

Ifeoma Ulasi



Short Bio/CV

Ifeoma Ulasi, MBBS, MSc, FWACP, FRCP (London), FNAN, FISN.

Professor Ifeoma Ulasi is Head of Nephrology, past head of Medicine, and Senior Consultant Nephrologist at the University of Nigeria Teaching Hospital (UNTH), Enugu—a pioneer nephrology training centre serving more than 45 million people. She is Deputy Chairperson of the UNTH Foundation and affiliated with Alex Ekwueme Federal University Teaching Hospital, Abakaliki. She has received distinguished awards, including the Ighodaro Award from Medical Women of Nigeria and Neimeth Pharma’s Fitgah Award.

Having practiced for 32 years where resources are limited, **she intimately knows the patients’ and clinicians’ challenges at the bedside.** She advocates daily for patients' access to medical care, trying all possible ways to enable them to access life-saving care, a testament to her deep empathy towards those she serves.

Her passion for nephrology was ignited early in her career. Her exposure to AKI patients recovering following peritoneal dialysis treatment was a turning point. Witnessing many patients’ deaths from kidney failure motivated her to create awareness of and screen for kidney disease in poor communities. These community screenings, initiated in 1994, well before World Kidney Day began, demonstrate her vision, boundless energy, optimism and strong local leadership.

Raising awareness/screening schoolchildren



Professor Ulasi is a Global Nephrology leader, having served on the ISN ExCom (2021-2023), as deputy chair of the Advocacy Working Group (2023-date), representing ISN in numerous international meetings, and co-authoring high-impact advocacy papers, such as **“Chronic kidney disease and the global public health agenda: an international consensus”** (doi: 10.1038/s41581-024-00820-6). She participates in many KDIGO activities, including the 2024 CKD Guidelines Committee. As a World Kidney Day Steering Committee member (2018 – 2024), she has impacted global messaging and actively participates in Nigeria's local initiatives. She proudly wears the T-shirt yearly!

She is a highly respected teacher, having trained many nephrologists, nurses, residents, and students and mentored many who have become professors and leaders in healthcare. She serves as International Adviser to the Royal College of Physicians, London. During a sabbatical in 2016/2017, she introduced research to the Nephrology Department at the Nnamdi Azikiwe University Teaching Hospital, Nnewi, demonstrating her **transformational leadership**. She is a highly **productive researcher** (>120 publications), co-principal investigator in multiple clinical trials, including H3Africa, leads many global collaborations and serves as the Chief Physician of UNTH's Clinical Trials Centre. She is National Coordinating PI for the Vertex Pharma, APOL1 Kidney Disease Study. As a global leader in APOL1, she co-chaired the 2024 KDIGO APOL1 Controversies Conference.

Professor Ulasi displays **exceptional vision, leads by example**, and has achieved much while remaining embedded in Nigeria and Africa. As a daughter, sister, wife, mother, and grandmother, she is the nurturing core of the family. She is highly active in her community, earning the rare honour of a Chieftaincy title, "Iyom Chiji Azondu," bestowed by the king. Globally, she raises the voices of those suffering from kidney disease without access to proper care and **tirelessly advocates for global kidney health** - joining hands to make change for all.

Candidate's Statement

ISN's mission spans every continent, uniting us in our collective pursuit of advancing kidney health worldwide. No one must be left behind, and this extends to leadership at the highest level, where diversity is not just a goal but a necessity for ISN's future relevance.

ISN affords **people like me** great opportunities to advance nephrology, even in our countries' remotest nooks and crannies. **I have experienced ISN at its best and am grateful for the opportunity to serve ISN.** Given my long career as a working clinician and a clinical researcher in a lower middle-income country (LMIC) faced with many daily challenges, my participation as an expert in many international fora, guideline bodies and research consortia (including the ISN-ExCOM, ISN-Advocacy Working Group, World Kidney Day-Joint Steering Committee, WHO Task Force for Organ Donation and Transplantation, Global Coalition for Circulatory Health, World Heart Federation Consensus Group on Multimorbidity, KDIGO, H3 Africa, Transplant Society Council/Ethics Committee, Board Director), as a teacher, mentor, senior academic, and as **an African Woman embedded in my culture and the world**. I believe I have the attributes and breadth of experience to lead ISN into the next phase of its **success**: becoming **a more fully inclusive international organization - a goal that is not just desirable, but a necessity for the future of ISN.**

"The International Society of Nephrology (ISN) embraces the principles of diversity and believes that inclusivity fosters the creativity, innovation and excellence needed to achieve the mission of advancing kidney health worldwide."

This ISN Diversity Statement is aspirational, but at the leadership level ISN has yet to fully realize this. This election shows that **women are making great progress**, but we cannot forget that diversity has many more layers:

- In 64 years, ISN has only had 2 presidents who were not from the “global north”: one from Venezuela and one from India (the rest: Europe - 11, North America - 10, Australia - 3, Japan -2).
- ISN has had one president from a low and middle-income country (LMIC) – India - in 64 years
- I am the first person from a low and middle-income country to be nominated for president-elect since the entire ISN membership could vote for the president
- **Leadership from the ground inspires nephrologists from LMICs to believe that they matter and that their challenges are seen and heard**

Over the past decades, many members from LMICs have significantly benefitted from ISN’s training/programs. **Exactly because of this capacity building, we from LMICs are now ready to participate fully, not only on the receiving end of the “goodness” but also to give back as leaders.** Africa is a region in great need of support to strengthen nephrology programs for adults/children across all cadres of healthcare workers. Much-needed advocacy to improve access not only to kidney replacement therapy but also critically to clinical trials and new medications must begin from the ground up. The brain drain from LMICs is acute and debilitating – young nephrologists from all LMICs need inspiration to see that everything is possible for them, including an ISN presidency, even if they serve at home.

More about me

I am a citizen of Nigeria, having lived and had all my schooling and training in Nigeria. With my embeddedness in an LMIC, a strong global network, experience in many societal roles, and a passion for clinical, teaching, mentoring, research, and advocacy to improve global kidney health, I walk the walk and talk the talk every day. **I live what ISN stands for - I represent those (patients and clinicians) ISN represents.** As a clinician and global citizen, I share the rewards and anxieties that come with the privilege of being a doctor and a nephrologist. Our shared commitment to deliver and improve quality care for all is universal. These are common journeys we all share worldwide.

I have the qualifications, capacity, lived experience, and passion to lead ISN as its President-Elect and, thereafter, as its President.

A vote for me would affirm ISN’s collective commitment to diversity, bring us closer to truly achieving equity in representation in leadership, and allow us all to **collaborate as equal partners in a team striving towards** equitable access to sustainable kidney care for all.

What ISN has helped me do

I recall vividly when, in the early 1990s, at a Nigerian Association of Nephrology Conference, a colleague practising in the Southwest said most of his kidney cases came from my zone (Southeast). I realized early that my region was a kidney disease hotspot. I had to do something. I was, however, at a loss about how to do it systematically. While trying to get my head around the problem, the Program for Detection and Management

of CKD, Hypertension, Diabetes and Cardiovascular Disease in Developing Countries (KHDC) was introduced at ISN. I was in the second batch of participants to secure a grant from the Committee. That grant launched me into community-based research, and that community has remained a launching pad for many of my other projects. ISN support enabled me to enter a different league, building upon the screening outreach I had conducted under my own steam at village meetings.



In Ogbete Market, Enugu, Nigeria, conducting Screening for hypertension and other risk factors for CKD (>800 participants) in 2006

This story exemplifies what ISN can do to inspire young nephrologists keen to do more to uplift their communities and practice nephrology at its best. I have since propagated and replicated my journey with many young fellows from Nigeria, Africa, and worldwide.

MY LIFE'S MISSION

I believe God has a purpose for each of us. Mine is to support individuals/communities as best I can. I have striven towards this mission throughout my life:

As a daughter/wife/mother/grandmother

As a doctor/teacher/trainer

As a leader/mentor/coach

As a friend/colleague/collaborator/nephrologist/clinician/researcher

As a chief, having recently been conferred the humbling chieftaincy title of “Iyom Chiji Azondu” (a lady God uses to save lives) in recognition of my contributions to society and humanity.

MY VISION FOR ISN

Moving ISN “**Above and Beyond**” and establishing it as the global go-to Nephrology Society is key.

Nephrology affords us invaluable opportunities to serve the world. Kidney diseases often affect the most vulnerable and exacerbate their vulnerability. In LMICs, kidney disease robs one of everything and eventually takes one’s life prematurely, as one can only do so much paying out of pocket. I will never forget a former schoolmate who was diagnosed with kidney failure in my early days of nephrology; he chose not to dialyze and would rather die than render his family destitute. I still see this every week in my patients – diagnosed late, young, with no means to access life-saving care. It is now 2024 – **this must change!**

People like me bring lived experience and deep passion to advocacy and clinical care. If afforded the opportunity by you, the members, to join the ISN leadership as president-elect, I would **strongly encourage collaboration** with regional/national associations to truly identify, reflect and give voice to needs on the ground, hence actualizing our collective mission to advance **kidney health and care worldwide. This is a role only ISN, as a nonstate actor with WHO, can fulfil.** We cannot go **it alone to gain *priority status* for kidney disease.** We must work with others in a symbiotic relationship to bring kidney health to the fore.

How ISN remains relevant to WHO, the UN, and similar organizations worldwide, depends on how it navigates the terrain of LICs/LMICs.

My mission/vision for ISN, therefore, is to build momentum and optimize what has been built by the giants of our association who, from inception, targeted activities to enhance global equitable access to affordable, sustainable, quality care couched in ISN’s motto of advancing nephrology worldwide.

This aligns strongly with ISN’s strategic objectives:

1. Access to quality and holistic care:

- Continue to promote impactful national/international engagements. Seek and/or strengthen synergies with stakeholder organisations(WHO/UN/World Bank), professional organisations(World Heart Federation/International Diabetes Federation), affiliated societies(regional/national), and the UN Interagency Task Force on the Prevention and Control of NCDs to support sustainable chronic disease preventative healthcare, to include kidney disease
- As nephrologists, we know multimorbidity best. CKD is the proverbial elephant in the room. ISN must take its place as a leader in intersectoral integrated management highlighting that optimal kidney health is crucial for optimal health in multimorbidity.
- Strengthen close relationships with WHO and other Organizations built through the Advocacy Working Group to strive towards engraving kidney health on the global map and including kidney care at the primary care level.

2. Capacity building:

- Expand the current fellowship program to support allied professionals (technicians/engineers/nurses/dietitians). Partnering with them makes ISN more visible and stronger and improves quality care.
- Engage with associations like the World Organization of Family Doctors (WONCA) to develop kidney health & care training curricula for primary care physicians and tackle the grassroots through their structures.
- The Young Nephrology Committee is vital to our future relevance. Therefore, a better understanding of what inspires them ensures ISN serves them better. Inviting young nephrologists from LMICs as observers at EXCOM level to learn firsthand how decisions are weighed, made, and implemented.

3. Advocacy:

- With governments/organizations (locally/nationally/internationally) to increase kidney health awareness. ISN must continue to engage LICs/LIMCs governments and encourage the integration of kidney care in established disease programs, highlighting the win-wins.
- For equity for women and maternal and child health - especially programs to halt preventable community-acquired AKI and pregnancy-associated AKI, which contribute to maternal mortality.
- Greater patient engagement and empowerment. Professionals and policymakers should listen to patients/patient groups/advocates and encourage shared decision-making. The current patient engagement program, PLAG, is not far-reaching and inclusive enough; linking with patient groups nationally/internationally is essential for impact. I will advocate more patient/patient group engagement and strategies to build advocacy capacity among patients to enhance their voices. *The Young Nephrologists could be enabled to champion this programme.*
- Strengthen partnerships with sister nephrology societies and allied kidney health professional societies to develop synergies to improve kidney health and quality of life and better manage kidney patients.

4. Science and innovation:

- Enhance current initiatives (ACT/registries/GKHA/i3c/iNet/ISN Academy, etc.) and seek resources to strengthen research/innovation in LMICs (Africa/South Asia/South America/Caribbean).
- Training people in LMICs to lead and conduct clinical trials will increase the international community's trust in including local sites and generating relevant data in context.
- Collaborate with research funding organisations and Pharma to ensure that people with kidney disease from all regions are included in research and clinical trials.
- Conference participation is challenging due to enormous costs and visa issues, which disproportionately impact LMICs/LICs, resulting in lost opportunities to participate and present their work. This must be mitigated through conference location, cost containment, and visa application support.

5. Addressing costs and quality of kidney care:

- Enhancing understanding of the cost-effectiveness of kidney care in LMICs to generate data for advocacy and policy change
- Interacting with Pharma to find win-wins, following the “fair prices and fair profits” goals of WHO

- Working with WHO/governments to progressively incorporate kidney care in UHC.
- Promoting green nephrology and environmentally friendly treatment for kidney failure
- Promoting transplantation as the best and most cost-effective treatment for kidney failure

We from LMICs have had few chances to lead and raise the voices of others facing similar challenges. We who live and work in LMICs daily have the most accurate insights into what we need. When given a chance, we can bring our wisdom to the table and together with the collective strengths of all ISN members and leaders, we can move mountains as a global kidney community.

To further strengthen the global relevance of the ISN in a world with increasingly global problems:

- **should ensure inclusive and diverse leadership**
- **must etch its name** as a Nephrology Society with worldwide appeal.
- **needs to bring Africa into the fold** – Africa has much to offer.