

Editorial

Strengthening Advocacy for Renal Care in Nigeria

Samuel Ajayi¹ and Muhammed Makusidi²

¹*Department of Medicine, College of Medicine, University of Ibadan, Ibadan, Nigeria*

²*Department of Medicine, Usmanu Danfodiyo University, Sokoto, Nigeria*

Members of the Nigerian Association of Nephrology (NAN), including nephrologists, nephrology nurses, engineers and technicians, and other stake holders will meet from 18th to 22nd February 2024 to discuss ‘*Optimizing Dialysis Therapy To prolong Survival*’. At previous meetings and workshops, other themes on renal replacement therapy have been discussed. It is very clear now that we have reached a stage when all our efforts and resources must be pooled to together, not only to improve patient survival, but also to address the challenges we face in renal care. These include access to care, affordability, procurement of software and hardware (and their maintenance), staffing, and the general environment where we practice. Many of these challenges are due to the poor economic situation of Nigeria which has made allocation of resources and prioritization of care a formidable task. But, while resource allocation is not within the purview of nephrologists, strong advocacy can be made to improve the situation. In 2016, we went as far as presenting our challenges and solutions officially to the presidency through the office of the Vice-President, the Federal Ministry of Health, and informally to the Chairman of the Senate Committee on Health. Our *Renal Care Policy* document was presented to these three arms of government. We received assurances and the outcome of this and other efforts at various levels may only have resulted in paltry concession of a few dialysis sessions for our patients on National Health Insurance Scheme. Thus, our advocacy achieved only sensitization and minimal contribution from the government to fund renal care. Therefore, we need to open multiple fronts and redouble our efforts in advocacy.

First, we need the data, without which we cannot convince the government to increase funding and support for renal care and give the necessary support required. Our renal registry would have provided enough data regarding the approximate number of patients requiring renal care, the cost, and possibly their location. Unfortunately, this has not been the case because members have not been submitting necessary data even when the tool for this has been simplified many times. We have not been able to present robust data from our registry. Contrast this with praise earned recently by the South African Renal Registry, which published data on renal replacement therapy (RRT). The Registry was able to show that the one year survival of patients on RRT could be favourable in a limited-resource setting, and also that genuine efforts would be rewarded with success.[1] By proving that RRT is effective, policy makers would be encouraged to provide resources that improve quality of care. Furthermore, they would be well informed, based on evidence provided by parctitioners [2]. It is hoped that NAN will reactivate this and put this on the front burner, because without data our advocacy for renal care may not be effective.

Closely linked to this is the need for influential and respected men and women to take the lead or support our advocacy. We need Renal Ambassadors and Patrons. Kidney care and support groups such Kidney Research UK, American Kidney Fund, South African Renal Society, and Kidney Health Australia have

benefitted immensely from members of society who are passionate and committed to renal care. They may be ordinary citizens, celebrities, royal fathers, and retired or serving public officials. We can get these men and women of goodwill involved in our work, and there is little doubt that we will find willing hearts and minds to make inroads into the larger society, government establishment, and private businesses. But we need to provide specific roadmap and coordination to achieve set goals. This requires hard work and our determination.

The partnership between companies supplying both private and public health institutions should be strengthened and go beyond 'profit and loss'. Private health businesses rarely enjoy government concessions on import duties, perhaps because of scant attention paid to health. It is, therefore, inevitable that, with the current dismal economic outlook, renal care services would suffer. Dialysis machines and consumables are expensive due to increase in import duties, and this translates to unaffordability of renal care generally. Most of our patients cannot avoid catastrophic spending regarding financing their care [3-5]. It is time for companies and nephrologists to band together and make strong appeal to grant concession on import duties on renal hardware and consumables. And when these joint efforts are successful, we expect a less business-like approach in dealing with hospitals. As it is now, it is our opinion that sales and maintenance of equipment to many dialysis centres could be done in a more patient-focused way.

We believe that, with this framework for our advocacy, most of our difficult and intractable challenges could be resolved or minimized.

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Correspondence:

Dr Samuel Ajayi,
Department of Medicine,
College of Medicine, University of Ibadan,
Ibadan, Nigeria
E-mail: soajayi@hotmail.com