

# BRIDGE OF LIFE IN UGANDA, NOV. 2023

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MY EXPERIENCE: UNINI ODAMA, MD MPH, MBE

Welcome to Uganda  
November 2023

A Community Health  
Education, Screening, &  
Chronic Disease  
Prevention Project

In partnership with  
Bridge of Life  
&  
Global Livingston  
Institution



“There is a hole in  
my bucket”!

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*GERMANY; ODETTA; BELAFONTE; BOL: UNINI & TEAM*

Then fix it! -----My Why

*Kidney Disease and Kidney Health Justice know no boundaries; therefore, I am compelled to go wherever, far or near, rural or urban, to walk alongside others in pursuit of equitable solutions for preventing and managing kidney diseases.*

*-UO*

# Then **GO**---and **HELP**--fix it!

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ATLANTA-CHICAGO, USA

KIGALI, RWANDA



BRUSSELS, BELGIUM

**KABALE, UGANDA**  
(LAKE BUNYONYI)

# With what shall I fix it?

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**First, get close enough to understand the problem—Empathy**

**Second, co-create solutions—Humility**

# Bridge of life programs: fixing it

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❖ Kidney disease risk education

❖ CKD education

❖ CKD screening

❖ Linkage to care

❖ Continuity in the communities

❑ Kidney care capacity building

❑ ESRD management capacity building

**BOL hears the call, gets close to the problem, stays long enough to understand the problem and then co-creates solutions step by step.**

# BOL in Kabale, Uganda

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- Population 49 M
- Life expectancy-62 years
- Malaria commonest cause of death
- CKD top 10
- (BOL/GLI data from 2021 survey)
- Hypertension-30-38 %
- Diabetes-5-8 %
- CKD-6%

8 adult nephrologist  
2 pediatric nephrologist  
3 Government run clinics  
63 machines  
Dialysis clinics in Kampala(2)  
(7hrs away), Mbarara (1) (4hrs  
away)  
300-500 K (shillings) to start;  
52 K weekly  
Middle income-72K/yr

Without addressing risk factors for kidney disease, we will not be able to address the rising global tide of acute, chronic, or end-stage kidney disease. Therefore, this is a call to be—“kidney health risk-conscious.” We must minimize and eliminate the risk (of kidney disease) as much as possible because

*“Risk anywhere is Risk everywhere.” —UO*

—“When health is at Risk, everything is at Risk

*Tedros Ghebreyesus (WHO Gen Sec)*



# Tools to fix the hole in the bucket

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- Human resources-willing volunteers, Director, Katie, Social worker-Jess, Dietician-Heidi, Clinical education RN-Melissa, Nephrologist-Unini
- Financial resources--BOL
- Training resources—decks and decks created by volunteers
- Screening resources—Hypertension/diabetes/CKD
- Subject matter capacity-evaluation/diagnosis/management and linkage to ongoing care
- Local capacity for continued care
- Local subject matter expertise

# Chronic kidney disease education: Rugarama hospital

A TOOL TO FIX THE HOLE IN THE BUCKET  
DAY 1 & 2: RUGARAMA HOSPITAL



# CKD Education/Training Topics

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## Chronic Kidney Disease (CKD) & CKD Prevention

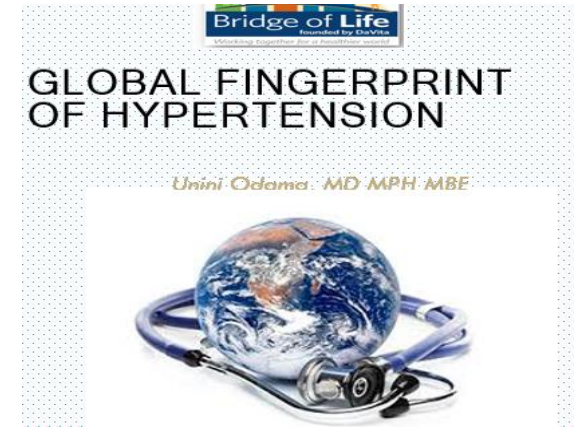
Unini Odama, MD

ODAMA



## Diabetes & The Kidneys

Unini Odama, MD



## PRACTICAL TIPS FOR OPTIMAL KIDNEY HEALTH

UNINI ODAMA, MD



# Training days



# BARRIERS TO KIDNEY HEALTH BRAINSTORMING SESSION

11/3/23: Training discussion: **Causes of Kidney disease in Kabale.**  
**Discussions/brainstorming.**

## **Causes of CKD in Kabale:**

1. Herbs—mixed with NSAIDs and Steroids (herbalists)
2. Decreased water intake vs increased intake of fermented sorghum porridge/drink
3. AKI due to malaria and recurrent UTI
4. Late diagnosis of CKD risk factors (undiagnosed, uncontrolled HTN and DM)

11/4/23: from brainstorming/training

## Barriers and Opportunities for Hypertension Management:

1. Delayed Diagnosis
2. Costly medications
3. Decreased awareness for compliance in clients
4. Fear of swallowing pills or pill burden
5. Inadequate patient care team education

# SOLUTIONS TO KIDNEY HEALTH CHALLENGES BRAINSTORMING SESSION

Tangible solutions to prevent CKD and improve kidney health in Kabale.

1. Extensive Community Health Education.
  - engaging with local herbalists
  - educating about avoiding NSAIDS/Steroids/Unknown toxins
2. Training more subject matter experts/personnel in kidney care
3. Routine periodic risk factor surveillance (HTN/DM/Scr/eGFR/Ualbumin
4. Community awareness champions-radio talk hosts
  - " How do I know that I have kidney disease"? (feeling well, bad taste in the mouth, swelling.
- public health campaigns about the benefits of clean water intake.
5. Building capacity for a kidney program
  - training clinical staff in renal care
  - access to Nephrology/subject matter experts

# ACTION PLAN RUGARAMA HOSPITAL: PG1



	ACTION AREA	ACTIVITIES	RESPONSIBLE PERSONS	TIMELINES
1	Focus on quality of life and client centered care	Ethics consideration/Patient experience team support	Sister Alice	
2	Extensive community health education and awareness in kidney disease, hypertension, DM	<ol style="list-style-type: none"> <li>1. Radio talk shows</li> <li>2. Community outreaches</li> <li>3. Health talks on the wards</li> <li>4. Learning Aids for patients/family</li> </ol>	Sacred	
3	Build capacity for Kidney program and prevention	<ol style="list-style-type: none"> <li>1. Trainings for clinical staff/CME</li> <li>2. Resources- medications/tools/technical equip</li> <li>3. Linkages with subject matter experts including Neph/networking with MOH</li> <li>4. Benchmark visit-Kampala dialysis clinic</li> </ol>	Dr. Kevin	
4	Routine risk factor surveillance (OPD/Surg/Med/Maternity)	<ol style="list-style-type: none"> <li>1. Updated and new Screening tool</li> <li>2. Protocols for screening</li> <li>3. Active f/u of clients</li> </ol>	Ivan	
5	Village approach within the health facility	<ol style="list-style-type: none"> <li>1. High risk community outreach and screening</li> <li>2. Screening of cases on all departments</li> </ol>	Ivan	

## ACTION PLAN RUGARAMA HOSPITAL: PG2

6	Follow clinical guidelines and protocols for patient care	<ol style="list-style-type: none"> <li>1. Appropriate screening treatment guidelines for hypertension</li> <li>2. Appropriate management of CKD with comorbidities</li> <li>3. Appropriate treatment for diabetics.</li> <li>4. Implementation of guidelines</li> </ol>	Dr. Raymond	
7	Management of patients with CKD/AKI/ESRD	Metrics of success/evaluation	Dr. Raymond	
8				

### ACTION POINTS (ER)

Rugarama Hospital work group members:

1. Palliative care nurse-Sister Alice
2. Clinical officer-Sacred
3. Theater/surgical nurse-Cathy
4. Physicians-Dr. Raymond, Dr. Kevin
5. Maternity-Fortunate
6. CHW-Adela
7. Student-
8. Admin-Dr. Esther

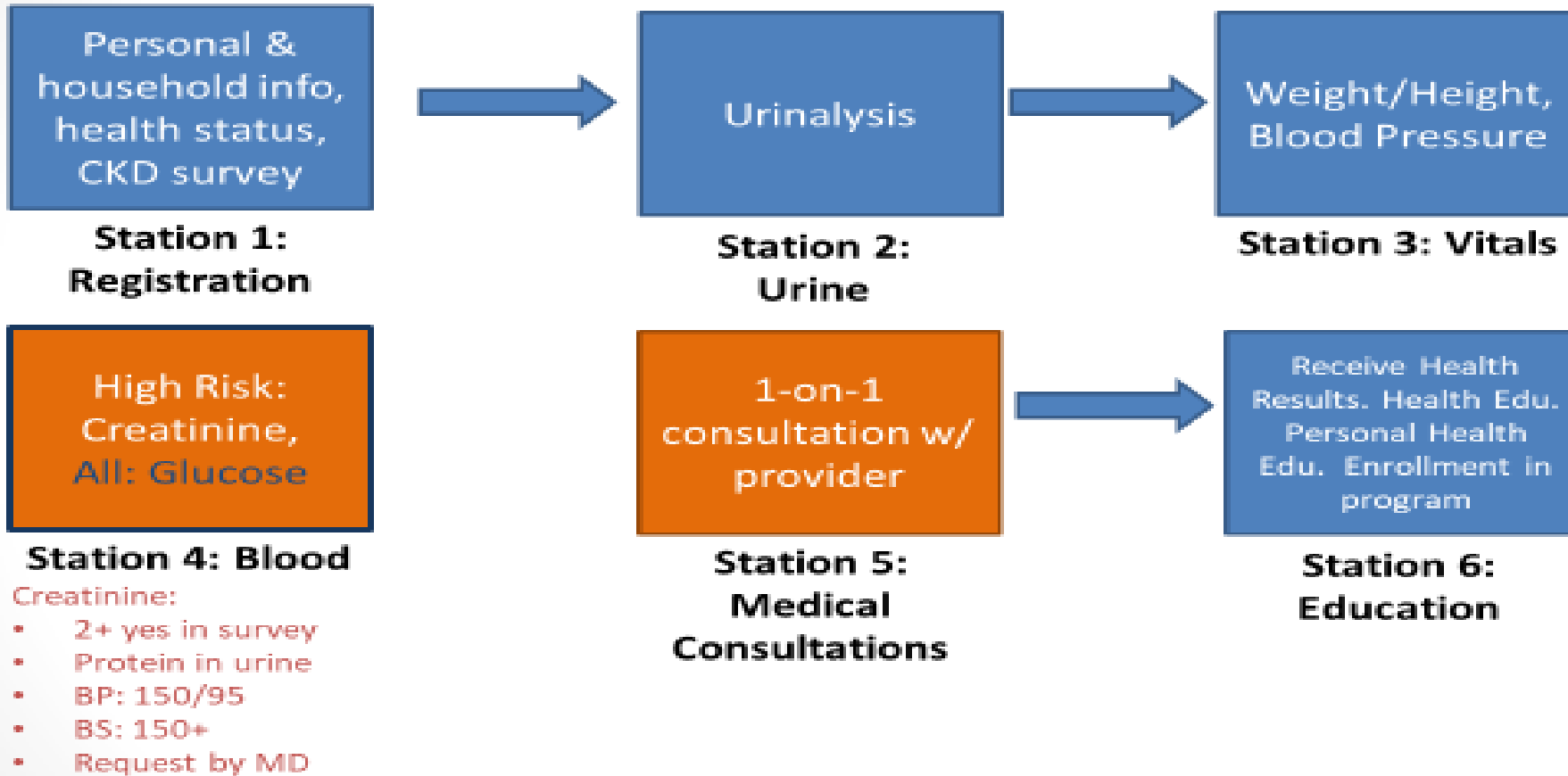


# CKD SCREENING

A TOOL TO FIX THE HOLE IN THE BUCKET

DAY 3-5: BWAMA CLINIC; MINISTRY OF HEALTH; KABALE DISTRICT

# Mobile Clinic Approach



# CKD Screening Days



## KABALE UGANDA: BLOOD PRESSURE SCREENING RESULTS

<b>Blood pressure</b>	<b>Percentages (%)</b>
Hypotensive <90	5 %
Normal <	23
Pre HTN	<b>32</b>
Stage 1	<b>22</b>
Stage 2	<b>11</b>
Crisis	<b>7</b>

**72 % of the population screened (682) had elevated blood pressure  
40 % had overt HYPERTENSION**

## **KABALE UGANDA: BLOOD GLUCOSE SCREENING RESULTS**

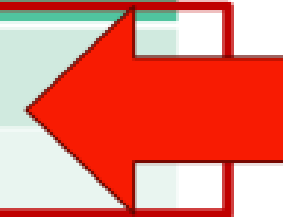
<b>BLOOD SUGAR (MG/DL)</b>	<b>PERCENTAGES (%)</b>
<b>NORMAL &lt; 140</b>	<b>96</b>
<b>PREDIABETES-140-199</b>	<b>1.5</b>
<b>DIABETES- &gt; 200</b>	<b>2.5</b>

**Majority of the people screened had normal blood glucose  
N-682**

## KABALE UGANDA: CALCULATED EGFR SCREENING RESULTS

**CKD 1 & 2**

eGFR	CKD	PERCENTAGE (%)
> 90	> 1 OR NORMAL	75
60-89	2	20
45-59	3A	2
30-44	3B	1
15-29	4	1
< 15	5	1



**95 %**

eGFR calculated using spot creatinine measures entered into the NKF eGFR calculator using the CKD-EPI creatinine equation (2021) [cr/age/gender]

# Some other holes in the bucket

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- ❑ **First**, I observed that risk factors for kidney diseases are similar globally, with a tilt toward what is environmentally and culturally nurtured; for instance, salt and hypertension.
- ❑ **Second**, the need for early kidney disease prevention is vital given the lack of access to nephrology care for CKD/ESRD.
- ❑ **Third**, despite the elegant structure of health care in Uganda, access to care remains a problem.
- ❑ **Fourth**, poverty affects access to care-transportation to clinics and care
- ❑ **Fifth**-Cultural dependence on high carbohydrate foods, sorghum alcohol, salt and herbalist treatments.
- ❑ **Six**-continuity of care is imperative (community trust, capacity building, health justice)

🔧 We educated non-clinician community health workers (the backbone of the local disease prevention, education & assistance program), doctors, nurses, students, and community program participants.

Katie Chandler  
BoL Program Director

Unini Odama, MD, MPH, MBE  
DaVita-VP Medical Affairs

Mary Van Jacobs  
DaVita Manager-Village Giving

Heidi McMahan, MPH RDN  
DaVita Clinical Dietitian II

Jessica Lee, MSW  
DaVita Social Worker

Melissa Hrdlicka, RN BAOL  
DaVita ClinEd-Project Manager



We performed 700+ health screenings, provided individualized education, & physician consults in 3 days.



*My calling, passion, vision, and scope align with BOL's calling to serve others, passion for empowering persons and communities to be healthy, and vision and scope of providing equitable kidney health. This partnership allows collaboration and solidarity to become practicalized, alive, and dynamic.*

*With BOL, I have found a perfect match for kidney health Justice.*

**For humanity and the pursuit of humaneness!**

*---Unini Odama*

# NOT DONE YET!

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“No, no we are not satisfied and will not be satisfied until (kidney health) justice rolls down like water..”

Martin Luther King, Jr.

- ❖ Summary Report to BOL BOD & OCMO
- ❖ Summary report to Uganda Federal MOH and Partners (UN/PATH/WHO)-12/23- INVITED
- ❖ CKD Action Plan implementation meetings to begin-1/24 (Rugarama Hospital)- INVITED BY HOSPITAL SUPERTENDENT/DIRECTOR
- ❖ Kidney medicine curriculum for international grand rounds-Bimonthly schedule to discuss kidney disease prevention and management + cases-REQUESTED BY LOCAL PHYSICIANS
- ❖ Evaluation (?+ visit) of CKD action plan at Rugarama-11/2024--TBD



VISION  
Unwavering  
pursuit of  
a healthier  
tomorrow



DVA/BOL/KATIE/MARY/JESSICA/MELISSA/HEIDI/UNINI/RUMBI/ANDREW/IVAN/ESTHER...