Servizi di ricerca e formazione COI – *Country of Origin Information*

Rapporto di ricerca COI Realizzato dall'Ufficio Immigrazione di ARCI nazionale

- aggiornato al 29 Gennaio 2026 - Lavori Preparatori

CONTESTO		NOTE
Paese di origine	Sierra Leone	N/D
QUESITO COI		**NOTE**
Tematica	Salute	Nefropatia
Formulazione quesiti COI	**1. Accesso alle cure per persone affette da nefropatia**	

Nota metodologica

1. In considerazione dello specifico profilo tecnico dei quesiti, la ricerca è stata effettuata avvalendosi della collaborazione e del supporto tecnico della Associazione di supporto psicosociale "Approdi";
2. Considerando la tempistica a disposizione, la presente ricerca rappresenta un elaborato non definitivo, e come tale è stato classificato come "lavori preparatori";
3. Il presente Ufficio e l'associazione Approdi restano a disposizione per confrontarsi relativamente alle fonti e ai contenuti citati, oltre che per eventuali approfondimenti rispetto ai quesiti posti, le risultanze emerse e altre tematiche.

Roma
29/01/2026

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1. Accesso alle cure per persone con nefropatia

1.1. Introduzione al sistema sanitario

In via generale l'IOM riporta come :

> "...Sierra Leone's public healthcare system is extensive, and is provided by a mixture of government, private and non-gov- ernmental organizations (NGOs). The healthcare system in Sierra Leone is divided into two levels: Peripheral Healthcare Units (PHUs), with extended community health program and sec- ondary care facilities.1 The Peripheral Healthcare Units (PHUs) are the primary healthcare delivery points and provide health care at the district-level.2 The National Health Action Plan mandates that each unit include a Community Health Centre, a Community Health Post, and a Maternal and Child Health Post in every Chiefdom. Secondary healthcare is administered within district hospitals, which receive referrals from primary care facilities, as well as walk-in patients. Regional hospitals offer specialized care and handle referrals for complex cases beyond the scope of district hospitals. 3Registered private facilities tend to provide care paid through user fees at points of service and operate mainly in urban areas and most healthcare costs are paid out-of-pocket. […] Sierra Leone's healthcare system is structured with primary healthcare facilities at the foundation, providing basic and preventive care. Above them, district hospitals offer secondary care, includ- ing surgeries and obstetrics, and receive referrals from primary facilities. Regional hospitals provide tertiary care for com- plex cases, while specialized services are available at specific facilities.8 This tiered system ensures comprehensive health- care coverage nationwide...."[1]

[1]International Organization For Migration (IOM) (2024) Sierra Leone Country Fact Sheet 2024 [Accessed on 29/01/2026]

Rispetto al funzionamento del sistema sanitario, un'altra evidenza che riporta come :

> "...Despite the significant investment in the post-war re-establishment of the health system, Sierra Leone's health outcomes languish at the bottom of many league tables. Sierra Leone is among the ten worst performing countries when it comes to neonatal mortality, infant and under-five mortality, stillbirth and child death rates [32–34]. […] Sierra Leone's health system has a long history of challenges; starting off worse than many other African states, post-independence [39] and declining before and during the 11-year long civil war from 1991 to 2002, in which many professionals fled - especially its better educated health workforce [40]. […] The private sector provision of health-care is relatively small and private facilities are primarily found in the capital Freetown and several other cities [44]. Sierra Leone's health systems, including its human resource management, is highly centralised, due to the stalling of the implementation of the 2004 decentralisation legislation [48, 49]. District Health Management Teams (DHMTs) cannot hire staff, decide where to deploy health workers, or dismiss them even if they misconduct themselves or are absent [50, 51] which leaves them lacking "power, resources and institutional incentives to enforce formal rules" [52]. Despite significant post-Ebola health systems strengthening support from the donor and NGO community, Sierra Leone's health facilities remain under-resourced and underperforming..."[2]

Nell'Aprile del 2024 l'OMS ha riportato come:

> "...According to data from WHO, in 2021 the UHC service coverage index in Sierra Leone was 41 out of 100, a medium ranking. The service coverage index uses a selection of indicators to represent overall coverage of essential health services across the entire population in a country, ranked from zero (worst) to 100 (best) and is used to measure progress towards the Sustainable Development Goals related to UHC. Sierra Leone's has almost tripled since 2000, when it was ranked very low at 14 out of 100. The country has made efforts to improve health services amid challenges including the devastating Ebola outbreak in 2014 and the COVID-19 pandemic, which stretched the health system to the limit..."[3]

Similmente in un report published in March 2024 by the United Nations World Food Programme states that:

> "...Sierra Leone continues to struggle with malnutrition and poor health outcomes...."[4]

E allo stesso modo la Banca Mondiale :

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[2] Pieternella Pieterse1* and Federico Saracini1 Unsalaried health workers in Sierra Leone: a scoping review of the literature to establish their impact on healthcare delivery. International Journal for Equity in Health (2023) 22:255 https://doi.org/10.1186/s12939-023-02066-3 [Accessed on 29/01/2026]

[3] WHO (5 April 2024) Entrenching person-centred life-stages care to advance the right to health in Sierra Leone https://www.afro.who.int/countries/sierra-leone/news/entrenching-person-centred-life-stages-care-advance-right-health-sierra-leone [Accessed on 29/01/2026]

[4] United Nations World Food Programme (31 March 2024) Sierra Leone: Annual Country Report 2023 https://www.ein.org.uk/print/pdf/members/country-report/sierra-leone-annual-country-report-2023-overview-operational-context [Accessed on 29/01/2026]

> "...Sierra Leone must improve access to quality education and health. […] country's poor quality of healthcare. Sierra Leone also experiences shortages of skilled healthcare workers..." [5]

Questo è in linea con un'altra evidenza che riporta come :

> "...Despite the significant investment in the post-war re-establishment of the health system, Sierra Leone's health outcomes languish at the bottom of many league tables. Sierra Leone is among the ten worst performing countries when it comes to neonatal mortality, infant and under-five mortality, stillbirth and child death rates [32–34]. […] Sierra Leone's health system has a long history of challenges; starting off worse than many other African states, post-independence [39] and declining before and during the 11-year long civil war from 1991 to 2002, in which many professionals fled - especially its better educated health workforce [40]....."[6]

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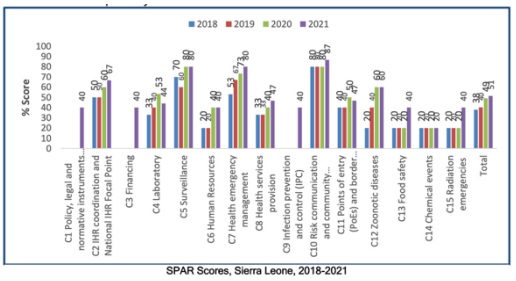
1.2. Non-communicable diseases e Nefropatie croniche

Un recente report delle attività dell'OMS in Sierra Leone, riporta come le patologie non trasmissibili rimangono una sfida enorme, ma che dal 2018 al 2021 si sta assistendo a un miglioramento degli indicatori:

> "...Noncommunicable Diseases (NCDs) remain major public health challenges in Sierra Leone...." [7, 8]



SPAR Scores, Sierra Leone, 2018-2021

Similmente, un'altra fonte riporta come :

> "...As in many low and middle income countries, Sierra Leone is estimated to have a high burden of NCDs.19 In 2016, NCDs contributed to 33% of all deaths.20 Estimates by recent studies have shown

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[5] World Bank (13 March 2024) Sierra Leone Human Capital Review https://openknowledge.worldbank.org/server/api/core/bitstreams/7dcdb968-88e7-4e6b-9bba-590e4329c559/content [Accessed on 29/01/2026]

[6] Pieternella Pieterse1* and Federico Saracini1 Unsalaried health workers in Sierra Leone: a scoping review of the literature to establish their impact on healthcare delivery. International Journal for Equity in Health (2023) 22:255 https://doi.org/10.1186/s12939-023-02066-3 [Accessed on 29/01/2026]

[7] WHO (2022) **WHO SIERRA LEONE BIENNIAL REPORT** [Accessed on 29/01/2026]

[8] **NOTA:** È importante sottolineare che come riportato nel report **WHO SIERRA LEONE BIENNIAL REPORT** il secondo finanziatore delle attività dell'OMS in Sierra Leona era il programma USAID. Sebbene non sia stato possibile trovare fonti relative all'impatto dei tagli del programma è possibile che molte delle attività siano state ridotte o soppresse.

that the prevalence of hypertension in people over 20 years of age is over 20% in Sierra Leone.21–23 Although data is extremely limited, Global Burden of Disease estimates over half a million cases of CKD in 2017.2 With evidence of hypertension as one of the strongest risk factor for CKD, management of hypertension should therefore include routine screening and treatment of CKD in Sierra Leone.24,25..." [9]

Una fonte riporta:

"... The burden of CKD is disproportionate. In low- and middle-income countries (LMICs), late recognition and constrained access to diagnostics and KRT intensify risk, while comorbid conditions such as hypertension and diabetes remain highly prevalent and often inadequately controlled.(3,4) In sub-Saharan Africa (SSA), hospital cohorts report a younger CKD population, late presentation with advanced disease, and high mortality.(3) Sierra Leone exemplifies these constraints: sustained hemodialysis capacity was established only in 2016, and care continues to be shaped by out-of-pocket costs and workforce limitations.(2,5,6) At a national adult referral center (Connaught Hospital), a study found renal admissions comprised 2.7% of medical inpatients, with many patients presenting with advanced CKD and financial barriers to dialysis.(6) ...." [10]

Similmente, un'altra fonte riporta come :

"...Sierra Leone national NCD and Injury poverty commission, which was established in early 2018 by MOHS and its findings were published in late 2020, identified priority NCDs that required to be urgently addressed in order to reduce the morbidity and mortality of NCDs in Sierra Leone. Chronic kidney disease due to hypertension was included among 43 priority NCDs and injuries. Furthermore, the commission prioritized treatment of hypertension among CKD patients beginning from primary health-care facilities...." [11]

Nello specifico delle nefropatie in Sierra Leone, le fonti riportano come :

"... In Sierra Leone specifically, there is high inpatient mortality among those

[9] Chiyembekezo Kachimanga 1,2 Anu Jegede Williams3 Musa Bangura1 Marta Lado4 Sahr Kanawa5 Daniel Lavallie5 Michael Mhango1 Haja Isatta Wurie6 Marta Patiño Rodriguez1 High Prevalence of Chronic Kidney Disease Among People Living with Hypertension in Rural Sierra Leone: A Cross-Sectional Study International Journal of Nephrology and Renovascular Disease 2021:14 459–474 [Accessed on 29/01/2026]

[10]

[11] Chiyembekezo Kachimanga 1,2 Anu Jegede Williams3 Musa Bangura1 Marta Lado4 Sahr Kanawa5 Daniel Lavallie5 Michael Mhango1 Haja Isatta Wurie6 Marta Patiño Rodriguez1 High Prevalence of Chronic Kidney Disease Among People Living with Hypertension in Rural Sierra Leone: A Cross-Sectional Study International Journal of Nephrology and Renovascular Disease 2021:14 459–474 [Accessed on 29/01/2026]

with kidney disease,(6) but granular risk stratification using standardized CKD classification and contemporary dialysis access patterns has not been reported. This knowledge gap limits clinicians' ability to triage patients effectively and impedes efforts to allocate scarce KRT resources based on objective prognostic data.

…."[12]

Un recente studio sulle cause e gli impatti delle nefropatie croniche in una zona rurale di Sierra Leone…:

> "…The high prevalence of CKD reported in this study is similar to findings reported among hypertension patients in other settings. […] Most of the patients in this study had uncontrolled hypertension, although hypertension stage was not associated with CKD in logistic regression analysis. […] This study has found that CKD is associated with advanced age, female gender, no formal education and being overweight/obese. This is consistent with findings of other studies in Africa. […] Current intake of herbal medication for treatment of hypertension was one of the factors associated with CKD, and other studies has also found similar association between taking herbal medications and CKD.47,56 Taking herbal medication may also be associated with acute kidney injury which may lead to CKD, interaction of herbal remedies with other medications and direct toxicity to the kidneys by some herbal medications….." [13]

Questo è in linea con quanto riportato da un'altra fonte che sottolinea come:

> "…The summary of findings from this study reveals a 2.7% admission burden, young age of patients affected with kidney disease, female preponderance, high level of unemployment among patients with kidney disease and the relationship between dialysis and mortality. The findings also highlighted systemic hypertension, diabe- tes mellitus as the commonest underlying risk factor for chronic kidney disease with sepsis and hypovolemia as the commonest risk factors for acute kidney injury. A 2.7% admission burden might be an understatement as many people with kidney disease are asymptomatic or are residing in hard to reach areas. Also, the lack of a formidable referral system and facilities for conduct- ing renal function tests in many primary and secondary health facilities are other contributory factors. […] Many of our patients present with an estimated glo- merular filtration rate less than 30mls/min/1.73m2 (stage IV and V). This suggests a relatively advanced renal fail- ure and some may require renal replacement therapy in the form of dialysis. In addition, they are often anaemic and may require blood transfusion. This tends to delay the commencement of haemodialysis and extend their stay in hospital. The mean hospital stay for these patients is about 2 weeks. A summary of their laboratory values also suggest a mean occurrence of hypocalcaemia and hyperphosphatemia suggesting evidence of mineral bone disease. Urinalysis findings revealed a frequent occurrence of proteinuria (nephrotic and sub-nephrotic) and haematuria suggesting ongoing renal insults...." [14]

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[12]

[13] Chiyembekezo Kachimanga 1,2 Anu Jegede Williams3 Musa Bangura1 Marta Lado4 Sahr Kanawa5 Daniel Lavallie5 Michael Mhango1 Haja Isatta Wurie6 Marta Patiño Rodriguez1 High Prevalence of Chronic Kidney Disease Among People Living with Hypertension in Rural Sierra Leone: A Cross-Sectional Study International Journal of Nephrology and Renovascular Disease 2021:14 459–474 [Accessed on 29/01/2026]

[14] Joshua Coker1,2*, Onome Abiri2,3, Obinna Jude Nwosu1, Alhaji Gbla1, Adetunji Wilson Taylor1 and Durodami Lisk1,2 The burden of renal admissions in a tertiary Hospital in Sierra Leone *BMC Nephrology (2022) 23:167* https://doi.org/10.1186/s12882-022-02806-7 [Accessed on 29/01/2026]

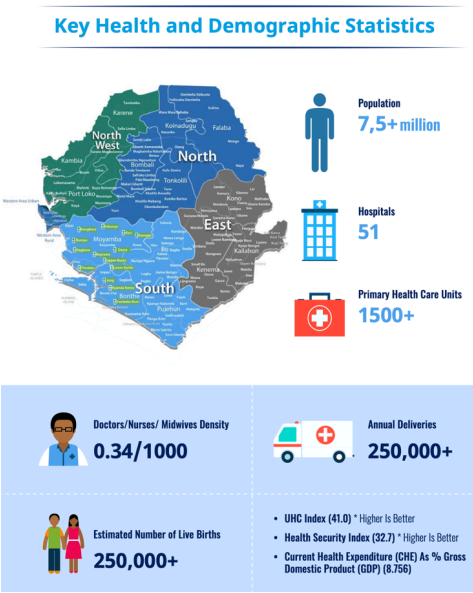
1.3 Disponibilità di strutture e professionisti

In via generale l'IOM riporta come :

> "...In Sierra Leone 94% registered health facilities are government-owned, while the remaining 6% are privately 5owned and operated. 6 According to the 2023 WHO Sierra Leone Annual Report, there are over 50 hospitals and more than 1500 Primary Health Care Units in Sierra Leone7. Hospital services in Sierra Leone are provided by a network of government, military, educational, religious missions, industrial, NGO, and private facilities. Government hospitals are primarily located in Freetown and major population centres. Sierra Leone has a few tertiary-level hospitals, all situated in the capital, Freetown. These include Connaught Hospital, Ola During Children's Hospital, Princess Christian Maternity Hospital, Lakka Hospital, Kissy Mental Hospital, and Jui Hospital...."[15]

L'OMS conferma gli stessi dati della IOM, specificando però che il rapporto Medico/infermiere/ostetrico è di 0.34/1000 abitanti, l'UHC Index è di 41.0 e la % di GDP spesa in Sanità è pari al 8.756:

"...



..."[16]

In parziale accordo una recente fonte riporta come :

> "...Sierra Leone's health systems currently consists of over 1,400 facilities, including several specialist and referral hospitals, district hospitals, and primary healthcare is provided through a network of Peripheral Health Units (PHUs) [47]....."[17]

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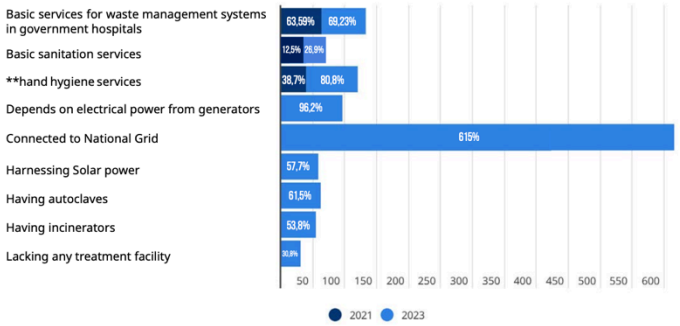
[15] International Organization For Migration (IOM) (2024) Sierra Leone Country Fact Sheet 2024 [Accessed on 29/01/2026]

[16] WHO (2024) 2023 Annual Report - SIERRA LEONE [Accessed on 29/01/2026]

[17] Pieternella Pieterse1* and Federico Saracini1 Unsalaried health workers in Sierra Leone: a scoping review of the literature to establish their impact on healthcare delivery. International Journal for Equity in Health (2023) 22:255 https://doi.org/10.1186/s12939-023-02066-3 [Accessed on 29/01/2026]

Rispetto allo stato delle strutture sanitarie, l'OMS riporta come siano presenti delle aree di miglioramento igieniche per gli ospedali presenti in Sierra Leone:

Status of WASH in Hospitals



*** Patient care areas need improvement in hand hygiene facilities*

"... ..."[18]

Nello specifico dei professionisti una fonte riporta :

> "...The government has not been able to fix the damage that was done to the already deficient health sector during the Ebola crisis. Sierra Leone lost around 7% of its health workers (including doctors, nurses and midwives) due to the outbreak, which exacerbated existing skills shortages...."[19]

Inoltre, un'altra fonte riporta come :

> "...In Sierra Leone, trust in healthcare providers has been undermined by decades of informal charges for care and services that should have been free to certain sections of the population...."[20]

Non è stato possibile trovare il numero specifico di Nefrologi presenti nel paese tuttavia una fonte riporta:

> "...L'Afrique subsaharienne peine à atteindre les standards de l'OMS en termes de personnels de santé. Dans la région africaine de l'OMS, on ne trouve que deux médecins pour 10 000 habitants, contre 32 pour 10 000 dans la région européenne, 11 infirmiers et sages-femmes pour 10 000 dans la région africaine à 79 pour 10 000 dans la région européenne [6]. Le nombre de néphrologues en Afrique subsaharienne est de moins de 5 par million d'habitants contre plus de 15 néphrologues par million d'habitants dans les pays développés [7]. Des grandes disparités sont notées dans la prise en charge de la maladie rénale, ainsi que dans les moyens déployés pour sa prévention, dans le dépistage des personnes à risque et à l'accès aux soins spécialisés et aux thérapies de suppléance rénale [5]. [...] Au début des années 2000, en dehors de l'Afrique du sud, il y avait moins de cinq néphrologues par pays et dans plus de la moitié des pays, il n'y avait pas de néphrologue. Selon une

[18] WHO (2024) 2023 Annual Report - SIERRA LEONE [Accessed on 29/01/2026]

[19] Bertelsmann Stiftung (19 March 2024) BTI 2024 Country Report Sierra Leone https://www.ecoi.net/en/file/local/2105886/country_report_2024_SLE.pdf [Accessed on 29/01/2026]

[20] Pieternella Pieterse1* and Federico Saracini1 Unsalaried health workers in Sierra Leone: a scoping review of the literature to establish their impact on healthcare delivery. International Journal for Equity in Health (2023) 22:255 https://doi.org/10.1186/s12939-023-02066-3 [Accessed on 29/01/2026]

enquête menée par l'ISN Africa Board en 2014 sous la direction de M. Benghanem Gharbi du Maroc, tous les pays de l'Afrique subsaharienne y compris l'Afrique du Sud avaient entre 0 et 2 néphrologues par million d'habitants alors que les pays d'Afrique du Nord comptaient entre 7 et 12 néphrologues par million d'habitants [17]. [...] En Afrique de l'ouest anglophone (Nigéria, Ghana, Libéria, Gambie, Sierra Leone), la formation médicale générale et spécialisée est organisée par une institution unique, le West African College of Physician (WACP) dont le siège est à Lagos (Nigéria). Le WACP a intégré actuellement les pays d'Afrique de l'ouest francophones et lusophones (Cap-Vert et Guinée-Bissau). Une harmonisation de la formation spécialisée entre les régions francophones et anglophones est en train de se mettre en place sous l'égide de l'OASS, le Cames et le WACP.

Tableau 1. Nombre de néphrologues africains formés dans les universités de Dakar et d'Abidjan (2000–2019).

Pays d'origine	Université de Dakar (2004–2019)	Université d'Abidjan (2000–2019)	Nombre de néphrologues formés
Bénin	5	5	10
Burkina Faso	3	14	17
Cameroun	7	10	17
Congo, Brazzaville	5	1	6
République démocratique du Congo	6	–	6
Côte d'Ivoire	1	23	24
Djibouti	1	–	1
Gabon	3	2	5
Guinée	4	5	9
Mali	2	7	9
Maroc	51	7	58
Mauritanie	3	–	3
Niger	5	3	8
République centrafricaine	–	2	2
Rwanda	1	–	1
Sénégal	23	–	23
Sierra Léone	2	–	2

..."[21]

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1.4 Barriere economiche

In via generale l'IOM riporta come:

[21] Abdou Niang, Moustapha Faye, Ahmed Tall Ould Lemrabott, Maria Faye, Sidy Mohamed Seck, Mouhamadou Moustapha Cisse, El Hadji Fary Ka, Boucar Diouf, Néphrologie en Afrique subsaharienne : passé, présent, futur, Néphrologie & Thérapeutique, Volume 17, Supplement, 2021, https://doi.org/10.1186/s12939-023-02066-3 [Accessed on 29/01/2026]

> "...The 2021 Sierra Leone Health Financing Progress Matrix Report identifies nine health financing schemes, including the government health budget, Free Health Care initiative, and disease-specific programs (malaria, HIV/AIDS, TB).4 Private health insurance covers less than 1% of the population. These packages typically offer coverage for a range of medical services, including consultations, hospitalizations, surgeries, and medications. The extent and specifics of coverage can vary significantly between different insurance providers. […] All health facilities: public, private, educational, mission, industrial, NGO, and military are open to everyone. However, patients must have a registered folder and cover the costs for services like consultations, medical exams, prescriptions, and hospital stays. […] Costs for medication vary widely, often requir- ing out-of-pocket payments. Factors influencing costs include the type of medication, healthcare provider, and associated fees..."[22]

Questo è in linea con quanto riportato in un'altra revisione sistematica della letteratura che riporta:

> "...Official user fee exemptions exist, but charging for healthcare has remained a problem, and those exempted often still pay [53, 54]. A study carried out in 2016 found that "as many as 96% of households responded they paid" for supposedly free services [50], suggesting that charging for care is widespread and seemingly practiced by salaried and unsalaried workers alike. […] The literature suggests that in Sierra Leone, charging the 'free healthcare target populations' for 'free care' never completely ceased, even in the weeks and months after the FCHI introduction [53, 69]...."[23]

Come si vedrà anche nella sezione successiva, le barriere economiche e la mancanza di lavoro sono ipotizzate come fattore aggravante delle persone con patologie nefrologiche in Sierra Leone. Nello specifico…:

> "...The commonest symptoms at presentation for the renal patients are bilateral leg swelling, reduction in urine output and exertional dyspnoea. These are well known symptoms of advanced renal failure. This late presentation leads to many unplanned dialysis sessions. Such patients will commence dialysis without adequate time for education on kidney disease and other options of renal replacement therapy as well as fashioning of an arteriovenous fistula. Late presentation is a major con- tributor to early mortality among haemodialysis patients [16, 17]. High rates of unemployment, expensive health care services, use of alternative treatments like spiritual- ists and traditional healers and the lack of regular screen- ing for CKD and inadequate nephrology service may also contribute to late presentation [4] […] The high rate of unem- ployment among our patients would suggest that many of them cannot afford to pay for their haemodialysis treat- ment or to buy drugs like erythropoietin, parenteral iron, phosphate binders or calcitriol. This often results in high morbidity and mortality among our patients. […] Many of our patients required renal replacement ther- apy while on admission. Patients who could not pay for dialysis died while on admission. Dialysis clearly reduces the in-hospital mortality of patients admitted with kid- ney disease (OR>2; P<0.05). The overall mortality rate among our patients was a little lower than 50%. Major contributors to patients not accessing haemodialysis include prohibitive costs, few dialysis units (located usu- ally in cities) and shortage of skilled workers [23]. The mortality rates for

[22]International Organization For Migration (IOM) (2024) Sierra Leone Country Fact Sheet 2024 [Accessed on 29/01/2026]

[23] Pieternella Pieterse1* and Federico Saracini1 Unsalaried health workers in Sierra Leone: a scoping review of the literature to establish their impact on healthcare delivery. International Journal for Equity in Health (2023) 22:255 https://doi.org/10.1186/s12939-023-02066-3 [Accessed on 29/01/2026]

non-renal admissions like stroke and HIV in our hospital are 39.5 and 30.1% respec- tively [24, 25]. This high mortality may be attributable to local health-care challenges, the description of which is beyond the scope of this article. The admission burden of mainly unemployed young patients poses serious issues bordering around afford-ability of care even though affordability was not directly assessed in this study. The high mortality, especially among the non-dialyzed also suggest the role financial affordability plays in kidney care. […] There is urgent need for government, private partners and NGOs to provide financial support to patients with kidney disease in order to improve equity to kidney health. There is also a desperate need to improve renal diagnostic facilities in Sierra Leone and also to embark on intensive renal prevention programs..." [24]

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1.5 Disponibilità di trattamenti

In via generale l'IOM riporta come:

"...According to the Pharmacy Board of Sierra Leone, there were 220 licensed Pharmacists and over 500 medical out- lets in Sierra Leone as of December 2021. 9However, medication availability depends on factors like location, health- care infrastructure, and government efforts. Essential drugs for common illnesses are generally accessible, but specialized treatments may be scarce, especially in rural areas..."[25]

Nello specifico delle nefropatie, una fonte riporta:

"...Despite the inclusion of screening and treatment of hypertension at regional and district hospitals in Sierra Leone's package of essential health care, screening and management of CKD is not included in this package of care.26,27...." [26]

Nello specifico della dialisi le fonti riportano come:

"... Dialysis in Sierra Leone is centralized in Freetown. The residence data show that patients traveled from multiple districts to access care, which may point to structural barriers to timely kidney replacement therapy. International evidence indicates that distance and travel time to dialysis facilities are associated with worse outcomes, including higher mortality and more unplanned catheter starts; these associations have been reported in Canada, the United Kingdom, and elsewhere.(25,26) Globally, the International Society of Nephrology's Global Kidney Health Atlas documents substantial gaps in dialysis availability and financial protection in LMICs, and Liyanage and colleagues estimate that

[24] Joshua Coker1,2*, Onome Abiri2,3, Obinna Jude Nwosu1, Alhaji Gbla1, Adetunji Wilson Taylor1 and Durodami Lisk1,2 The burden of renal admissions in a tertiary Hospital in Sierra Leone *BMC Nephrology (2022) 23:167* https://doi.org/10.1186/s12882-022-02806-7 [Accessed on 29/01/2026]

[25]International Organization For Migration (IOM) (2024) Sierra Leone Country Fact Sheet 2024 [Accessed on 29/01/2026]

[26] Chiyembekezo Kachimanga 1,2 Anu Jegede Williams3 Musa Bangura1 Marta Lado4 Sahr Kanawa5 Daniel Lavallie5 Michael Mhango1 Haja Isatta Wurie6 Marta Patiño Rodriguez1 High Prevalence of Chronic Kidney Disease Among People Living with Hypertension in Rural Sierra Leone: A Cross-Sectional Study International Journal of Nephrology and Renovascular Disease 2021:14 459–474 [Accessed on 29/01/2026]

millions who require dialysis die prematurely because they cannot access it.(2,27) These realities map directly onto our context: a single urban site, out-of-pocket costs, and long travel distances likely contribute to delayed presentation, advanced metabolic derangements at admission, and unequal receipt of dialysis. Findings from the earlier Connaught series, which predated our observation period, underscore that inability to obtain dialysis has been a persistent driver of poor outcomes locally, providing essential context for our contemporary analysis.(6)

...."[27]

Similmente un'altra fonte riporta:

"...Currently, there is no public dialysis unit and renal replacement therapy is not available. As far as we are aware, only one private facility in capital city of Sierra Leone, Freetown, offers dialysis services and the cost is prohibitive for many patients with CKD. Therefore, early screening and management of CKD patients presents a unique opportunity to identify CKD patients and start early management to slow the progression to ESRD. CKD screening, which includes the measurements of creatinine, is feasible and relatively cheaper in low and middle-income countries.6,28...." [28]

È importante sottolineare come una fonte riporta che:

"...In Sierra Leone, sustained renal replacement therapy in the form of haemodialysis was commenced at Connaught Hospital on 23rdDecember 2016 following the establishment of a dialysis unit in the hospital. This was achieved by the help of the Israeli Government through its Ministry of Foreign Affairs. […] Presently, the unit is staffed with 2 nephrologists, 11 dialysis nurses and 2 dialysis technicians. There is need for regular training and retraining of staff. […] Majority of our dialysis population initiate and to some extent sustain haemodialysis with a femoral catheter. This may be due to late presentation, lack of access to vascular surgeon for arteriovenous fistula creation or restricted access and inability to afford tunneled catheters. Presently, we do not have a vascular surgeon in Sierra Leone and tunnel catheters are not available in the country. A few patients with fistula benefitted from an Israeli vascular surgeon who fashioned it during a short visit to Sierra Leone. Those with tunnel catheters procured them from Nigeria or neighbouring Guinea. The native arteriovenous fistula (AVF) is the first choice vascular access for chronic haemodialysis patients17. This is because of the thrombotic and infectious complications more frequently associated with arteriovenous graft and central venous catheters17. The risk for mortality is lower in fistula users than catheter users as catheter use were associated with 80–134 additional deaths per 1000 person-years compared with AVF use18. […] While the unit was operational, patients within the country were able to access haemodialysis treatment with relative ease. Also, Sierra Leoneans abroad with end stage kidney disease were able to visit home and continue their haemodialysis treatment. With the breakdown of the Connaught Hospital dialysis unit, many patients with dialysis-requiring renal disease may have died except for the timely intervention of a Sierra Leonean who decided to urgently convert his home haemodialysis facility for public use to save the dying populace of kidney patients requiring dialysis. Later, this private facility was

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[28] Chiyembekezo Kachimanga 1,2 Anu Jegede Williams3 Musa Bangura1 Marta Lado4 Sahr Kanawa5 Daniel Lavallie5 Michael Mhango1 Haja Isatta Wurie6 Marta Patiño Rodriguez1 High Prevalence of Chronic Kidney Disease Among People Living with Hypertension in Rural Sierra Leone: A Cross-Sectional Study International Journal of Nephrology and Renovascular Disease 2021:14 459–474 [Accessed on 29/01/2026]

upgraded into a fully functional private dialysis center. As at now, this is the only facility offering haemodialysis in the country...." [29]

Questo è in linea con quanto riportato da un'altra fonte che sottolinea come:

"...Prior to December 2016, Sierra Leone had no facility for renal replacement therapy in the form of haemodi- alysis. This means that all patients with end-stage renal disease or severe acute kidney injury requiring dialysis lost their lives. This describes the poor state of renal care in Sierra Leone and there is no previous data on hospitalized renal cases in Sierra Leone. […] Prior to 2021, the unavailability of kidney biopsy nee- dles and other factors relating to human resource made kidney biopsy a remote possibility. Even with the use of kidney biopsy and the presence of Pathologists, making a tissue diagnosis of kidney disease is still limited by lack of special stains and absence of immunofluorescence and electron microscopy. Nevertheless, inferences are made from the Haematoxylin & Eosin stained specimen, clini- cal history and laboratory results so that some patients can be started on immunosuppresives or steroids. Some of the common histopathology seen so far are suggestive but not conclusive of minimal change disease, focal seg- mental glomerulosclerosis, focal mesangial proliferation and interstitial nephritis..." [30]

Una fonte mette in luce come siano presenti molteplici sfide rispetto all'accesso alla dialisi:

"...The challenges faced in ensuring the effective delivery of this treatment modality include unavailability of dialysis machines, consumables and permanent catheters or personnel who can create arteriovenous (AV) fistulas needed for haemodialysis. The maintenance of the haemodialysis machines was also a major challenge as parts are not available in the country and technical personnel are not in the country. There is need for strong laboratory support to the unit. The drugs needed by patients on haemodialysis like erythropoietin, iron sucrose, calcium carbonate or alpha-calcitriol are either unavailable or too expensive for patients to buy. Also, many of our patients were unable to pay for dialysis treatment over a long period of time. While the center was operational, a session of haemodialysis cost $100 which many patients were unable to afford. There is a need for increase support to this group of patients from both governmental and non-governmental sources (locally as well as internationally)...." [31]

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[29] Joshua Coker1, Sayo-Ibrahim Emmanuel1, Rahman Jemilatu1, Gbla Alhaji1, Russell James1 Haemodialysis Practice in Sierra Leone – A call for urgent action Tropical Journal of Nephrology Vol.15 No 2, December, 2020 15 – 18 [Accessed on 29/01/2026]

[30] Joshua Coker1,2*, Onome Abiri2,3, Obinna Jude Nwosu1, Alhaji Gbla1, Adetunji Wilson Taylor1 and Durodami Lisk1,2 The burden of renal admissions in a tertiary Hospital in Sierra Leone *BMC Nephrology (2022) 23:167* https://doi.org/10.1186/s12882-022-02806-7 [Accessed on 29/01/2026]

[31] Joshua Coker1, Sayo-Ibrahim Emmanuel1, Rahman Jemilatu1, Gbla Alhaji1, Russell James1 Haemodialysis Practice in Sierra Leone – A call for urgent action Tropical Journal of Nephrology Vol.15 No 2, December, 2020 15 – 18 [Accessed on 29/01/2026]