AFPNA at its 20th Anniversary

AFPNA was born in 1999, when its executive committee headed by Prof. B. Moustafa (EGYPT) and eleven members from different African regions both English and French speakers (Egypt, Nigeria, Libya, Sudan, Ethiopia, Cameroon, Mali and South Africa) met with Prof. Ira Grieffer S.G. of IPNA, during the eleventh IPNA congress in London, after a prearranged meeting settled by Prof. Moustafa, to inform him about establishment of AFPNA constitution and to ask for IPNA support to upgrade Pediatric Nephrology in Africa and to put it on the World map. Prof. Moustafa, the head of the committee offered to host and arrange for the first AFPNA congress in March 2000 in Cairo and asked for IPNA support. Prof. Ira accepted Egypt’s offer and immediately arranged for an international advisory board for the congress including him (USA), Peter Hoyer (Germany), Abdel Rahman (Canada) and promised to support with international speakers. AFPNA announced its council members: Secretary General: B. Moustafa (Egypt), Assistant Sec. General: A. Asfour (Egypt), Treasurer: Okoro (Nigeria), Members: Eltigani (Sudan), M. K. Maiga (Mali), J. Mobede (Cameroon), B. Bogale (Ethiopia), Aly Makhlof (Libya), Rajendra Bihima (South Africa). AFPNA logo, constitution bylaws and membership application format were approved. Free registration for initial five years were accepted to promote more memberships. Thanks for IPNA help to achieve all needed requirements to bring AFPNA a reality. *see appendix

Major challenges during the early march for AFPNA included: 1) the great extension and heterogeneity of the black continent between its North, Central east and west, Southern countries. 2) unique pattern of renal diseases in children as infection, mal nutrition, traditional habits, social and cultural status contribute to pattern of disease, available diagnostic and treatment facilities as well as patient compliance. 3) poor communication between advanced PN centers with multicenter data exchange as well as poor communication between poor areas affording primary care with advanced ones offering secondary and tertiary care limiting patient referral. Therefore, the early start in AFPNA march had to begin with Mapping PN in Africa* through a response to Prof. Moustafa’s widely distributed questionnaire. Thus, we could
identify who is the doctor caring about children with renal disease? profile for renal diseases, available facilities, registered dialysis and transplantation centers ...etc. It also achieved early communication and recruitment of more AFPNA members. Indeed, AFPNA’s first congress in Cairo Egypt March 2000* under the auspices of IPNA was the real birth certificate for AFPNA. Thanks to IPNA who supported the meeting with eleven international speakers and great Prof. Ira who made such meeting a great success. Affiliation to IPNA in the year 2000 was announced in the congress. Prof. Moustafa joined IPNA council as IPNA councilor being AFPNA president, presenting 6 monthly reports to IPNA council concerned with PN activities in Africa. Two African seats in IPNA council were added for Nigeria Prof. Felicia Eke and for South Africa Dr. Mignon McCulloch. AFPNA Newsletter with 6 monthly issues as well as AFPNA Web site with continuous renovation were excellent communication tools used since the early start.

African Journal for PN was considered an essential target to recruit more members, spread knowledge and skills, and afford simple communication between all African zones. It was not an easy task in our early march and when discussed in IPNA Meetings, they rather suggested to be a supplement volume of the IPNA journal. In 2014, it was no more a dream, articles were published biannually in English and French.

Workshops: AFPNA planned for 3 days workshops in different areas of Africa. Suggested topics included: PD, HD, R transplantation, imaging modalities, R biopsy, R resuscitation in ARF. IPNA/AFPNA work plan is gradually increasing, becoming more impressive, extending to different areas and dealing with interesting topics.

Training programs started in Egypt, Nigeria and South Africa as leading areas. Egypt CME programs were offered freely to newcomers from Libya, Sudan, Ethiopia, Ghana as training programs with Cairo university certificate of attendance, and as video tapes recording renal biopsy, APD, HD distributed for attendees in local national PN meetings. South Africa had a good flow from Nigeria specially after IPNA support. Comprehensive presentation for PN status in Egypt was presented to IPNA council through Prof. Moustafa’s presentations and via various visits of international guest speakers in Egyptian PN local congresses and workshops. Many Egyptian training programs are applied in Egypt, some are already accepted in recent presentation to IPNA. Work load inside Cairo university PN clinics, inpatients wards, dialysis, ICU and transplantation words are great and afford hands on training. Medical staff, nurses, lab, imaging, pathology, urology and vascular surgery staff are skilled. Infection control and audit staff, registry for medical reports in electronic files with backup hard copies is available. Teaching rooms and library. Staff for equipment and supply stores including machinery maintenance, serving areas as kitchen, laundry, morgue.

AFPNA /IPNA Fellowships
EGYPT and South Africa are the most prepared areas for this. South Africa already hosted many IPNA sponsored candidates. Other qualified sites should be promoted especially for northern and central zones. High cost of fellowships associated with limited resources of African countries remain as a major challenge and a hot target of discussion. Cairo university is currently working to afford such credit for African delegates at very low cost with special grants for some.


EGORD (Egyptian Group Orphan Renal Disease) founded by Prof. Neven Soliman in 2003 for identification and treatment of rare renal diseases (cystinosis, hyper oxaluria, cystic renal diseases, Alport ....) AFrInKiD founded by Prof. Neveen Soliman in 2015 for multi center exchange research and data through Africa for inherited kidney diseases.

Recruitment of members*, DR Asfour, assistant secretary in the year 2003, had an intensive tour around Africa to recruit members. She visited Accra Ghana, Mauritius, Addis Ababa Ethiopia, Rabat Morocco. 2002/2006 membership list included 126 members, 2006/2012 list reported by Felicia in PN chapter included 71 members, 2019 list included 22 paid memberships who were allowed for voting with a total of 40 paid and unpaid. AFPNA constitution permitted free registration for its initial five years.

Through the period 2000/2019, AFPNA activities are in continuous progress and also showing up in other congresses platforms as World congress of Nephrology 2015 Cape Town, South Africa where PN session was held on the side lines of the congress and also International Dialysis Course 5/7 Dec., 2015 Dakar, Senegal where PN educational lectures were given. Collaboration with adult meeting as AFRAN/AFPNA meeting, Cameroon, March 2017.

IPNA support remains outstanding through these twenty years. Concentrated activities are remarkable through 2016/2018: *IPNA Educational Course 28/29 Jan. 2016 Cairo - Sokhna, Egypt. *First IPNA/AFPNA Master for junior classes Nov., 2017 Cairo, Egypt.

* Inherited Kidney Diseases IKiD/IPNA, Feb. 15/16, 2018 Cairo, Egypt. AFPNA collaboration with pediatric societies as in Kenya Pediatric Association teaching course, April 2018.

* IPNA support to AFPNA French speakers IPNA French teaching Course Cot D’Ivoire June 2018.

*Oxal Europe/Oxal Africa Primary Hyperoxaluria meeting Cairo December 6/7, 2018.

As for AFPNA members frequently raised requests: Reduced membership registration fees, Group membership, special privileges to attend IPNA congresses, more support to IPNA/AFPNA training programs & fellowships, fair distribution between its different zones and directed to both English & French speakers, support Bid for IPNA congresses in Africa. A previous Egyptian Bid was raised for 2007 IPNA congress.

Finally, as a founder and first president of AFPNA, let me express deep thanks and gratitude to IPNA, dear Felicia and Mignon for their amazing efforts to keep AFPNA that strong through their period and to Pierre Cochat for giving me the space to recall many of the early fights for bringing PN on the world map and for announcement of many documents unknown to many young generations. Congratulations to Prof. Safouh, being elected as the coming president of AFPNA, who could bring it back to its birth land EGYPT. Waiting to see you all soon in March 2020, in the Pharoes land celebrating the twentieth anniversary of AFPNA.

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