

Valerie Luyckx



Short Bio/CV

Dr Luyckx obtained her MBBCh from the University of the Witwatersrand, South Africa. She trained in Internal Medicine at the University of Miami and in Nephrology Harvard Medical School. She holds an MSc in Public Health in Developing Countries from the London School of Hygiene and Tropical Medicine and a PhD in Biomedical Ethics from the University of Zurich. She holds affiliate positions at the Brigham and Women's Hospital, Harvard Medical School and the Red Cross Children's Hospital, University of Cape Town. She has been a consultant at the World Health Organization for the Global Health Ethics Team, leading work on the Ethics of Implementation Research and participating in an expert panel on Ethics and Radiological Imaging among other activities. As a clinician with experience in both adult and pediatric nephrology she is passionate about bridging the gap between the two to enhance kidney care across the life course. In 2010 she was awarded the Leonard Tows Award for Humanism in Medicine at the University of Alberta.

She is a prior member of the Executive Committee of the International Society of Nephrology (ISN). She is currently deputy chair of the Advocacy Working Group of the ISN. She has participated in the Renal Disaster Relief Task Force with ISN/Médecins sans Frontières in Haiti in 2010 and the WHO/ISN mission to assess dialysis capacity in Somalia in 2017. She was a lead author of the "ISN Framework for Developing Dialysis Programs in Low-resource Settings". She is a member of the ERA Taskforce supporting Ukraine and is on the board of the EUDIAL Working Group. She is a board member of the International Society for Priorities in Health. She has served as the scientific secretary of the Swiss Medical Board and serves on the Swiss Central Ethics Committee. She is co-editor of the leading nephrology textbook, Brenner and Rector's "The Kidney".

Her research and advocacy work focuses on equity and ethics related to kidney care globally, to support the development of optimal strategies for fair priority setting for kidney care in resource limited settings, and to address moral distress experienced by clinicians at the bedside. These goals grew out of her personal clinical experiences, complemented by her long-time interest in developmental programming of hypertension and kidney disease. As such she has introduced the concept that every Sustainable Development Goal (SDG) is relevant for kidney health, and that to achieve quality kidney care sustainably, effectively and synergistically, kidney disease must be integrated horizontally into non-communicable disease care programmes globally. Together with leading African nephrologists she has contributed to seminal work highlighting the significant inequities in access to expensive kidney care (dialysis and transplantation) in sub-Saharan Africa, and the moral distress experienced by clinicians in these settings.

She is an active advocate for equity, diversity and inclusion. She has a strong commitment to strengthen local capacity in nephrology, to seek out and highlight local expertise, and to work collaboratively and transparently to improve equitable access to kidney care everywhere.

Candidate's Statement

My vision for the ISN going forward

The quote "The kidneys are your body's housecleaning staff: tireless, essential and underappreciated" resonated very much with me (from the book "Burn" by H. Pontzer, 2021). This not only reflects that individuals may not be fully aware of the importance of their kidneys, but has also been the view of kidney health and disease on the global stage until recently - the ISN is changing that!

I have had the immense privilege of having been involved in the ISN in various capacities since I was nominated for the Young Nephrologists Committee in 2007. I have tried to contribute as constructively as I could to the various activities where I have had the opportunity to participate. Life and family circumstances have led me to move a lot. Although sometimes challenging, **this has afforded me the opportunity to experience medicine and the practice of nephrology first-hand, across multiple health systems;** from remote and rural to urban and ivory towers; across high and low income settings; from adult to paediatric nephrology, from public health to ethics; and from the research bench to the General Assembly Hall of the World Health Organization (WHO). Given my background of growing up in South Africa, now living in Switzerland and having been privileged throughout my life, **I have a deep commitment to service and to paying my privilege forward.** A recent Forbes article by the global health leader Madhu Paiⁱ has described people like me as "double agents" – people who come from lower resource settings, are currently located in high resource settings, and who, by virtue of this have some understanding of circumstances and needs on both sides, and are in a unique position (and have the responsibility) to speak out at times/raise issues that people who reside exclusively on one side may not, or cannot, raise. **I strive to be such an agent for constructive change in global nephrology.**

Having served on the Executive Committee for two terms between 2017 and 2021, I participated in the development of the current ISN strategic plan, under the leadership of Prof Adeera Levin and Prof David Harris. In keeping with the ISN's mission of advancing kidney health worldwide, through the pillars of "Bridging the Gaps", "Building Capacity" and "Connecting our Community", in my interactions with many young nephrologists and leaders around the world **I have witnessed a new dynamism and diversity/inclusivity in the ISN. Local expertise is being recognized and is being shared** to the benefit of all. Despite the pandemic, or possibly because of it, there is an escalating diversity of voices and

representation which has led to a **palpable momentum on the ground, of nephrologists learning, advocating and interacting to improve knowledge and deliver quality kidney care globally**. This growing cadre of nephrology expertise on the ground is testament to the success of the ISN's commitment to Capacity Building through Education and to the expanding Connections between members and with other societies that are mutually beneficial. The ISN's recent success in involving (and training) young nephrologists as future leaders (through the Emerging Leaders and Mentorship Programs) has strengthened the ISN and has highlighted their contributions to education, the ISN Academy, ISN advocacy, social media and other activities.

My vision for the ISN would be to **continue to build on the current strengths and successes, continue to ensure representation of voices from all regions and corners of nephrology globally**, and to **continue to advocate for action** towards improving access to kidney care and promoting kidney health everywhere. There are several areas where I believe the ISN can take steps forward to consolidate its successes and continue to lead in global kidney health:

1. I believe that the time is ripe to **build synergies and move forward**, from raising awareness about the problem of kidney disease and the major global inequities in access to care, to **developing strategies to actually deliver quality kidney care more equitably around the globe**. To achieve this, I believe the ISN collectively should continue to work towards and advocate for:
 - a. Inclusion of kidney disease in **public health prevention** strategies.
 - b. Continue to emphasise the importance of **early diagnosis and treatment** at primary care level. This requires prioritizing quality of care by ensuring equitable access to essential diagnostics, medications and well trained (and happy/satisfied/committed) health care workers.
 - c. Innovative approaches are needed to support policy makers in developing **sustainable financing strategies** to achieve the goal of more equitable access to expensive care such as dialysis and transplantation globally.
 - d. There may be opportunities here to **forge alliances with other societies** facing similar dilemmas regarding access to expensive care such as oncology and surgery, in addition to the sister nephrology societies (adult and paediatric).
 - e. Building on the lessons we have all learned from the inequities laid bare by COVID, advocacy is needed to raise awareness of inequities in kidney care, **financing, pricing, procurement and distribution of resources must be addressed on a practical level to translate concepts into actions and ensure sustainability**.
 - f. Transparent engagement with industry, regional and national health bodies, NGOs and other stakeholders will be necessary to address these issues, all

required to deliver quality dialysis and transplant care. **The ISN should be a leader at this table**, in analogy to **building a “COVAX” for kidney care**.

- g. **Stronger focus on transplantation** is required, including strengthening of the entire chain of resources including laboratory testing, histopathology, immunology.
2. Financing and logistics are not the only barriers to quality kidney care. **Strengthening all cadres of the kidney care workforce** is important. For example, the availability of dialysis technicians to ensure water quality, repair machines and manage logistics is a crucial need that must be supported. Other examples would include strengthening capacity to process biopsies, develop HLA laboratories etc. The ISN has taken steps to include allied Kidney Health Professionals and People Living with Kidney Disease at the table. Innovative strategies to engage Community Health Workers delivering NCD care (supporting empowerment and *task strengthening*) in low resource settings in kidney care would improve the opportunity to prevent, diagnose and manage kidney disease early. Collaboration with and leveraging the skills of all of these important groups, together with supporting capacity building and connecting professionals globally, in collaboration with patients, can only serve to strengthen the ISN’s mission of advancing kidney health worldwide.
3. Through the ISN Advocacy Working Group, of which I am currently the deputy chair, we have gained ground in successfully advocating for kidney health, for those living with kidney disease, and for those who care for them at a global level. **The world is beginning to realize that kidney disease is an important but thus far often neglected public health problem**. More work is needed to ensure that kidney disease is officially recognized at the level of the WHO as an important non-communicable disease, and that approaches to integrate kidney care within non-communicable disease strategies are required to improve not only kidney health, but are also win-wins for broader population well-being. Advocacy is not only important on the global stage however. Moving forward we will continue with a **strong commitment to supporting individuals on the ground in their local environments, sharing skills and experiences to support advocacy efforts that are tailored to context, and empowering ISN members everywhere as they become local champions for kidney health and kidney care**.
4. Through the Global Kidney Health Atlas (GKHA), going forward, the ISN, as the global leader in kidney health, could **map nephrology activities globally (clinical, research, education)** and identify opportunities for synergies and added value where overlaps may exist, as well as identify gaps which remain to be filled.

5. Together with the ISN's SHARE-RR renal registry initiative and the GKHA, the ISN is in a position to continue to support generation of (thus far largely missing) **data on the global burden of all forms of kidney disease**, *including acute kidney injury*, which will provide important evidence for advocacy at local and global levels. Future steps may include tracking of improvements in quality of care and access to essential diagnostics and medications to feed back to decision-makers.

My involvement with the ISN has permitted me to **serve and mentor as part of a larger network of passionate colleagues around the world, all of us committed together to build capacity on the ground and to advocate for better kidney health locally and globally**. If given the opportunity to contribute further as President-Elect/President, I would continue to build on the ISN's great strengths and the strength of the diversity of all its members, and to strive to collectively develop innovative strategies to continue to move towards the ISN's vision of "a future where all people have equitable access to sustainable kidney health".

i <https://www.forbes.com/sites/madhukarpai/2022/02/06/double-agents-in-global-health/>