Policy Briefing:

Policy Briefing: Chronic Kidney Disease Education, Early Detection and Organ Donation in Cameroon

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Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held in June 2023 (76th edition), focusing on the theme "Promoting CKD Education, Early Detection and Organ Donation," presented by Iya Bekondo-Granatella, founder of the Iya Foundation and its Kidney Resource Center in Buea.

Context:

CKD is rising in Cameroon and increasingly affects people under 45. Most patients are diagnosed only when they need dialysis. Dialysis in Buea faces supply shortages, disrupted sessions, untrained staff for donated machines, chronic anaemia without affordable erythropoietin or reliable blood supply, and high costs for food, transport, housing and labs. Kidney transplantation remains rare. The speaker, herself a transplant recipient on dialysis, described a patient-centred model built around these gaps.

Key Issues:

1. **Late diagnosis:** Limited routine testing means CKD is usually found at end stage. Hypertension and diabetes, the two main causes cited, are often first detected at community screenings.
2. **Costs beyond the dialysis session:** Even where sessions are subsidised or covered under Universal Health Coverage, patients pay for vascular access, labs, anaemia treatment, food, transport and lodging. The speaker said UHC rollout in Buea still left confusion over what patients must pay.
3. **Blood supply for dialysis patients:** Chronic anaemia is common, erythropoietin is out of reach for most, and families often seek donors at the last minute. Blood storage, component separation and pooling rules limit what NGOs can do.
4. **Transplant capacity:** HLA typing, post-transplant care and steady immunosuppressant supply are not yet in place, and few Cameroonians register as organ donors.
5. **NGO and Ministry engagement:** The Foundation works well with Buea Regional Hospital, the dialysis clinic and the regional delegation, but had no channel to the

central Ministry. Donated equipment went unused and a discounted lab service was blocked locally.

Discussion Highlights:

- Patient-led organisations see needs (food, housing, mental health) that clinical programmes miss.
- Point-of-care creatinine and eGFR testing can widen screening but should be validated locally.
- Transplantation is possible in Cameroon with HLA typing, trained staff, generic immunosuppressants and a donor culture.
- Red cell concentrates stored correctly would last longer than whole blood and serve more patients.
- More local research is needed on why CKD is rising among young Cameroonians.

Recommendations:

- **Build CKD screening into routine care:** MINSANTE and regional delegations should add creatinine or eGFR and urine testing to the follow-up of hypertensive and diabetic patients in district hospitals. First step: a pilot in the South West with Buea Regional Hospital and community partners already screening there, with local validation of the point-of-care device against laboratory results.
- **Clarify what UHC covers for kidney patients:** MINSANTE should publish clearly what dialysis patients pay under Universal Health Coverage, and assess extending cover to vascular access, monthly labs and anaemia treatment. First step: a written circular to dialysis centres, starting with Buea.
- **Secure blood for dialysis patients:** MINSANTE, the national blood transfusion services and regional hospitals should support component separation and red cell storage, and allow NGO-led donor drives to feed a shared, replenished stock. First step: a model MOU between Buea Regional Hospital and the Iya Foundation and Lifeline project.
- **Prepare a national transplant pathway:** MINSANTE, with university hospitals and diaspora transplant specialists, should plan HLA typing capacity, technician training, a generic immunosuppressant supply, and an organ donor awareness campaign. First step: a public report on the status of transplants done in Cameroon to date.
- **Give patient NGOs a channel to the Ministry:** MINSANTE's planned diaspora healthcare committee should include patient-led NGOs, and donated equipment

should come with technician training before delivery. First step: invite the Iya Foundation and similar groups to the committee's first meeting.

- **Fund research on CKD drivers:** Universities, hospitals and diaspora researchers should study CKD prevalence and causes in young Cameroonians, including heat, HIV and medicines, and the outcomes of twice-weekly dialysis. First step: pool existing screening data from Green Campaign events with hospital records.

Next Steps: The Town Hall offered to share the Foundation's campaigns with its network. The next meeting was announced for two weeks later.

Conclusion: The session showed that CKD care in Cameroon depends on more than dialysis machines. Early detection, clear coverage, safe blood, transplant capacity and a working link between patient NGOs and the Ministry are needed to change outcomes for kidney patients.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of June 3, 2023. Recording: https://www.youtube.com/watch?v=Kvhu1l9N24I