Policy Briefing:

Chronic Kidney Disease in Cameroon: Drivers, Opportunities and Challenges

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Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held in March 2024, focusing on the theme "Chronic Kidney Disease in Cameroon: An Overview of Drivers, Opportunities and Challenges," presented by Dr. Ronald Gobina, consultant nephrologist at the Buea Regional Hospital.

Context:

At least one in ten Cameroonian adults has chronic kidney disease, and the true figure may be higher. Every region now has a haemodialysis centre and dialysis is free, but there are about 30 nephrologists for 30 million people, no kidney biopsy service and no chronic peritoneal dialysis, and many patients stop dialysis within a month.

Key Issues:

1. **Rising and poorly understood burden:** Diabetes, hypertension, obesity, hepatitis B and HIV drive CKD, while traditional medicines and other local causes are under-studied.
2. **No kidney biopsy:** Diagnoses rest on clinical syndromes, which weakens national data.
3. **Dialysis access and dropout:** About half of those in need get dialysis, up to 84% stop after six or seven sessions, and centres are overloaded or under-used.
4. **Inefficient spending:** Duplicate water treatment rooms, uneven allocation of machines, overpriced kits, and imported normal saline.
5. **Gaps in training and medicines:** No formal dialysis training in nursing schools, and frequent shortages of essential nephrology drugs.

Discussion Highlights:

- Participants welcomed free dialysis and the start of kidney transplant and paediatric peritoneal dialysis.
- Pathology was described as the main diagnostic gap across specialties.

- Few people are willing to be living kidney donors; awareness campaigns are planned.
- Access to drugs that slow CKD depends on price negotiation and on clinical trials in Africa.
- Herbal medicine was named as a local driver needing research and dialogue with traditional practitioners.

Recommendations:

- **Screen for CKD early:** MINSANTE and regional delegations should screen people with diabetes, hypertension, HIV and hepatitis B using serum creatinine and urine tests, with ultrasound where possible, and link those found to care. First step: build on the World Kidney Day screening model in Buea in other regions.
- **Start kidney pathology services:** MINSANTE, university hospitals and private investors should set up at least one renal pathology laboratory with immunofluorescence, receiving samples from across the country, and train pathologists in renal pathology.
- **Plan dialysis capacity rationally:** MINSANTE should allocate machines by patient load, require new brands to use existing water treatment rooms where capacity allows, keep old machines maintained, and review procurement prices of dialysis kits. First step: an audit of capacity and use in every dialysis centre.
- **Produce dialysis fluids locally:** MINSANTE and industry should support local production of normal saline and peritoneal dialysis solutions, which would also make chronic peritoneal dialysis possible.
- **Train the dialysis team:** Nursing and technician schools should add dialysis care to their curricula, and nephrology training should expand through twinning with centres abroad, including interventional nephrology. Diaspora professionals can support training of nurses and technicians.
- **Address traditional medicine and drug access:** MINSANTE's traditional medicine department and the Cameroon Society of Nephrology should open a dialogue on nephrotoxic remedies, and MINSANTE should negotiate prices for drugs that slow CKD and keep essential nephrology drugs and transplant medicines in stock.

Next Steps: The town hall planned a survey of members working in kidney care and invited Giveback Project reports. The nephrology society planned documentaries on kidney transplant to encourage donation. A clinical trialist was invited to speak at a later session on making Cameroon a viable trial site. The next session was set for two weeks later.

Conclusion: Cameroon has made real gains in dialysis access, but CKD remains under-recognised and late in diagnosis. Participants agreed that early screening, kidney pathology, rational use of resources and training of the full kidney care team would do the most to slow the epidemic.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of March 23, 2024. Recording: https://www.youtube.com/watch?v=l4xFGOED6z4