

# Annual Report of the Activities of the Bone and Joint Decade 2014

## The Bone and Joint Decade

The Bone and Joint Decade (BJD) is the **Global Alliance for Musculoskeletal Health**. It remains the only organisation that brings together all stakeholders, considers all musculoskeletal conditions and works with policy makers at national, regional and global levels.

The BJD gains its strength from its national and international patient, professional, and scientific organisations with National Action Networks in over 60 countries. It is endorsed by the UN and WHO.

Together this alliance is driving the agenda to position musculoskeletal conditions as a public health priority and ensure that prevention, treatment and care is of a high standard and accessible to all.

The BJD is focused on influencing health policy through evidence and advocacy, using its unified voice and global reach to gain access to its target audiences of policy makers and health providers in all countries. Its mission is to promote musculoskeletal health and science worldwide.

The aim of the BJD is to improve the health-related quality of life for people with, or at risk of, a musculoskeletal condition.

## Call for Action



### Building the Global Alliance for Musculoskeletal Conditions

The Bone and Joint Decade believes in the strength of all speaking with one voice. The 13<sup>th</sup> October 2014, saw the launch of the BJD Call for Action. The Call for Action is aimed at health policy makers at national and regional levels and the WHO.

The ultimate aim of the Call for Action campaign is a World Health Assembly Resolution that gives musculoskeletal conditions similar priority to diseases such as cancer, diabetes, and cardiovascular conditions.

This can only be achieved with the support of the member nations of the World Health Assembly in recognising the significance of musculoskeletal conditions on global health. For this reason the BJD has asked the major stakeholder organisations concerned with musculoskeletal conditions to sign up to the Call for Action.

Support has been overwhelming. Over a hundred significant organisations that are active in tackling musculoskeletal issues have signed up to support the Call for Action. Their support is published on an interactive map on the BJD website at <http://bjdonline.org/>.

But this is not just about organisations. Individuals that have an interest in, or are affected by musculoskeletal conditions have also signed up to support the Call for Action using the BJD website link.

The wide support that the BJD has received for the Call for Action presents an opportunity to campaign together as the **Global Alliance for Musculoskeletal Health**.

The focus of the Call for Action is to work with the member nations to request development of a global strategic action plan to deal with the large and growing burden of musculoskeletal conditions and injuries on individuals and society.

Together the BJD, major organisations and individuals can seek the agreement of governments to develop national strategic action plans to deal with challenges on health systems posed by the growing burden of musculoskeletal conditions.

### **The Growing Burden of Musculoskeletal Conditions**

The Call for Action recognises that the current resources for the prevention, management and research of musculoskeletal conditions do not reflect their impact:

- Musculoskeletal conditions rank 4<sup>th</sup> globally in impact on the health of populations, considering both death and disability (DALYs)
- They are the 2<sup>nd</sup> greatest cause of disability, as measured by years lived with disability (YLDs), accounting for 21.3% of disability worldwide.
- This enormous burden is prevalent across all regions of the world.
- The single most common cause of disability is back pain.
- The disability due to musculoskeletal conditions increased 45% from 1990 to 2010, with osteoarthritis showing the greatest increase.

This rising burden of disabling long-term conditions imposes new challenges on health systems but at present the priority remains on dealing with conditions with high mortality.

### **The Policy Changes that are needed**

The Bone and Joint Decade has organised the Call for Action to deliver change. It suggests that health policy makers need to commit to:

- promotion of a lifestyle that will optimise musculoskeletal health at all ages
- implementation of effective measures to prevent musculoskeletal disorders and injuries
- identification and treatment of those who are at highest risk
- access to timely, safe, appropriate treatment to control symptoms, and diseases where possible, to prevent unnecessary disability
- access to appropriate rehabilitation and self-management programmes to reduce any disability
- enabling people to participate in the labour market
- research and education to advance knowledge and care

The BJD believes that such a declaration of commitment by health policy makers will be a major step in reducing the enormous and growing burden of musculoskeletal conditions.

## **World Network Conference, London October 2014 “Keep people Moving – what is needed to make this happen”**



The Bone and Joint Decade (BJD) held its annual World Summit at the Royal College of Surgeons, London, during October 2014. Organised by the Arthritis and Musculoskeletal Alliance (ARMA), the Summit was attended by representatives from over 30 countries spanning all continents.

The enormous burden of musculoskeletal conditions across the globe has been recognised in the Global Burden of Disease study (Lancet 2012; 380 (9859)) and there have been great advances in prevention and treatment that can effectively prevent disability. However, these are not implemented with equity, either within or between countries; as a result there is a growing burden of avoidable disability. This needs to change.

This high level international summit meeting provided a forum for the BJD National Action Networks - the national alliances of professional, scientific and patient organisations – to meet the leadership of the major stakeholder organisations concerned with musculoskeletal conditions.

It proved to be a strategically and scientifically important meeting for the musculoskeletal community, which continued the momentum of the Bone and Joint Decade to raise the priority of musculoskeletal health and science.

The Summit focussed on the case for change and the urgent need to focus on musculoskeletal health as a public health priority.

On the first day, representatives had the opportunity to discuss the importance of working together to raise awareness and promote positive actions to combat the suffering and costs to society of these disorders. The programme was designed to enhance the activities of the BJD National Action Networks and to provide an opportunity to share the successful collaborations and campaigns of the local networks.

The second day began with a high level message from Norman Lamb, UK Minister for Care and Support and included keynote speeches about the impact of musculoskeletal conditions, measures for improving care, delivering best practice and the impact of work on musculoskeletal health.

Speakers included Sir Mark Walport, Chief Scientific Advisor to HM Government, Dr Isabel de La Mata Principle Advisor European Commission and Dr Gauden Galea from the World Health Organisation.

The outcome of the Summit was the launch of the Call for Action to policymakers for explicit plans to control the burden of musculoskeletal conditions.

## Advocacy and the World Network



Throughout 2014 the National Action Networks of the Bone and Joint Decade have actively pursued the aims of the Bone and Joint Decade. Here is a selection from the work of our networks during the year.

### **Key Interactions of the National Action Networks to engage the broader musculoskeletal community or raise priority at a political level**

**Korean College of Rheumatology (KCR)** "As part of the campaign, the KCR held a nationwide health disease lecture at 17 university hospitals (medical centers) across the country for one month from June 2014, providing RA patients and the public with a variety of information about RA including right treatment options and everyday exercise and diet programs. Data showing the seriousness of RA and the importance of accurate diagnosis was presented at the press conference, while patients, government officials and lawmakers were invited to discuss "how to improve accuracy of RA diagnosis for inclusion of patients with rare incurable disease into special health insurance coverage" at the symposium."

**Hungarian NAN of The BJD** "Our key interactions are: with Parents' Societies and physical education teachers to support everyday physical education hours both at primary and secondary schools. We also interact with OÉTI and the Society of Sports Sciences to combat physical inactivity and obesity. We also work together with drug companies Gedeon RICHTER and SAGER Pharma. The research group of ultrasonography of the Hungarian Society of Rheumatologists is active in making ultrasonography a routine diagnostic tool in the hands of rheumatologists, also in the neighbouring countries, like Serbia, Croatia, Romania and Slovakia."

**The Bone and Joint Decade Japan** "BJD Japan has been appealing to the Japanese government for the past decade to implement a musculoskeletal examination in schools for early detection of musculoskeletal diseases and disorders which is important to prevent reduction of physical ability in children. As a result, musculoskeletal examination has been made mandatory in school health checkups in Japan from April 30, 2014. This examination is expected to steadily promote the musculoskeletal health of children, and we will continue to seek for further resolutions."

**ARMA UK** "Published the ARMA Manifesto for the 2015 General Election in consultation with our members; continued to work closely with the Department for Health and Public Health England; used the Global Burden of Disease Study and the UK findings in particular to open a new dialogue with the new and influential Public Health England about the need for greater recognition of MSK; held our 5<sup>th</sup> annual ARMA Lecture with National Clinical Directors. Through our continuous influencing and targeted relationship-building, ARMA has established itself as a key partner for key decision-makers, and we will continue to constructively assist NHS decision-makers in delivering high-value, integrated, patient-centred care."

**“Muskel Skjelett Tiåret i Norge” BJD NAN Norway** “MST continues to disseminate our “Cost and Burden”-report published May 2013. A comprehensive summary in English has now been included in the report. The report has undoubtedly raised the political priorities and has been presented to several MPs. In a new Public Health-report from The National Institute of Public Health, musculoskeletal disorders is given a separate chapter that to a large degree is based on the MST-report and the GBD-reports. It also seems that the BJD-concepts and – definitions of “Musculoskeletal Health” now gradually are brought into use in official reports and planning documents. MST has been invited by the Government to give input to two new White Papers on Public Health and Primary Health Care. We have participated in meetings and will give written input to the Health Department.”

**Bone and Joint Canada** “Within Canada, health care is a provincial jurisdiction with 10 provincial health ministries that are represented in the federal body of Health Canada. BJC has worked with each of the departments to establish contacts through the acute care surgical departments as well as the primary care/chronic disease departments. BJC is also linked to Health Canada who have provided funding to implement cross provincial programs.”

**Australia** “The Australian Sports Commission is including an injury prevention module in its coach and trainer course that will be delivered to all coaches and trainers seeking accreditation in Australia. The module is currently being built and is scheduled to be introduced shortly. This has been a major initiative, driven by Prof David Hunter. Numerous community and professional talks have been given throughout the year. Close interaction continues with the Decade of Action for Road Safety. Australia has also continued its ties with New Zealand to look at working together on specific issues.”

**NAN Slovenia** “Symposium on enhanced recovery after surgery – international symposium on fast track surgery introducing orthogeriatric principle; participation in Task Force of ESTES for European Hip Fracture Treatment Recommendation”

**The Philippine Council for the Bone and Joint Decade (PCBJD)** “met on August 5, 2014 in Manila, and agreed to revive the Council under the BJD World Network. The PCBJD is composed of representatives from the Philippine Orthopedic Association, Philippine Academy of Rehabilitation Medicine, Philippine Rheumatology Association, Osteoporosis Society of the Philippines Foundation, Inc. and Arthritis Care Foundation; patient representatives from Scleroderma Society of the Philippines, Lupus Foundation of the Philippines, PhilPsor”

**NORTH AFRICA Mauritania, Morocco, Algeria, Tunisia, Libya** “Promoting BJD objectives through active participation in major Orthopaedic meetings worldwide : SICOT, AAOS, EFORT, SAFO, PASS, PAOA, and AFRICASPINE; holding yearly combined BJD-SICOT booths during the National Orthopaedic congresses; encouraging and motivating colleagues and other groups, locally, as well as from African and Middle Eastern regions, to a greater involvement for action under the umbrella of BJD. Recently Moroccan people could benefit from cheaper preventive medicaments. Indeed, Regional studies on R.T.A., Osteoporosis, Low Back Pain, and Arthritis are still in slow progress throughout North Africa because of a lack of financial support. In addition the social conjuncture throughout the Region is making weak conditions for BJD programmes.

**The Pakistan Society for the Rehabilitation of the Disabled “Key Projects in 2013/2014”** The **ALTSO Project** to provide free artificial limbs and appliances for children with disabilities entered its fourth year. In the first three years 495 children benefitted from the project. In 2014 the project surpassed its target and was able to provide free limbs and appliances to a further 382 children.

**The Burki project** to provide medical, surgical and rehabilitation services to children coming from the lower economic sector entered its second year; a small component was made available for maternal health. In 2014, 121 children benefitted from the free treatment including corrective surgery, provision of wheelchairs and treatment of children affected by a number of conditions including cerebral palsy, rickets, musculoskeletal problems, speech defects, nutritional deficiencies and minor ailments. Over the two years 359 children have benefited from free healthcare.

A **“Healthy Bones” motorbike rally** was held in collaboration with the Motorbike Association of Pakistan to observe World Bone and Joint Awareness week. The rally covered a round trip of 570km, visiting many district hospitals en-route and finished in Lahore where the PSRD held a function to observe World Osteoporosis Day. The event was attended by health professionals, medical students, MAP representatives and the public and was an opportunity to raise awareness of osteoporosis.

**UNITED STATES BONE AND JOINT INITIATIVE “Key Projects in 2013/2014”.** The **Burden of Musculoskeletal Diseases in the United States: Prevalence, Societal and Economic Cost (BMUS):** Covering all major musculoskeletal conditions, BMUS provides credible and independently-produced data to support efforts to raise the profile of musculoskeletal health and to make the case for the value of scientific research, innovation, and access to specialist care. The development of an updated edition to be released by year-end has been a priority.

**Chronic Osteoarthritis Management Initiative (COAMI):** This multi-disciplinary initiative aims to address change in the management of osteoarthritis; an OA Management Conference to develop a model of care was held September 2013, and groups are working on various steps leading towards this goal; *Seminars in Arthritis and Rheumatism* published in June 2014 a Systematic Review of Recommendations and Guidelines for the Management of OA developed by COAMI members.

**Musculoskeletal Summit:** *Best Practices in Evidence-Based Patient-Centered Musculoskeletal Care*, was held Nov. 2013 in Washington, DC. Summit recommendations are available at [www.usbji.org](http://www.usbji.org). The next summit is being planned for 2016.

**Public education programs - *Experts in Arthritis, Fit to a T (bone health & osteoporosis), and PB&J (for adolescents)*:** Around 100 sessions are held annually, nationwide, involving collaborations with many healthcare professional, health volunteer & other public organizations.

**Young Investigators Initiative:** A multi-disciplinary grant mentoring and career development program to increase the pipeline of musculoskeletal clinician and basic scientists. The program has accepted more than 300 participants of which 139 have obtained musculoskeletal research funding for 515 grants totaling more than \$126 million.

### **Key Interactions of the International Coordinating Council to engage the broader musculoskeletal community or raise priority at a political level**

Members of the International Coordinating Council have visited the networks and provided support to help promote local initiatives and successes. They have also been involved in raising priority at a political level. Here is a selection of this work during 2014.

In April 2014, International Coordinating Council Chair Professor Tony Woolf attended, **APLAR in the Philippines** and presented an update on the plans of the BJD to work to improve the quality of life for those affected by musculoskeletal conditions.



In Brussels in October 2014, **EULAR** organised a conference called 'Removing Access Barriers to Health Care'. This EULAR initiative was widely supported by Members of the European Parliament and non-governmental organisations and resulted in a call for urgent action to reduce health care access barriers for people with chronic diseases in Europe.

It was clear that the new European Parliament is prepared to play a pivotal role in tackling barriers and is looking for close cooperation with other institutions at European and national level.

Conference host Takis Hadjigeorgiou, Member of the European Parliament, emphasized the importance to "recognise the needs of patients with chronic diseases as a political priority and to take immediate and joint efforts to reduce barriers that millions of patients in Europe are still facing".

MEPs strongly supported calls for a new parliamentary interest group on rheumatic and musculoskeletal diseases. Experts from the World Health Organization (WHO), the European Commission (DG SANCO), and a wide range of stakeholder organisations presented political recommendations to all levels of health policy making: European, national and regional.

Prof. Maurizio Cutolo, President of EULAR, said: "While the responsibility for concrete improvements is mainly in the hands of national governments, the European Union has a crucial role when it comes to sharing best practices and advising member states' authorities on innovative solutions."

In October 2014, the BJD was invited to a conference in **Madrid, organised by the Ministry of Health, Social Services and Equality**, to launch their National Strategy for Rheumatic and Musculoskeletal Diseases.

Commenting on the strategy, Prof Anthony Woolf, Chair of the Bone and Joint Decade (BJD) said: "This is a good strategy that aligns closely with the approach detailed in the BJD Call for Action which is aimed at reducing the growing burden of musculoskeletal conditions. It is good to see members of the Spanish government here supporting this event and I wish to congratulate the Ministry of Health, Social Services and Equality on their work. I consider this strategy to be a potential model for national governments throughout the world."

In early November 2014, the BJD attended the **Arthritis Alliance of Canada / IHME Science in Motion** event to promote the Call for Action and to lend support to the Canadian National Action Network.

## Conference Representation and Presentations



The work of the Bone and Joint Decade in raising awareness for musculoskeletal conditions is recognised throughout the world and 2014 has seen many requests for members of the International Coordinating Council (ICC) to attend and address major conferences and meetings. These are seen by the ICC as important opportunities to present on the latest initiatives to improve the quality of life of those affected by musculoskeletal conditions.

The most significant conference representations are listed below in chronological order:

- 29<sup>th</sup> April 2014, presentation given to British Society of Rheumatology titled Making Musculoskeletal Conditions a Global Health Priority”
- 21<sup>st</sup> May 2014, BJD representation at the World Health Assembly in Geneva for the adoption of the World Health Organisation Global Disability Action Plan 2014-2021.
- 5<sup>th</sup>-6<sup>th</sup> June 2014, EFORT Congress, London, BJD presented on the Call for Action, and the need for the musculoskeletal health community to work together.
- 10<sup>th</sup>-14<sup>th</sup> June 2014, EULAR Congress, Paris, BJD presented on the burden of disease and the need for the musculoskeletal health community to work together.
- 20<sup>th</sup> June 2014, joint workshop with Fit for Work and the European Union to promote the need for increased resources to be given to musculoskeletal conditions.
- 3<sup>rd</sup>-6<sup>th</sup> September 2014, Fragility Fracture Network, Madrid, BJD invited to present on work to raise awareness for musculoskeletal conditions.
- 10<sup>th</sup> October 2014, OECD, Paris, BJD presented on public health initiatives to promote musculoskeletal health.
- 16<sup>th</sup>-20<sup>th</sup> November 2014, BJD attended American College of Rheumatology meeting in Boston.
- 1<sup>st</sup> December 2014, BJD invited to participate in the European Innovation Partnership on Active Healthy Ageing meeting in Brussels.

## Working with the World Health Organisation (WHO)



In 2014 the BJD worked on three significant projects with the World Health Organisation.

- 21<sup>st</sup> May 2014, the BJD was invited by the World Health Organisation to contribute to the **WHO Global Disability Action Plan**. The WHO has received support for a large systematic review on the burden of disability based on the 4 major NCDs and is keen to work with the BJD on a similar systematic review for musculoskeletal disease following the same methodology to be published at the same time as part of a collaborative work. The focus of review is reducing the impact of any MSC. The Subject of the review is : Spinal, Osteoporosis, Injuries, RA and OA. The work will continue throughout 2015 subject to finding sufficient financial support.
- 21<sup>st</sup> May 2014 the BJD was invited to contribute a significant paper to the **World Health Organisation Report on Ageing and Health**. The WHO is producing a Global Report on Ageing and Health which will then be followed by an Action Plan. This will take a life course approach. International Coordinating Council Chair Professor Tony Woolf had discussions with Dr John Beard, Director of the Department of Ageing and Life Course, who recognises the importance of musculoskeletal health to healthy ageing and would like to include this in the report and action plan. He agrees that musculoskeletal health needs greater priority. The BJD is being asked to contribute to this report which is another



important opportunity for the BJD as the WHO is now giving priority to ageing. This report will be fast tracked over a year, demonstrating a high level of priority from the WHO.

- During 2014, the Bone and Joint Decade continued its work to revise the **International Classification of Disease 10**. The World Health Organization (WHO) has a constitutional mandate to develop international standard classifications and terminologies for health. The International Classification of Diseases serves as the international health information standard for collection, classification, processing, and presentation of disease related data in national and international health statistics. During 2014, the BJD continued to lead the revision of the International Classification of Disease 10, relating to musculoskeletal conditions. The BJD has no funding for this work and is indebted to the Japanese Orthopaedic Association and the work of Professor Katoh for their support of this initiative. The work will continue in 2015 with the aim of producing an updated structure with examples early in 2015.

## Other BJD Project Work

### MSC health in the workplace



In 2012, members of the International Coordinating Council had an exchange of ideas with leading employers and clinicians about the problem of musculoskeletal conditions and disorders in the workplace being the leading cause of work loss, and a growing challenge to prolongation of working lives. It was suggested that The Bone and Joint Decade recognises this is an important area and that a programme of activities with employers should be developed. This would help broaden the BJD from just being about illness to more about health and would potentially broaden the BJD partnerships with non-medical companies.

In 2014, BJD piloted the Musculoskeletal Health in the Workplace project to promote health, train managers and help those with musculoskeletal conditions back to work. Initial work has actively involved 5 employers in the Cornwall and Devon region of the United Kingdom. These employers include Hospitals, Local Government, Food processing and a Call centre. Funding to launch the project has been granted by a local charity in the area; development of the initiative will require more substantive funding in 2015.

The project and its underlying ideas has generated considerable interest in the UK and globally. In March 2014, the BJD presented at the Musculoskeletal Health in the Workplace project at the Health and Wellbeing at Work Conference, Birmingham. There have also been a series of briefing meetings with public health officials and larger local government organisations in other parts of the UK.

### Patient Partners

A Bone and Joint Decade Education Group was responsible for updating this global programme which was put together by a group working in the name of the BJD. It was funded by Pfizer who have now given the programme to the BJD.

In 2014 Pfizer UK agreed to provide a grant to part fund a project to rebrand the programme as BJD and to put the programme onto a website. This programme will be delivered during 2015.