

Interview with Prof. Pierre Cochat

Professor Pierre Cochat was the President of IPNA from 2013 to 2019.



1. There were many achievements made during your term as President of IPNA. Can you share with us which achievements you are most proud of?

The revision of our Constitution was my first priority: i) the term of the president and treasurer has been reduced to 3 years, referring to most international scientific societies; ii) IPNA organization has been clearly based on 7 regional societies, and more seats were offered to Asia, Africa and Latin America to better fit the world population; this has allowed combined membership between IPNA and regional societies; iii) juniors have been added to the council; and iv) the voting process has been changed, using electronic ballot, therefore allowing better participation of all IPNA membership. As a complement to the Constitution, we wrote a Manual of Operations, in order to promote mission continuity among councilors.

Another priority was to involve all council members in IPNA activity/impact through an increased number of committees.

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This has allowed i) to develop a new website (M Pinsk), ii) to boost the Teaching Course Program (F Emma, J Mahan), the Fellowship Program including new rules for accreditation of training centers (B Warady, P Koch) and the Sister Center Program (M McCulloch), iii) to create the Junior Class Program (R Topaloglu) and the IPNA World Kidney Day (A Bourquia).

Regarding low-resourced countries, i) we have initiated educational actions in French-speaking African countries, ii) we have confirmed our medical and financial support to the Save Young Lives (SYL) Program, and ii) we have reinforced this global action by creating a specific committee (M Bonilla). In the meantime, we developed two major projects: an IPNA World Registry (F Schaefer) and an IPNA Guidelines Committee (D Haffner). Finally, we tried to enhance communication through social media and access to educational material for professionals, as well as for patient information/education using many languages (S Banerjee).

All these achievements came from a group of people willing to promote great care for little kidneys. Everywhere.

2. Was there anything in particular that gave you the most joy during your presidency?

My passion is linking people and creating networks by combining missions and friendship. IPNA gave me such an opportunity by connecting South, North, West and East, irrespective of culture, religion, resources, politics, language, etc. Any action we have developed has pushed pediatric nephrology in this way.

3. You are passionate about the development of pediatric nephrology in Under-Resourced countries, particularly in Africa. What drives this passion?

After ending medical school and prior to starting internship, I had to do my military service, that was mandatory at that time... When I learned it was possible to do it in Africa, I was enthusiastic and could therefore spend 14 months in the Algerian Sahara, in an area where half of the population was nomadic. I was 24 when I embarked on an exceptional adventure despite a very limited medical experience. I had to face new language (I learned Arabic), new religion (I read the Quran), new customs (I tried to do Ramadan), new practices (I drove hundreds of miles to vaccinate nomadic children in their tents), new drugs (I became familiar with traditional medicine), new daily habits (I learned drinking mint tea at hammam), new missions (I trained rural birth attendants), new options (I had to give birth in villages), new resources (I had to save water and electricity every day due to shortage), new hobbies (I had to be carpenter as well as car mechanic), etc. But overall, I discovered children and parents in need, and this has led most of my missions and travels worldwide. Africa is currently the poorest continent and, even if development is growing there, many nations still need international help. On these bases, the development of pediatric nephrology in under-resourced has been definitely a priority during my mandate.



Prof. Pierre Cochat chairing his last IPNA Executive Council Meeting in Lyon, April 2019

4. You also made diversity and inclusivity as part of your mission as IPNA president. Can you quote some examples of your achievement in this area?

The most important actions are those with the greatest benefit to the largest number of children with kidney disease. This means that the care of isolated children should not be a priority for NGO or associations like IPNA or SYL. In this way, the best achievements should come from teaching and education (Teaching Courses, Fellowship Program, Junior Class, Guidelines), but also from public health actions (World Kidney Day, Registry) and approach to politics (yet to be done!).

5. What were the challenges that you faced during your term as president?

The first challenge was to change IPNA governance without clash, without penalty, without waste of time, without discomfort, without degradation, without imbalance, and without injustice. This has been possible thanks to highly motivated council members, who gave priority to respect, innovation, collaboration, networking, organization, planification, prevention, education and science. In addition, many organizational concerns have been resolved by hiring an administrative office (L Semanska).

The second challenge was about educational actions in some very low-resourced countries where various authorities can slow down our initiatives. Hopefully, this has been very efficiently apprehended by local colleagues.

6. It is now more than a year since the completion of your 6-year term as president of IPNA. Are there any issues that on reflection, you would have taken a different approach?

I always shared a lot of views with our current president Kim Yap, so that I have been glad she could introduce a lot of education webinars, develop ISN-IPNA links, update the strategic plan, involve volunteers on IPNA committees, improve fundraising, and finally increase membership beyond 1800!

However, I must confess I had some bitterness on some issues: i) we could not fill all the gaps in terms of education and contact persons: there are around 200 nations but IPNA members from "only" around 100..., ii) we must think of having our triennial congress in Africa, where it has never been held, iii) we should survey membership more frequently, iv) as a complement to our relationships with Regional Societies, we should stimulate contacts with National Societies, v) we should involve allied professionals in our activity, at least for those speaking English, vi) we might benefit from an International Advisory Board including patients, vii) we should improve our strategy in low-resourced countries by involving IPNA governance with local politics.

7. How did you manage to balance your role as president of IPNA, your professional commitment as Professor of Pediatrics in Universite Claude Bernard, Lyon, and your personal life?

I was lucky to have an outstanding team in Lyon, and I want to thank J Bacchetta, B Ranchin, A Bertholet-Thomas, AL Leclerc, etc. I could never become IPNA president without their kind help and complicity.

I also thank my wife Laurence and my children for their continuous support and their kind messages when I was travelling all over the world, far from home sweet home...

8. You have been appointed as a member of the College of the High Authority for Health and chairs the Commission for transparency, evaluation of drugs and their reimbursement. How did your journey as a pediatric nephrologist as well leadership in ESPN and IPNA contribute to this appointment?

This new mission is definitely far from my previous position as pediatric nephrologist, but I do love internal medicine, pharmacology (I did my research in this field) and public health; the French High Authority for Health includes around 500 professionals and has become a new family after my retirement. However, as you may imagine, I am still in touch every day with our wonderful community, including patients and doctors!