The manuscript by Kaze et al. describes the prevalence and determinants of CKD in rural and urban Cameroonian. It has the potential to contribute towards very lacking data in sub-Saharan Africa. I would suggest that the authors consider the following major and minor revisions.

Major compulsory revisions
1. Background
Data from Cameroon have not been adequately given in order to provide the context and background to this study. The authors need to refer to previous work published from Cameroon on the subject. This should be included in the background and the rational for the current study. If there is no prior work this should be clearly stated.

2. Methods
2.1 It would be useful to include more detail on inclusion and exclusion criteria, particularly how the authors ensured the exclusion of other non-renal causes of albuminuria such as gynaecological causes.
2.2 How was urban vs rural status decided? Authors must clarify whether this was arbitrary or was it based on certain pre-determined definitions that must be appropriately cited?

3. Results
3.1 In Table 2 creatinine clearance seems to have been used interchangeably with eGFR. This must be clarified.
3.2 The prevalence of CKD by CG-eGFR was 21.9% (double that by MDRD and CKD EPI equations). This discrepancy is likely to influence clinical practice on which equation is used in this population, even while all equations have not been validated. It would enhance the paper if the authors include information on this finding in the discussion and explore possible explanations.

4. Discussion
4.1 The meta analysis by Stannifer et al. cited by the authors did not show a difference in CKD prevalence between rural and urban communities therefore line 10 (page 10) must be reviewed.
4.2 The higher prevalence of CKD by albuminuria in the rural while lower when
defined by eGFR (CRF) has not been sufficiently argued/ postulated on.

Could HIV in rural Cameroonians be a possible explanation?

While the limitations of not including HIV in this study have been acknowledged, it might be worth mentioning its prevalence in the Cameroon as it is an important risk factor for CKD in sub-Saharan Africa. This might help put into context the urban vs rural CKD prevalence.

Minor revision
1. Were there any attempts to verify personal history like accessing medical records?
2. Provide detail on how 'gout' was determined.
3. Consider using 'equation or prediction equation' as a more common term than 'estimators' used throughout the manuscript.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.