The African Association of Nephrology was founded in Cairo on 28 February 1987, during the ISN-sponsored “African Kidney and Electrolytes Conference”, being hosted and co-sponsored by the Egyptian Society of Nephrology. Twenty-five physicians interested in kidney disease, from 13 African countries, constituted the core assembly that selected a steering committee composed of five members, representing the five geographical zones in Africa. The committee proposed the name the African Association of Nephrology (AFRAN), approved its logo, defined its mission, and drafted its constitution. All were ratified at the first General Assembly meeting held in London in July of the same year. The steering committee was re-elected to continue as the Executive Committee for the first cycle and mandated to set the scene for future meetings, publications and programmes. AFRAN congresses have been held regularly ever since, triennially for three cycles, then biennially with a few exceptions. Scientific meetings including Continuing Medical Education activities and hands-on workshops addressing local kidney and electrolyte disorders, have been held in most African countries, with generous logistical and financial support by the International Society of Nephrology (ISN). The abstracts of the first congress were published in Kidney International. Meeting proceedings were usually distributed by hand, thanks to representatives of pharmaceutical companies in the various African countries. A quarterly newsletter was edited and published in the Sudan, upgraded to a journal (the African Journal of Nephrology) in 1997 and self-published from Egypt until the editorial office moved to South Africa in 2012. A registry of nephrologists and dialysis units in Africa was compiled and published from Algeria in 1989, then updated in the Sudan a few years later. More recently, an African Renal Registry was established, now hosted in South Africa. Numerous fellowships were offered by the better-off countries to their emerging neighbours, being sponsored by international organizations, mainly the ISN. Joint research has been conducted mainly through these fellowships. By its 10th birthday, AFRAN had encompassed all African countries, to become the official pan-African federation of national renal societies. The ISN initiatives for supporting the developing world, originally operated under the umbrella of the Commission for the Global Advancement of Nephrology (COMGAN), were instrumental in supporting AFRAN’s foundation and sustainability. Besides the ISN, AFRAN became affiliated to many other regional and all national societies of nephrology, which qualified it to serve as the principal liaison between African nephrology and that in the rest of the world.

Keywords: Nephrology in Africa; African Journal of Nephrology; Directory of African Nephrologists; African nephrology meetings; International Society of Nephrology.

**PROLOGUE**

The spark was struck in June 1984, when Donald Seldin assumed office as the 9th president of the International Society of Nephrology (ISN). By that time ISN activities were limited to its triennial congress and two publications, Kidney International and Nephron. A few Continuing Medical Education (CME) activities were organized in emerging countries, yet none in Africa. The ISN offered travel grants to an occasional young nephrologist from a
developing country to attend the ISN congress, but none from Africa. So, for almost a quarter of a century after the birth of the ISN, Africa was not on its map.

Indeed, while the ISN was taking large steps to establish nephrology as a new medical specialty, Africa was otherwise engaged. It was mired in poverty, illiteracy and disease. Instability was the hallmark of its political environment, with revolution, military insurgence, riot and war everywhere. Nevertheless, there were inspiring attempts at catching up with the global evolution of nephrology. By 1984, acute dialysis was available in the military hospitals of many African countries, maintenance dialysis was offered in South Africa, Egypt, Libya, Sudan, Tunisia, Cote d’Ivoire and Nigeria, and kidney transplantation was performed in the Sudan, Egypt, South Africa and Tunisia [1,2].

THE FIRST STEPS

Credit goes to Donald Seldin (Figure 1) for taking the first step in recruiting the developing world to the international nephrological community. Soon after assuming office, he convinced the ISN Council to start his initiative in either Africa, India or Latin America. The executive committee assigned Robert Schrier, then ISN treasurer, to communicate with nephrologists in these three regions, calling for a bid to host an educational activity at a regional level, to be partly sponsored by the ISN. Dr Schrier wrote to the secretary-generals of the national societies in several countries in these regions, of whom I was one.

The Egyptian Society of Nephrology (ESN) approved the hosting of the meeting in Cairo and submitted a detailed proposal. This included a strategic plan to involve as many African countries as possible, focusing on highly prevalent clinical topics, inviting top-class speakers from the northern hemisphere, and to raise local funds to supplement the as yet unassigned funds from the ISN budget. And we won the bid!

I was invited to work out the details with ISN representatives during an educational activity in Kenya in September 1986. This was a clinical meeting focused on fluid and electrolytes, sponsored by the American Physiological Society, represented by Heinz Valtin, and the ISN, represented by its president-elect, Klaus Thurau, and treasurer, Robert Schrier (Figure 2).

We discussed the logistics and agreed to hold the meeting in Cairo from 22–26 February 1987, under the name “ISN–African Kidney and Electrolytes Conference”. We also discussed the potential of taking this opportunity to establish a pan-African society to integrate the existing national societies as well as physicians interested in kidney disease, to be initially sponsored by ISN funds. I argued that such a society would become a most valuable legacy of the ISN’s initial, significant support to African nephrology, by far exceeding a three-day educational course, however strong. Fortunately, the ISN Executive Committee approved this initiative as a secondary target for the forthcoming meeting in Cairo. Since this activity was not on the itemized ISN budget, Donald Seldin allocated his own discretionary funds of US$30,000 to sponsor the meeting’s objectives and logistics.

The African embassies in Cairo were very helpful in providing the addresses of the main universities in about 30 countries. I wrote to the rectors requesting their nomination of local physicians interested in kidney disease to participate in the upcoming activity. Thirteen rectors replied. Most of them nominated at least one nephrologist, who were formally invited as guest participants.

THE FIRST CONGRESS

The first congress, during which AFRAN was founded, was co-sponsored by the ISN and the ESN. The Cairo Marriott hotel was chosen as the meeting venue. There were 208 participants from 13 African countries and an International faculty of 11 invited speakers from the US, UK, France, Germany and Italy. The supporting team was composed of medical students. The opening ceremony was held on the afternoon of 22 February 1987 in the presence of the Egyptian Minister of Health and the Governor of Cairo (Figure 3).
The opening speeches were followed by a special session in which the flag of each country was raised while its representative gave a structured introductory talk about nephrology in his or her own country. From the 13 presentations, the first database of nephrologists and the main characteristics of kidney disease in Africa was put together.

The scientific programme (Figure 4) comprised invited lectures, symposia and poster viewing sessions. The three best posters were recognized and their authors rewarded. The social events included a gala dinner by the Great Pyramids of Giza.

Local pharmaceutical companies in Egypt provided logistic and financial support that amounted to double what the ISN paid. While these funds covered most organizational and social expenses, we ran short of US$6,000 dollars that the ISN eventually funded.

THE STEERING MEETING

The big moment came on the evening of 25 February when country representatives were invited to discuss the possibility of establishing a pan-African society of nephrology. There were about 25 participants from all five geographical regions of Africa (Figure 5), as well as Donald Seldin, Klaus Thurau and Bob Schrier from the ISN (Figure 6). The idea was enthusiastically welcomed by all participants. A steering committee was elected, composed of 5 members representing the five geographical regions (Figure 7). The committee’s mandate was to find a suitable name for the new society, design a logo and draft a constitution, and to report to the general assembly, which would convene during the forthcoming International Congress of Nephrology in July 1987.

As there was no internet at that time, and long-distance calls were too expensive, the committee communicated back and forth by slow African postal mail, yet it accomplished its mandate on time. The name selected was “African Association of Nephrology”. “Pan-African” was avoided since many countries were yet to join, and South Africa was deliberately excluded, being under international sanctions. “Association” was preferred to “Society”, since the membership was basically composed of national societies rather than individuals. Dr Hady Gobran, a young physician at Cairo University, designed the logo. The constitution was drafted along the same lines as that of the ISN.

THE INAUGURAL MEETING

The 10th International Congress of Nephrology was held at the Barbican Centre in London (Figure 8) from 26–31 July 1987. From the first day of the congress, banners were distributed all over the place and the steering committee reached out to personally invite almost every African participant to attend the contemplated inaugural general assembly meeting.

On 28 July, immediately following the congress, a coach (graciously sponsored by Gambro) was waiting to transport 50 nephrologists from 17 African countries to the Royal College of Physicians building in Regents Park (Figure 9). We were somewhat late as the driver lost his way in the London traffic (!) but we eventually arrived to find even more African nephrologists waiting. The Royal College was ready with refreshments, threw the museum and...
library open to us, and several stewards were there to guide and serve.

Two unexpected guests showed up: the first was Robert Schrier, who was keen to be present at the birth of the African Association of Nephrology. The second was Yackoob Seedat (Figure 10) from South Africa, who wanted his country to join AFRAN. Yackoob explained that the international sanctions were directed against the white apartheid government, not the doctors, particularly those of Black or Indian ethnicity and their supportive White colleagues. I still remember Yackoob’s enthusiasm and commitment to his cause. He was, and remains, a charming, persuasive colleague and you cannot but admire him. The steering committee finally accepted South African nephrologists becoming affiliated to AFRAN on an individual basis, pending full membership of the country when sanctions were removed in the future. Yackoob was therefore invited to attend the GA meeting as the first South African colleague to join AFRAN.

The meeting went very well. The name, logo and constitution were unanimously approved. Since almost half the attending physicians were from Francophone countries, it was initially suggested that both English and French be
adopted as official languages. But it was soon realized that it would be too costly to translate all correspondence, meeting agendas, minutes, the newsletter, and so on into both languages. Aziz El-Matri (from francophone Tunisia) proposed the adoption of English as the single official language. He convinced the rest of his colleagues to vote for this historic unifying action. This critical vote was the first democratic decision made by the new association’s GA.

THE FIRST EXECUTIVE COMMITTEE

In order to simplify the process of establishing the governance structure and basic AFRAN programmes, the general assembly asked the steering committee to continue as the first executive committee, and elected Rashad Barsoum as president and acting secretary-general for the first three-year cycle.

The committee set the scene for the basic activities of the new association, including congresses, seminars, publications, registry, fellowships, and joint research. All these were further developed over the years, thereby firmly establishing the identity and effectiveness of AFRAN, which currently embraces all of Africa.

AFRAN CONGRESSES

According to the constitution, the president-elect was to organize the forthcoming congress in his own country (Table 1) and to become president for the forthcoming cycle (Figure 11). On this basis, Nairobi in Kenya was chosen to be the venue of the second AFRAN congress, to be presided over by Mohamed Abdullah. This happened in April 1990, at the Kenya Medical Research Institute in Nairobi, with active participation of about 100 nephrologists and nurses. Key ISN leaders were invited, including Klaus Thurai and Robert Schrier. The meeting was a great success, both scientifically and socially. The presidential gavel was transferred from Rashad Barsoum to Mohamed Abdullah during the gala dinner at the magnificent InterContinental Nairobi hotel.

The third congress was supposed to be organized by Omar Abboud in Khartoum, Sudan in 1993. However, owing to political problems, the meeting was moved to Hurghada in Egypt, and held jointly with the annual congress of the Egyptian Society of Nephrology and the second congress of Geographical Nephrology.

The fourth congress, in Tunisia, was organized by Aziz El-Matri in Tunis, jointly with the Arab Society of Nephrology and Kidney Transplantation. The ISN sponsored this meeting and several subsequent AFRAN congresses.

The success of two subsequent joint meetings encouraged AFRAN to adopt this model, by joining other societies, particularly the national one in the host country. In addition to boosting the scientific standard, this policy suited the limited budget and attracted extramural support by governments and industry.

Table 1. AFRAN congresses.

<table>
<thead>
<tr>
<th>Host city</th>
<th>AFRAN president</th>
<th>Congress president</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Congress: Cairo, Egypt</td>
<td>R Barsoum</td>
<td>R Barsoum</td>
<td>1987</td>
</tr>
<tr>
<td>2nd Congress: Nairobi, Kenya</td>
<td>R Barsoum</td>
<td>M Abdullah</td>
<td>1990</td>
</tr>
<tr>
<td>3rd Congress: Hurghada, Egypt (on behalf of Sudan)</td>
<td>M Abdullah</td>
<td>E Al-Ghoniaimy *</td>
<td>1993</td>
</tr>
<tr>
<td>4th Congress: Tunis, Tunisia</td>
<td>O Abboud</td>
<td>A El-Matry</td>
<td>1995</td>
</tr>
<tr>
<td>5th Congress: Durban, South Africa</td>
<td>A El-Matry</td>
<td>S Naicker **</td>
<td>1997</td>
</tr>
<tr>
<td>6th Congress: Abidjan, Ivory Coast</td>
<td>A Meyers</td>
<td>D Gnionsahe</td>
<td>2000</td>
</tr>
<tr>
<td>7th Congress: Cairo, Egypt</td>
<td>D Gnionsahe</td>
<td>M Ramzy</td>
<td>2002</td>
</tr>
<tr>
<td>8th Congress: Marrakesh, Morocco</td>
<td>M Ramzy</td>
<td>D Zaid</td>
<td>2004</td>
</tr>
<tr>
<td>9th Congress: Khartoum, Sudan</td>
<td>D Zaid</td>
<td>E Osman</td>
<td>2007</td>
</tr>
<tr>
<td>10th Congress: Abuja, Nigeria</td>
<td>E Osman</td>
<td>A Akinsola</td>
<td>2009</td>
</tr>
<tr>
<td>11th Congress: Dakar, Senegal</td>
<td>A Akinsola</td>
<td>B Diouf</td>
<td>2011</td>
</tr>
<tr>
<td>12th Congress: Accra, Ghana</td>
<td>B Diouf</td>
<td>D Adu</td>
<td>2013</td>
</tr>
<tr>
<td>13th Congress (with 8th WCN): Cape Town, South Africa</td>
<td>D Adu</td>
<td>C Swanepoel</td>
<td>2015</td>
</tr>
<tr>
<td>14th Congress: Yaoundé, Cameroon</td>
<td>C Swanepoel</td>
<td>G Ashuntantang</td>
<td>2017</td>
</tr>
</tbody>
</table>

* On behalf of Omar Abboud; ** On behalf of Tony Meyers; WCN, World Congress of Nephrology.
AFRAN SEMINARS

The first seminar was on schistosomal kidney disease, organized in Algeria by Salah Hottman a few months following the establishment of the Association. This was followed by many scientific meetings across the continent. The main initial facilitators were Aziz El-Matri in the francophone countries, and Sarala Naicker in anglophone sub-Saharan Africa. The latter activities were held under the AFRAN flag, since South Africa had officially joined in 1995. Many seminars were sponsored by the ISN through the CME initiatives of the ISN (Figure 12).

AFRAN PUBLICATIONS

The first AFRAN publications were linked with its first congress in 1987. Its proceedings (Figure 13) were distributed by hand to all congress participants in their own countries with the help of representatives of pharmaceutical companies. The abstracts were published in Kidney International, with the compliments of the International Society of Nephrology [3]. Many congresses have also produced proceedings that were distributed during the meeting.

Colleagues in Sudan soon published the AFRAN newsletter on a quarterly basis, Salma Suleiman being the chief editor and Khartoum University the sole sponsor. Besides the Association’s news, this periodical included announcements and a few scientific abstracts, reviews and original papers. Salma did a very good job in producing the newsletter until her tragic death when she drowned in the Nile during her daughter’s wedding ceremony. That was perhaps the saddest event in AFRAN’s history.

Aziz El-Matri continued to support the newsletter, though it was still published by the other members of the editorial board in Khartoum. Under Tony Meyers’ leadership, in 1997 the newsletter was upgraded to a journal, Maher Ramzy was appointed editor-in-chief, and the editorial office moved to Cairo.

The new journal was called the African Journal of Nephrology (AJN) (Figure 14) and was declared as...
AFRAN’s official journal. Ramzy raised local funds (including some from his own pocket) to self-publish two to three issues a year. It was distributed by hand and through the help of pharmaceutical company representatives. This continued for a few years with increasing financial difficulties and distribution problems. Several attempts were made by the AFRAN council over the years until the editorial office was eventually moved to South Africa, where Professor Alain Assounga was appointed editor-in-chief in 2012 and Professor Razeen Davids later assisted in establishing an efficient editorial office. The journal was subsequently boosted by its migration to an online platform, which increased its visibility through search engines.

Many other reports were published from different parts of Africa during this period, reporting significant educational activities. Some were joint ventures with international organizations such as the ISN, WHO, The Transplantation Society and the Global Alliance for Transplantation.

**AFRAN REGISTRIES**

The first AFRAN registry was a directory of nephrologists and dialysis centres in Africa. This was put together by Salah Hottman and printed in Algeria in 1989 (Figure 15). It was also distributed by hand to the members by pharmaceutical company representatives. The directory was updated and reprinted under Omar Abboud’s leadership in 1995.

The idea of producing a registry for kidney disease in Africa was adopted after the establishment of the Association. Maher Ramzy took on this burden in 2002 and sent out a questionnaire to all AFRAN members on the causes of chronic kidney disease, and on haemodialysis, peritoneal dialysis and transplantation. Unfortunately, this attempt was aborted since only South Africa submitted any data.

In 2015, AFRAN launched the African Renal Registry, to be based on the platform of the South African Renal Registry, with Razeen Davids as chairperson. Ghana, Burundi and Zambia have formally joined the African Renal Registry during this pilot phase.

**FELLOWSHIPS**

Inter-African fellowships were included in AFRAN’s initial mandate. Sporadic agreements were made among individual countries to exchange fellows and senior scholars. More formal fellowship programmes were organized in Egypt, South Africa, Tunisia and Cameroon to train young colleagues from less privileged African countries.

As AFRAN became affiliated to the ISN, Africa utilized the ISN Fellowship Program to support the training of young Africans in the developed world as well as in more advanced African centres as part of South-South cooperation (Figure 16).

**RESEARCH**

Integrated research was one of the targets highlighted in the original AFRAN mandate. Kenya was supposed to organize this initiative, using the facilities of the Kenya...
Medical Research Institute. Although much activity has been going on, I could not obtain information on the actual achievements at a pan-African level. On the other hand, joint research involving multiple African countries was published from Egypt, South Africa and elsewhere.

**COMGAN**

The ultimate integration of AFRAN and the ISN happened through the Commission of Global Advancement of Nephrology. This initiative was launched in 1992, encompassing five regional committees, covering the different continents of the world. The first committee for Africa was co-chaired by Jean Pierre Grünfeld and Rashad Barsoum with members from both Africa and Europe. Over the years the committee became completely African, with members mostly selected from AFRAN. The committee optimizes the use of ISN initiatives in Africa including CME activities, ISN fellowships, and the Sister Renal Center, Educational Ambassador and Clinical Research programmes (Figure 15).

**AFRAN AFFILIATIONS**

The first AFRAN affiliation was to the International Society of Nephrology, in 1988. This qualified AFRAN to take advantage of many of the ISN’s activities as mentioned earlier and eventually to host the World Congress of Nephrology in 2015.

AFRAN also partnered with many regional and national societies in organizing its congresses, workshops and seminars. The most recent partnership was with the African Paediatric Nephrology Association (AFPNA), which was formalised in 2013, adding a new dimension to AFRAN’s interest in kidney disease and recognizing that children constitute a large proportion of African populations. AFRAN president Dwomoa Adu and AFPNA president Mignon McCulloch were instrumental in creating this important connection.

**CONCLUSIONS**

It is only 30 years since 25 African leaders gathered together to realize the dream of having their own renal association, to focus on their specific patients’ problems, and to give them the opportunity to export their science to the rest of the world. With only 13 founding countries at the beginning, the Association grew quickly to include all African countries today. It has been exemplary in regularly holding its congresses, rotating its leadership, meeting its educational goals and improving patient care across the
continent. The help provided by the better-off to the less privileged countries, through teaching courses, fellowships, travel grants, and joint research is equaled by only a few medical societies. The quality of science produced in Africa has dramatically improved as can be seen by comparing that presented in the first with that in the thirteenth congress.

The role of the ISN in founding, steering, supporting and encouraging AFRAN is a huge credit to that eminent society. We are particularly indebted to the ISN leadership and to the COMGAN chairs, Barry Brenner, John Dirks and the successive chairs and programme directors, who have given so much time and effort to support the AFRAN mission.

I can clearly see that the AFRAN flower will blossom even more impressively in the years to come, and its contributions will firmly establish its distinguished position among other international renal associations.

Acknowledgement

My personal notes and memories about the early days of AFRAN would have never provided more than a small part of this story. What the reader has here is an integrated version of bits and pieces of individual stories about the Association, graciously provided by its presidents, who responded to a structured questionnaire and provided even more information and documentation than expected. Still, we may have missed some highlights of the history, hence I kindly request comments, corrections or additional information to have our story as complete as possible for future reference.

REFERENCES