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# The Rising Burden of Kidney Disease in Garowe, Puntland, Somalia: A Call to Action for Relevant Agencies

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*Dear Editor,*

Chronic kidney disease (CKD) is a progressive condition affecting more than 10% of the global population, equivalent to over 800 million individuals. The disease is more prevalent among older adults, women, racial minorities, and individuals suffering from hypertension or diabetes mellitus. Low- and middle-income countries bear the greatest burden, often lacking adequate systems to manage its consequences. Globally, CKD ranks among the leading causes of death, with mortality linked to the disease steadily increasing over the past two decades. Its widespread impact and severe outcomes highlight the urgent need for stronger efforts in prevention and treatment (1).

Chronic kidney disease poses a significant health burden worldwide, affecting approximately 10 - 15% of the population. It is one of the few non-communicable diseases for which the associated mortality has increased consistently over the past two decades. Chronic kidney disease remains a major cause of morbidity and mortality, emphasizing the importance of early identification to reduce its adverse health effects. Prompt detection can lessen the harmful consequences and improve outcomes for affected individuals (2).

Autosomal dominant tubulointerstitial kidney disease (ADTKD) is associated with multiple gene mutations and is recognized under several names, including medullary cystic kidney disease type 2, familial juvenile hyperuricemic nephropathy, and uromodulin-associated kidney disease (3). Infective endocarditis, another serious condition with high morbidity and mortality, becomes even more severe when accompanied by renal failure. Anemia is also a common complication among individuals with CKD (4).

Sub-Saharan Africa faces a rising burden of chronic diseases such as cardiovascular diseases, diabetes, cancer, kidney disorders, and respiratory illnesses. Over the past two decades, the prevalence of these conditions has increased markedly. It is projected that by 2030, chronic diseases will surpass communicable, maternal, neonatal, and nutritional (CMNN) disorders combined as the leading cause of death in the region (5). The prevalence of CKD in rural East Africa is appreciable, though regional variations exist. Conventional risk factors explain only a minority of cases, while leukocyturia and hematuria are common, underscoring the need for further research to better understand CKD in Sub-Saharan Africa (6).

Among patients with type 2 diabetes, CKD significantly increases cardiovascular risk and is a strong predictor of progression to end-stage kidney disease. Early diagnosis and referral to specialist kidney care are crucial for optimizing outcomes and preventing disease progression (7). In Ethiopia, the burden of CKD among patients with diabetes is compounded by socioeconomic challenges and limitations in healthcare infrastructure (8).

In Somalia, kidney failure cases are rising, yet no reliable data exist on the specific causes of CKD in the country (9). Somalia's fragile healthcare system, coupled with limited resources, makes managing kidney disease extremely difficult. Access to renal replacement therapy and kidney biopsy services is scarce, and even basic healthcare remains unavailable in many areas. For most



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patients, hemodialysis is the only practical treatment option, largely confined to urban centers. With some of the world's lowest health and wellness indicators, Somalia experiences high levels of illness and death (10). The absence of a national renal registry further complicates efforts to measure the true burden of CKD in the country (11).

The primary aim of this letter is to draw the attention of relevant agencies to the growing challenge of CKD, particularly at Garowe General Hospital in Puntland. Hospital records and informal reports indicate a rising number of kidney disease cases, often diagnosed at advanced stages. Contributing factors include delayed presentation, lack of diagnostic facilities, limited access to dialysis, and poor awareness of CKD risk factors such as diabetes, hypertension, and infections. The lack of systematic epidemiological studies further limits understanding of the problem's extent, highlighting the urgency for targeted research and public health interventions.

To address this crisis, immediate action is required. Government health authorities, in collaboration with international partners, should strengthen surveillance systems to monitor CKD prevalence, incidence, and risk factors. Reliable data are essential for effective planning and resource distribution (12). Routine kidney function screening should be integrated into antenatal clinics, primary healthcare, and programs targeting high-risk groups such as diabetics and hypertensives. Early detection enables timely interventions to prevent progression to end-stage kidney disease (13). Investment in diagnostic infrastructure, laboratory facilities, and specialized healthcare personnel is also vital for improving CKD management (12). Expanding access to dialysis and other treatment modalities could substantially reduce mortality (14). Public awareness campaigns should be launched to educate communities on CKD risk factors, symptoms, and prevention. Collaborations with international organizations and NGOs can support training, resource mobilization, and technology transfer to address existing gaps. Importantly, CKD prevention and management must be integrated into national health policies and aligned with broader non-communicable disease and maternal health strategies for long-term sustainability (12).

Unless urgent measures are taken, Somalia faces escalating illness and death from a largely preventable and treatable condition (14). Chronic kidney disease in Garowe represents a growing health emergency that demands coordinated action from the government, healthcare workers, and international partners. A multisectoral, evidence-based approach focused on prevention, early diagnosis, and improved treatment can reduce the future burden of CKD and enhance overall health outcomes across Puntland and Somalia.

## Footnotes

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