrology access

Participants discussed the need for:

- Expanded nephrology training
- Primary care education
- Tele-nephrology strategies
- Multidisciplinary workforce strengthening

6. Financing and Procurement

Kidney disease financing in Mexico remains fragmented and insufficiently prioritized. Key findings included:

- No dedicated CKD funding stream
- Reliance on broader NCD budgets
- Significant out-of-pocket expenditures
- Procurement and supply continuity problems

Participants highlighted that:

- Dialysis consumes a large proportion of chronic disease expenditures
- Prevention remains underfunded
- Patients without formal insurance frequently experience catastrophic healthcare spending

The group also discussed Mexico's national procurement mechanisms ("compra consolidada") as a potentially powerful tool for:

- Renoprotective medications
- Immunosuppressive therapies
- Dialysis supplies

7. Clinical Service Delivery

Mexico has established hemodialysis, peritoneal dialysis, and transplant programs; however, access remains highly variable according to:

- Geographic region
- Insurance status
- Institutional affiliation
- Socioeconomic status

Participants noted:

- Significant fragmentation in service delivery
- Delayed dialysis initiation among uninsured populations

- Unequal transplant access
- Limited conservative kidney management programs

The group also emphasized the importance of strengthening:
- Peritoneal dialysis programs
- Home-based therapies
- Conservative kidney care pathways
- Integrated CKD care models

8. Data and Monitoring Systems

The workshop identified lack of national kidney registries as a major structural limitation. Mexico currently lacks:
- National CKD registry
- National dialysis registry
- National transplant registry

Nevertheless, important successful regional registries exist:
- Jalisco Registry
- Aguascalientes Registry

The group identified these registries as potential foundational models for national expansion.
Existing national data systems such as SINAIS and ENSANUT could potentially support future CKD surveillance integration.

9. Awareness and Partnerships

Mexico has active kidney-related professional societies and advocacy organizations including:
- Colegio de Nefrólogos de México
- Instituto Mexicano de Investigaciones Nefrológicas (IMIN)
- Fundación Mexicana del Riñón
- Alliance for Kidney Health in Mexico

However:
- Public awareness campaigns remain fragmented
- CKD literacy remains low
- Patient representation in policy processes is limited

The group emphasized the importance of:
- Community education
- Patient advocacy
- Integration with broader NCD awareness campaigns
- Multisectoral collaboration

Advocacy Priorities and SMART Objectives

SMART Objective #1

Make CKD Screening a National Priority

Objective
Integrate CKD screening into national primary care and public health programs targeting high-risk populations.

Proposed Metrics

- ≥70% screening coverage among high-risk populations
- National implementation within 5 years
- Routine creatinine + UACR testing

Stakeholders
- Ministry of Health
- SPPS
- Nephrology societies
- Kidney Health Alliance
- ENSANUT leadership

Expected Outcomes
- Earlier diagnosis
- Reduced ESRD progression
- Improved population health
- Lower long-term healthcare costs

SMART Objective #2

Create a National Kidney Disease Registry

Objective
Develop a unified registry including:
- CKD
- Hemodialysis
- Peritoneal dialysis
- Kidney transplantation

Proposed Metrics
- ≥70% public hospital participation
- ≥80% dialysis center reporting
- 100% transplant center participation (it is already required by CENATRA [*National Center for Transplants]* that all transplant centers have records and to fill recipient information into a national registry/database)

Expected Outcomes
- Improved surveillance
- Better resource allocation
- Enhanced policy planning
- National epidemiological monitoring

Key Discussion Points

Major themes discussed during the workshop included:
1. Prevention is substantially underfunded relative to dialysis care
2. CKD must become an explicit national health priority
3. Fragmentation remains the central structural barrier
4. Data systems are essential for policy development
5. Financial protection for CKD patients is insufficient
6. WHO Resolution WHA78.6 provides a major advocacy opportunity
7. Existing infrastructure creates a realistic implementation window

Learning Outcomes

Participants reported several important outcomes:

- Improved understanding of kidney health advocacy frameworks
- Enhanced familiarity with WHO Resolution WHA78.6
- Greater awareness of systemic kidney health inequities
- Stronger collaboration among stakeholders
- Development of practical advocacy tools and SMART objectives

The workshop also reinforced the importance of:

- Evidence-based advocacy
- Interdisciplinary collaboration
- Long-term strategic planning
- Regional and international partnerships

PRONAM as a Policy Opportunity

A major recent development is the publication of Mexico's Protocolo Nacional de Atención Médica (PRONAM) for Chronic Kidney Disease, issued by the Secretaría de Salud. PRONAM provides a concise, evidence-based national protocol intended to reduce variability in clinical practice for CKD prevention, diagnosis, and early treatment in primary care. It applies to adults with or without CKD risk factors and to patients with early or moderately advanced CKD, while excluding advanced CKD complications, dialysis, transplantation, pregnancy, and pediatric CKD.

PRONAM is highly relevant to the Mexico advocacy strategy because it already establishes a national clinical framework for early CKD detection. It recommends annual screening in adults with risk factors using serum creatinine with CKD-EPI 2021 estimated GFR and urine albumin-creatinine ratio (RAC/UACR), emphasizing albuminuria as an early marker of kidney damage.

This creates a clear implementation opportunity: rather than advocating for CKD screening from scratch, the Mexico Working Group advocates for the operationalization, financing, and monitoring of PRONAM across primary care. The key ask would be to ensure nationwide availability of creatinine and UACR testing, integration of PRONAM algorithms into primary care workflows, and linkage with referral pathways to nephrology.

PRONAM also supports the group's SMART objective on CKD screening by defining risk factors, classification criteria, KDIGO-based staging, follow-up intervals, and nephrology referral criteria.

Recommendations

The Mexico Working Group recommends:

1. Establish a national kidney health coordinating body
2. Integrate CKD into national NCD and UHC strategies
3. Develop a dedicated CKD budget line
4. Expand CKD screening nationally, implementing the PRONAM guidelines
5. Create a national kidney disease registry
6. Strengthen financial protection for CKD patients
7. Improve procurement continuity
8. Expand workforce development initiatives
9. Increase patient and civil society participation
10. Strengthen regional and international collaboration

Conclusion

Mexico faces one of the most significant CKD burdens in Latin America within a fragmented healthcare system characterized by delayed diagnosis, unequal access, and insufficient national coordination.

Despite these challenges, the country possesses important structural opportunities:

- Existing public health infrastructure
- Ongoing healthcare reforms
- Active nephrology communities
- Strong academic leadership
- Existing regional registry models

The WCN '26 Advocacy Workshop provided a collaborative framework to identify actionable kidney health priorities and align national advocacy efforts with WHO Resolution WHA78.6.

The Mexico Working Group identified CKD screening and development of a National Kidney Disease Registry as foundational priorities capable of transforming kidney health prevention, surveillance, and policy planning nationwide.

Sustained multisectoral collaboration, institutional commitment, and strategic advocacy will be essential to advancing kidney health in Mexico over the coming years.

References

1. International Society of Nephrology. Global Kidney Health Atlas 2023: Mexico Country Profile.
2. World Health Organization. Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease (WHA78.6). Geneva: WHO; 2025.
3. García-García G, et al. Chronic kidney disease in Mexico: Challenges and opportunities. *The Lancet*. 2015;385:1978–1997.
4. Valdez-Ortiz R, Navarro-Reynoso F, Olvera-Soto MG, et al. Mortality in patients with chronic renal disease without health insurance in Mexico: Opportunities for a national renal health policy. *Kidney International Reports*. 2018;3(5):1171–1182.
5. Arredondo A, Azar A, Recaman AL. Challenges and dilemmas on universal coverage for non-communicable diseases in middle-income countries: evidence and lessons from Mexico. *Global Health*. 2018;14(1):89.
6. González-Bedat MC, et al. Strategies for prevention and management of diabetic kidney disease in Mexico. *Frontiers in Medicine*. 2024.
7. Jager KJ, Kovesdy C, Langham R, Rosenberg M, Jha V, Zoccali C. A single number for advocacy and communication—worldwide more than 850 million individuals have kidney diseases. Kidney International. 2019;96(5):1048–1050. doi:10.1016/j.kint.2019.07.012.
8. Brown WW, Collins A, Chen SC, et al. The Kidney Early Evaluation Program (KEEP): Program design and demographic characteristics of the population. *American Journal of Kidney Diseases*. 2003;42(Suppl 3):S3–S12.
9. Calice-Silva V, Neyra JA, Ferreiro Fuentes A, et al. Capacity for the management of kidney failure in the ISN Latin America region: report from the 2023 ISN Global Kidney Health Atlas. *Kidney International Supplements*. 2024;13(1):43–56.
10. Ramírez-García D, Fermín-Martínez CA, Sánchez Castro P, et al. Comparison of low eGFR prevalence and prediction for mortality using 2009 and 2021 CKD-EPI equations in Mexican adults. *Clinical Journal of the American Society of Nephrology*. 2025.
11. OECD. Health at a Glance – Mexico Country Note.
12. Alliance for Kidney Health in Mexico. National Policy Roadmap for Kidney Health in Mexico. 2025.
13. ENSANUT 2022 National Health and Nutrition Survey.
14. Cervantes Trejo A, Domenge Treuille S, Castañeda Alcántara I. Implementing an integrated large-scale clinical information system for ISSSTE's hospital network in Mexico. *SN Comprehensive Clinical Medicine*. 2021;3:444–453.
15. Priscila Villalvazo, Sol Carriazo, Catalina Martin-Cleary, Alberto Ortiz. Aguascalientes: one of the hottest chronic kidney disease hotspots in Mexico and a CKDu mystery to be solved. *Clinical Kidney Journal*. 2021;14(11):2285–2294.
16. Secretaría de Salud, Gobierno de México. *Protocolo Nacional de Atención Médica (PRONAM): Enfermedad Renal Crónica*. Mexico: Secretaría de Salud; 2025/2026.