Meet our new IPNA Councilors

Since IPNA Councilors have six-year terms (see below), a portion of IPNA council rotates every three years, with the rotation occurring at the time of the triennial IPNA Congresses. Thus, during the upcoming IPNA Congress in Venice this October, the Council will meet twice – the first meeting consisting of current council members, and the second meeting will be the introductory meeting for new councilors. We are very pleased to introduce five of the new Councilors to you in this newsletter issue. With their enthusiasm and new ideas, we are sure they will make valuable contributions to of IPNA Governance.

All of the incoming Councilors were asked the same series of questions:

1. Why did you choose to become a pediatric nephrologist?

2. What do you consider to be the most challenging issue when improving the care for little kidneys?

3. What will be your main focus/goal as IPNA councilor? Where do you see yourself contributing to IPNA’s programs and mission?

Susan Furth (USA, ASPN)

1. I was drawn to the diversity of the patient population and the complexity of medical problems that children with kidney disease face. I was inspired by wonderful role models and realized that as a nephrologist you could do acute care in the ICU, as well as develop long term relationships with patients and families on an outpatient basis. There was also such a breadth of scholarship, from basic science to clinical epidemiology, there was so much opportunity to pursue research.

2. The tremendous disparities in resources available for children with kidney disease in different settings.

3. My main goal as an IPNA councilor will be to contribute to IPNA’s mission to improve care for children with Kidney disease through promoting training and collaborative research in nephrology globally.

Pankaj Hari (India, AsPNA)

1. I did my thesis during postgraduation at medical school under the guidance of Dr. Rajendra Srivastava who was a pioneer in the field of pediatric nephrology in the country. I was inspired and guided by him to pursue pediatric nephrology as a career.

2. The greatest global challenge to the care for little kidneys is the dearth of pediatric nephrologists particularly in the underdeveloped and
developing nations. There is a need for education and training of medical professionals at a large scale to build a strong pediatric nephrology workforce. There is lack of good quality clinical and basic science research and innovation catering to needs of children with renal diseases.

3. In consonance with the vision statement of IPNA “Great care for little kidneys everywhere” I would wish to work in the field of education and training to build pediatric nephrology workforce. I would like to be associated with development of clinical practice recommendations and facilitating their implementation for IPNA; formulation of curriculum for fellowship training program, training courses, CMEs, teaching modules etc.

Sampson Antwi (Ghana, AfPNA)

1. Driven by personal interest and also to fill in a needy gap. There was no paediatric nephrologist in Ghana then. To date, Ghana, a country of 30 million people has only three trained paediatric nephrologist.

2. Affordability is big issue in larger Africa. Lack of infrastructure and resources for kidney care in Africa. Poor communication channels and information flow among African countries.

3. 1. To work through IPNA to get Industry players to support Africa by making resources available to the few trained paediatric nephrologist. Getting regional distribution centers for resources like PD fluid and Catheters and central lines will be a laudable intervention that IPNA can champion. 2. To advocate for lower level training centers across Africa (Level B) with partnership with Level A centers through a Sister Renal center programme. 3. To get national Representatives to enhance communication channels between African Councillors on IPNA and Individual countries. Database of nephrology practitioners and programmes (both in current practice and aspiration for future development) will be the way to go with possible regular online interactions

Jaime M. Restrepo (Colombia, ALANEPE)

1. When I was doing the pediatric nephrology rotation in my pediatric residency, I enjoyed to review the physiology and electrolyte disorders, specially in newborns. I designed my thesis as a prospective research about" gentamicin nephrotoxicity in newborn and children less 2 years old". Additionally, ending my residency, I spent two months, as elective area, in the pediatric nephrology service at Universidad de Antioquia.

2. At present, when we detect in utero a baby with CAKUT or an acquired renal disease, we take care of them in a multidisciplinary group, including urology, in order to preserve the most of renal function. This is our main goal, trying to avoid the ESRD and allow them to get the adulthood without RRT.

3. I consider the education as the main tool to increase the knowledge on regards to new challenges in the pediatric nephrology area. Three main focus: 1. To get a closer relationships
with pediatric urology, adult nephrology and intensive care. 2. To involve the allied group (nurses, dietitian, social worker), in terms to delineate a more secure and effective treatment in inpatients, outpatients and their families. 3. To support the basic and clinical research in undeveloped countries, as a collaborative research (e.g.: epidemiology, AKI, RRT). I hope to support the IPNA educational activities (e.g.: teaching courses or EDUCATIONAL AMBASSADOR PROGRAM) and help in the development of the SISTER RENAL CENTER model at IPNA.

Laurance Adonis-Koffy (South Africa, AfPNA)

1. Because in my country there was nobody in this area before me and I saw the needs and the lack for children and families.
2. To convince international child agencies and governments that childhood kidney disease has its place alongside infectious diseases and deserves support for these organisms.
3. First action: prevention against kidney failure, second to accede to a grant from the government to care kidney diseases in childhood, third, to develop the industries of PD consumables in our countries. finally, organize training for physicians and pediatricians about kidney diseases.

About IPNA Council

The Council is responsible for managing and controlling the property and affairs of IPNA. The members of the Council consist of the Executive Committee members (IPNA President, Treasurer, seven regional secretaries, the president-elect and the past president) and twenty-six Councilors at large, who are selected by their Regional Societies. There are also ex-officio members, including the Pediatric Nephrology journal editors, and the President of the upcoming IPNA Congress.

Councilors serve six-year terms and cannot be re-elected except the representative of the Junior Working Group who serve a three-year term and cannot be re-elected.

For more information about the IPNA governance, you can preview IPNA Constitution or please contact office@ipna-online.org