

History of AFPNA/IPNA by Prof Felicia Eke.

The Pioneers of Paediatric Nephrology (PN) in Africa include Professors A. Adeniyi, Ralph Hendrickse, Herbert Gilles and GM Edington all of whom worked in University College Hospital, Ibadan (1956-1960). They described Quartan malaria nephropathy from *Plasmodium malariae*. Kibukamusoke described similar findings in Uganda

The African Romance with IPNA, from my perspective started in the 1980s when as a Fellow in Paediatric Nephrology under, the tutelage of Dr Michael Winterborn, who was a prominent participant in the ISKDC in the 1970s,¹ we often discussed ESPN, ISKDC & later IPNA.

Mike's encouragement led to my MD Thesis on the randomized study of the prophylactic low dose 1-alpha hydroxycholecalciferol in Early Renal osteodystrophy in children. The paper was presented in IPNA Congress in Philadelphia in 1980

Africa was the last but not the least continent to formally join the International Paediatric Nephrology Association (IPNA) in 2000. The plan for Africa to formally join IPNA as an Association was hatched at the 1998 IPNA Congress in London. Professor Bahia Moustafa, (Egypt), Dr Amani Asfour (Egypt) late Professor AB Okoro (Nigeria), Professor Bhimma (South Africa), and Professor Felicia Eke (Nigeria) discussed the need for the African continent to form an Association affiliated to IPNA like other continents. Professor Ira Grier (USA) was a great pillar of strength during the formative years and he and Professor Patrick Niaudet attended the Inaugural Meeting of AFPNA in Cairo in 2000.

The 1st President of AFPNA (Then Secretary General of AFPNA & Assistant Secretary, IPNA) was Professor Bahia Moustafa (2000-2006; Followed by Professor Felicia Eke (2006-2013), followed by Professor Mignon McCulloch (2013-2019).

AFPNA Councillors who also represented AFPNA in IPNA Council were: Dr Felicia Eke, Dr Deirdre Hahn, Dr Safaa Medani, Professor Udai Kala & Dr Mignon McCulloch 2001-2006; Prof. Ifeoma Anochie, Professor Amal Bourquoia, & Professor Hesham Safour 2013-2019 & Professor Udai Kala (till 2017).

One of the greatest challenges of the new Association was the International terrorism called 9/11 when the New York twin towers were hit by terrorism, which occurred 3days after the IPNA Congress in Seattle in 2001. The new Association was to have its 2nd Congress in Port Harcourt and travel to most African countries was banned by most western countries. Professor Matthias Brandis, a great soul who was the new IPNA President, beat all odds and came to the AFPNA 2nd Congress in Port Harcourt Nigeria in 2002. It was to his great credit that he attended every AFPNA Congress during his tenure as IPNA President and made invaluable contribution to its development. Also present was a great contingent from South Africa, including Professor Mignon McCulloch & Professor Miriam Adhikari. The impact made by many Paediatric nephrologists who I prefer to refer to as full members of AFPNA despite their affiliation to American & European Paediatric nephrology Associations cannot be underestimated. Professor Frederick Kaskel co-opting the help of Professor Philip Ozuah, the then Director of Montefiore Hospital, New York sponsored many Nigerians to IPNA Congress, New York in 2010 & visited & lectured in Abuja. but he together with Dr Malcolm Lewis, another truly great soul, and Professor Rick Kaskel have continued active participation in all AFPNA matters.

AFPNA has made a tremendous progress from a membership of 40 Africans in Cairo in 2000 to over 160 members from most of the 53 African countries in 2018.

AFPNA Congresses have been held as follows:

1. Cairo, Egypt 2000
2. Port Harcourt, Nigeria 2002
3. Cape Town, South Africa 2006

4. Nairobi, Kenya 2008
5. Accra, Ghana 2013
6. Yaounde, Cameroon 2016

In between these Congresses, Regional Meetings have been held at IPNA Congresses.

The Number of Paediatric Nephrology Fellows trained by IPNA/ISN in Africa has risen from 2 in 2004 to 3-6 Doctors every year resulting in over 25 Fellows in recent years.

AFPNA also launched and has sustained the African Journal of Paediatric Nephrology since 2010

Credit must be given to many Paediatric Nephrologists passionate with child care in the midst of horrendous challenges facing the predominantly low-income group of most African countries.

Paediatric renal transplant was available in South and North Africa before 2006. Since 2006 with the training of Paediatric Renal Fellows and mainly private funding, this is now available in Nigeria and Kenya.

Despite these successes a lot more needs to be done to improve paediatric renal care in Africa. Securing Government engagement and funding has been challenging in most African countries.

The Government of African countries need to provide facilities and funding for the early screening of renal disorders, for full and adequate processing of renal biopsies with LM, IM, and EM and for Renal Replacement Therapy with Dialysis and Transplantation which are beyond the reach of most individuals.

I salute all the brave heroes and heroines of AFPNA for their selfless endeavours to maintain renal care and encourage all to keep striving for the best for our beloved African children.

References

1. Friedman A, Ehrich J, Chevalier R, Jones S. A history of IPNA from Origins to 2010. <http://www.ipna-online.org/content/history>
2. Gilles, HM, Hendrickse, RG. "Possible aetiological role of Plasmodium malariae in Nigerian children." *Lancet* 1960.1:806-7
3. 54th Inaugural Lecture of the Univ of Port Harcourt: <https://www.uniport.edu.ng/files/Inaugural%20Lectures/Inaugural%20Lectures%20Updated/54th%20Inaugural%20Lecture%20-%202014th%20Dec%202011%20by%20Prof%20%28Mrs%29%20Felici.pdf>

Attached AFPNA photos