



Global Alliance for Musculoskeletal Health *of the Bone and Joint Decade*

December 2023

*G-MUSC Executive wish you the very best for 2024.
We look forward to continuing our work with you on many
exciting projects.*

In this Issue

- WHO launch of guideline for low back pain
- G-MUSC accepted as a member of WHO Civil Society Commission
- "It's about time": Dissemination and evaluation of the global health systems strengthening roadmap
- Meeting one of our patient collaborators - Maranda Van Dam
- G-MUSC members attend launch of World Rehabilitation Alliance
- WHO Health for All Film Festival - call for short films on rehabilitation
- G-MUSC official campaign partner of the European Agency for Safety and Health at Work MSK campaign
Safe and healthy work in the digital age 2023-2025
- Global burden of osteoarthritis is increasing
- G-MUSC Task Forces

WHO launch of guideline for low back pain

The WHO have released its first guideline on non-surgical management of managing primary chronic primary low back pain in adults in primary and community care settings. G-MUSC's ICC member Prof Andrew Briggs in his role as WHO Steering Group member and co-secretariat for the preparation of the document, played a major role in the development of the guideline. G-MUSC's Prof Tony Woolf participated in the WHO launch in Geneva on 7 December 2023, highlighting the global impact of low back pain.



Low back pain (LBP) is the leading cause of disability globally. A G-MUSC team, including Prof Lyn March, Dr Marita Cross and Prof Tony Woolf, worked with IHME and Prof Manuela Ferreira on the latest GBD data to highlight the global burden of low back pain (1). This data showed that in 2020, approximately 1 in 13 people, or about 619 million people, experienced LBP, a 60% increase from 1990. Cases of LBP are expected to rise to an estimated 843 million by 2050, with the greatest growth anticipated in Africa and Asia, where populations are getting larger and people are living longer.

The low back pain Guideline aimed to provide evidence-based recommendations for non-surgical interventions for chronic primary LBP for adults, including older adults, addressing the key question:

“What are the benefits and harms of non-surgical interventions in the clinical management of community-dwelling adults, including older adults aged 60 years and over, with chronic primary low back pain (with or without leg pain) in primary or community care settings compared with placebo, no intervention, or usual care?”

The guideline outlines key principles of care for adults with chronic primary LBP, recommending that it should be holistic, person-centred, equitable, non-stigmatizing, non-discriminatory, integrated and coordinated. Care should be tailored to address the mix of factors (physical, psychological, and social) that may influence their chronic primary LBP experience. A suite of interventions may be needed to holistically address a person's chronic primary LBP, instead of single interventions used in isolation.

Chronic primary low back pain (CPLBP)

A persistent or recurrent pain experience of more than three months that is not reliably attributed to an underlying disease process or structural lesion.

WHO recommends non-surgical interventions to help people experiencing chronic primary LBP. These interventions include:

- education programs that support knowledge and self-care strategies;
- exercise programs;
- some physical therapies, such as spinal manipulative therapy and massage;
- psychological therapies, such as cognitive behavioural therapy; and
- medicines, such as non-steroidal anti-inflammatory medicines.

The guidelines also outline 14 interventions that are not recommended for most people in most contexts. These interventions should not be routinely offered, as WHO evaluation of the available evidence indicate that potential harms likely outweigh the benefits. WHO advises against interventions such as:

- lumbar braces, belts and/or supports;
- some physical therapies, such as traction;
- and some medicines, such as opioid pain killers, which can be associated with overdose and dependence.

Read the Guideline [HERE](#)

(1) Ferreira ML, de Luca K, Haile LM, Steinmetz JD, Culbreth GT, Cross M et al. Global, regional, and national burden of low back pain, 1990-2020, its attributable risk factors, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021. [The Lancet Rheumatology](#). 2023;5:e316-e29.

G-MUSC accepted as a member of the WHO Civil Society Commission

The WHO Civil Society Commission was officially launched by the WHO Director-General Dr Tedros Adhanom Ghebreyesus on 24 August 2023.

We're pleased to announce that G-MUSC's application to be part of the Commission has been accepted. We thank our ICC member Dr Manjul Joshipura and the G-MUSC Executive for their work on the application. G-MUSC will be represented on the Commission by Dr Manjul Joshipura and Neil Betteridge, who will be attending the first meeting of the Commission on December 14, 2023.



The mission of the WHO Civil Society Commission is to strengthen dialogue, foster collaboration and provide recommendations to support WHO on its engagement with civil society at global, regional and national levels to achieve health for all and the objectives of the WHO General Programme of Work as well as to accelerate attainment of health-related SDGs.

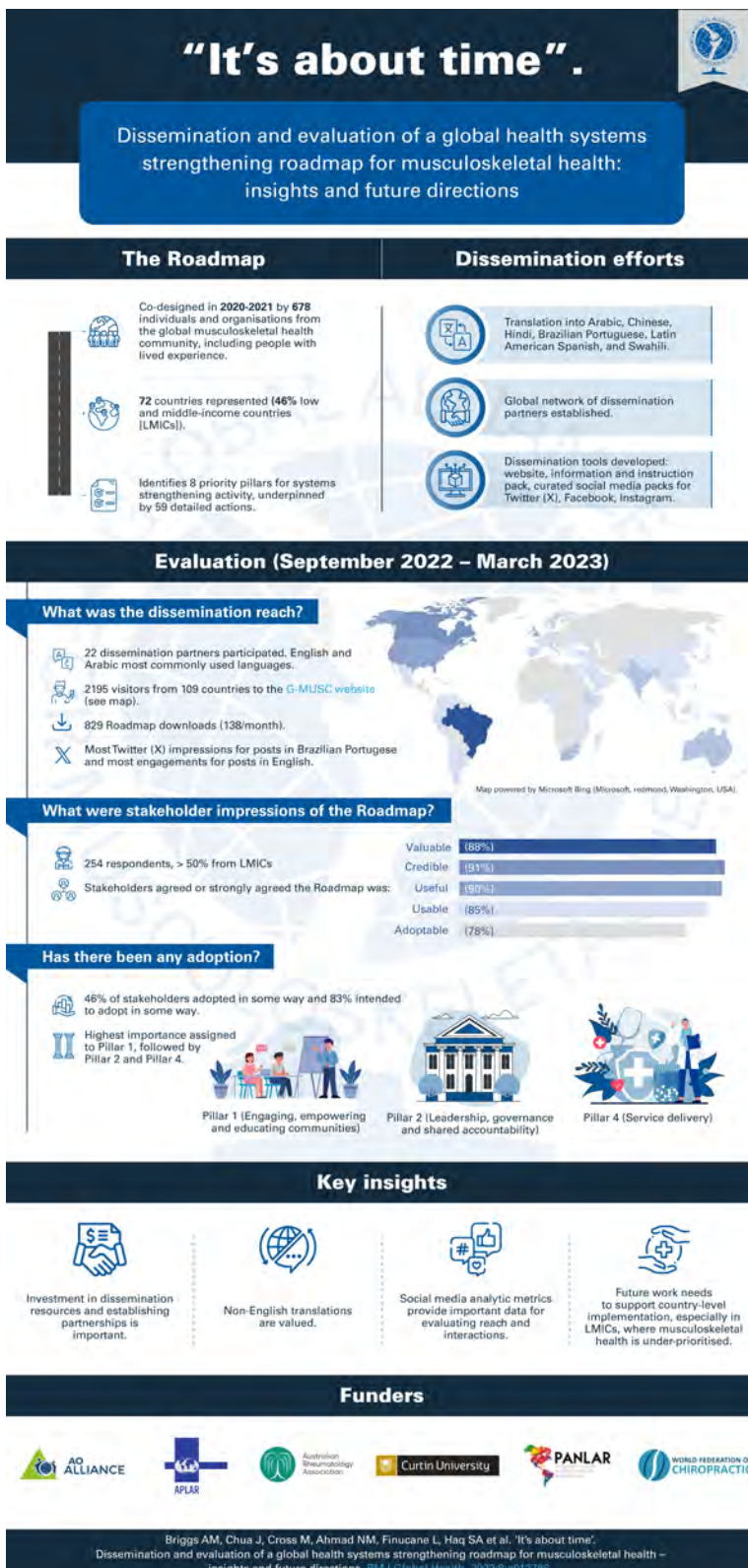
Its goal is to support WHO's efforts towards improving engagement between WHO and civil society at global, regional, and national levels, rendering it more systematic with the aim of advancing WHO's work and public health outcomes. G-MUSC are excited to be part of this.

The initial priorities that were established by the WHO Civil Society Commission Steering Committee include the following:

1. Establishing systems and good governance mechanisms for the WHO Civil Society Commission;
2. Civil Society Engagement in the work of the Commission, particularly through working groups;
3. Contribute to development of a WHO-CSO engagement strategy and implementation of the strategy at country, regional and global levels, in collaboration with WHO;
4. Ensure meaningful CSO engagement on key WHO activities, including the development of WHO's General Programme of Work #14;
5. Collaboration with WHO at the global, regional, and country levels to enhance mutual understanding of how each entity works and "de-mystify" the role of CSOs in addressing health issues;
6. Meaningfully engage with the WHO Youth Council and other civil society groups to find areas of common interest and alignment.

It's about time - dissemination and evaluation of global health systems strengthening roadmap

The G-MUSC team are very appreciative of the time and perspectives of those who participated in a survey about a roadmap to strengthen health systems in musculoskeletal care in 2022-23. The development of the roadmap and its subsequent evaluation were led by Prof Andrew Briggs. The evaluation concluded in June 2023 and the data have now been analysed and summarised in an [Infographic](#) and full report published in [BMJ Global Health](#).



Meeting one of our patient collaborators - Maranda Van Dam

Never think that you cannot make a difference. Have you ever been in a room with a mosquito?

Maranda understands only too well the impact axSpA can have. In 2008 she began experiencing symptoms; however, it took her almost 8.5 years of dead ends and frustration before she finally got a diagnosis.

Knowing that she didn't want others to go through what she did without support, two years later, Maranda set up the Axial Spondyloarthritis Association of South Africa (ASASA). She did not work alone, and she had critical support from rheumatologists that supported this idea from the start.



The organisation began as a Facebook group that reached out to people living with axSpA. Four years on, the private Facebook group has become a vibrant community with over 1000 members who ask advice, post information and share experiences. Maranda says that the most important role of the Facebook group is to be a safe place where AxSpA survivors, as she calls them, can be themselves. ASASA now has a newsletter and anticipates growing at around 100 members per year. ASASA is now run by a group of Trustees and a volunteer group.

ASASA is now build around the patient but driven by a strategic plan that will drive the organization forward.

Maranda is passionate about advocating for people living with axSpA and sees the value in working as a global community. Over the last few years Maranda has been increasingly involved both locally and internationally in anything that is AxSpA related.

On a local level, not only does ASASA support patients once they have been diagnosed, they also provide various different resources and tools for patients to use. The delay in diagnosis is a massive focus for ASASA with a delay of 10.8 years in this country. The organization has already trained 350 physiotherapists, 150 optometrists and 100 General Practitioners to raise the awareness and importance of early diagnosis.

Advocacy is high on the agenda, and winning several cases on behalf of members with the medical aids directly, and also winning several appeals on behalf of patients keeps her busy.

Unlike some of the other PMB disease areas, AxSpA is not on this premier list of PMB conditions. Through a careful process, much research and collaboration with various roleplayers, funding have not been secured to force an appeal with the Council of Medical Schemes to force them to look at adding AxSpA as a PMB disease. Not only will this event make history for AxSpa, but it will open up a path for other disease areas to get the same inclusion.

ASASA conducted the first ever real life evidence of patients living with AxSpA in South Africa (The IMAS Survey).

On an international level, Maranda was appointed as a Trustee for ASIF International (Axial Spondyloarthritis International Federation) , which represents 48 different countries that all advocate for AxSpA patients and gives an international voice to people living with AxSpA. ASASA won the Eular Best Practice Award in September 2023 in Brussels. She is also involved in the iPARE group which works closely with Eular. She is also a student at the EULAR School busy with her Patient Research Partner

Qualification. She also speaks frequently at International Events and most recently presented at the Patient Organisation Foundations Capability Building conference. Maranda recently presented at the AFLAR Conference in Nairobi.

Maranda commented, "***Giving a voice to a silent disease has changed my life forever.***"

As well as her work with ASASA and ASIF, Maranda is a successful business owner and a single parent to two wonderful boys. She enjoys an active lifestyle that includes riding her mountain bike, playing tennis and Pilates. Early in 2022, she completed a grueling trip with her motorbike for 3 weeks in the Himalayas. She has since her diagnosis and being on the correct treatment completed two Cape Argus tours of 109kms each.

G-MUSC members attend launch of World Rehabilitation Alliance



G-MUSC representatives attended the formal launch of the WRA at the WHO headquarters in Geneva, Switzerland on July 12-13.

All members of the WRA will participate in one or more workstreams, which bring together members with similar interests to share information and work collectively on specific activities.

There are 5 workstreams and G-MUSC have representatives on each of these workstreams:

Workforce - Mellick Chegade (Australia), Deborah Kopansky-Giles (Canada)

"Calling on rehabilitation communities to communicate and advocate for the multidisciplinary nature of rehabilitation, we have a unique opportunity to work together collaboratively to develop a diverse rehabilitation workforce for the future."

Primary care - Jakob Lothe (Norway), Neil Betteridge (UK),

"We aim to enable the optimal integration of rehabilitation and primary care along the continuum of care (promotion – prevention – treatment – rehabilitation – palliation) to reduce the burden of chronic disease and disability, improve quality of life and allow more fulsome contribution to community and occupation."

Research - Tony Woolf (UK), Andrew Briggs (Australia)

"The field of health policy and systems research (HPSR) seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes.

By nature, it is interdisciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health."

Emergencies - Karsten Dreinhofer (Germany) Manjul Joshipura (India)

"There is however often a low awareness amongst key stakeholders of the importance and role of rehabilitation in emergencies, and the need for greater preparedness. Advocacy is needed to raise awareness, so we can help ensure that all those in need of rehabilitation in emergencies receive the care they need."

External relations - Karsten Dreinhofer (Germany) was nominated and accepted as one of 8 individuals appointed to this workstream,

For further information, see [World Rehabilitation Alliance](#)



WHO Health for All Film Festival



The WHO Health for All Film Festival (HAFF) is now accepting submissions for its 5th edition until 31 January 2024!

Since audio-visual language is one of the essential components of WHO's "Communicating for health impact" approach, the goal of the HAFF is to boost the art of short films as a means of increasing awareness and promoting global health issues.

WHO invites all filmmakers and video artists worldwide to submit their short documentaries, fiction or animation films of three to eight minutes for the categories of:

- Better Health and Well-being
- Universal Health Coverage
- Health Emergencies

- Physical Activity and Health
- Migrants and Refugees Health
- Student Film
- Very Short Film (1'00" to 2'59")

This is a great opportunity for film and video innovators in the rehabilitation community to champion and promote this area of health in the context of the categories above.

For more information please see the [Health for All Film Festival](#) webpage or contact the HAFF at filmfestival@who.int

G-MUSC has joined the European Agency for Safety and Health at Work campaign - *Safe and healthy work in the digital age 2023-2025*



**Safe and healthy
work in the digital age
2023-2025**

Thanks to the hard work of Tony Woolf on this initiative, G-MUSC have committed to become an official partner of the European Agency for Safety and Health at Work *Safe and healthy in the digital age 2023-2025* campaign which will be launched in October.

Advancing faster than any innovation in our history, digital technologies have transformed our society and our daily lives. For workers and employers in many workplaces and in all sectors, digital technology offers increased opportunities but also presents greater challenges and risks in terms of safety and health.

According to EU-OSHA's 2019 ESENER survey, the vast majority of companies in the EU have integrated digital technologies in their operations, with only 6% of companies reporting to use none of them. But despite the increasing use of robots, laptops, smartphones or wearable devices, less than one in four workplaces (24%) in the EU are having discussions about the potential impact of such technologies on the safety and health of workers.

The objectives of the campaign are to:

- increase knowledge about the safe and productive use of digital technologies across all sectors;
- raise awareness of OSH challenges related to the digital transformation of work;
- inform about emerging risks and opportunities;
- promote risk assessment and safe management of digital technologies in the workplace;
- encourage the exchange of information and good practices among relevant stakeholders.



See the EU-OSHA campaign website for more details - <https://healthy-workplaces.osha.europa.eu/en>

Global burden of osteoarthritis is increasing



Working with the team from the Institute of Health Metrics and Evaluation (IHME), G-MUSC's Lyn March co-supervised the latest Global Burden of Disease (GBD) 2021 study on osteoarthritis. Along with the GBD Collaborator network co-authors included G-MUSC's Tony Woolf, Karsten Dreinhofer, Andrew Briggs, Deborah Kopansky-Giles and Marita Cross. The research, published in [The Lancet Rheumatology](#), analyses 30 years of osteoarthritis data (1990–2020) covering more than 200 countries.

This new study projects nearly 1 billion people will be living with osteoarthritis, the most common form of arthritis, by 2050. Currently, 15% of individuals aged 30 and older experience osteoarthritis.

“Osteoarthritis may also reduce a person’s engagement with their community, depriving them of social connection, which can impact their mental health”

The study found that cases increased rapidly over the past three decades because of three main factors: aging, population growth, and obesity. In 1990, 256 million people had osteoarthritis. By 2020, this number rose to 595 million people, which was a 132% increase from 1990. By 2050, this number is projected to approach the 1 billion mark.

“With the key drivers of people living longer and a growing world population, we need to anticipate stress on health systems in most countries. “There is no effective cure for osteoarthritis right now, so it’s critical that we focus on strategies of prevention, early intervention, and making expensive, effective treatments like joint replacements more affordable in low- and middle-income countries.”

The most common areas for osteoarthritis are knees and hips. By 2050, osteoarthritis is projected to increase:

- Knee +74.9%
- Hand +48.6%
- Hip +78.6%
- Other site (e.g., elbow, shoulder) +95.1%

“Since osteoarthritis can reduce people’s ability to move around, it can worsen their health and increase their likelihood of dying of other diseases, such as cardiovascular diseases and diabetes”

As with most conditions included in the GBD studies, there is a lack of primary data on incidence, prevalence and severity of musculoskeletal conditions. But despite these limitations, the GBD remains the best available source for evaluating burden of disease at both the national and global levels.

We strongly encourage future efforts focusing on filling evidence gaps - we need more high-quality data from all world regions.

The findings are published in [Lancet Rheumatology](#).

G-MUSC Task Forces

G-MUSC have several task forces to approach the work of advocacy for MSK conditions. The aim of these task forces are to undertake work where there are opportunities to bring together experts from across the world to improve the prevention, management or surveillance for individuals with musculoskeletal (MSK) conditions.

The current priority areas include

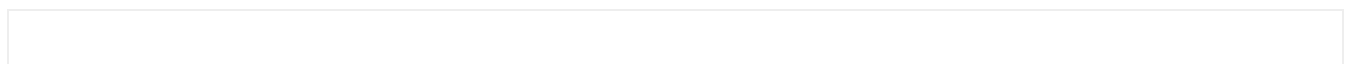
Surveillance - working on projects such as the Global Burden of Disease studies and ensuring data on musculoskeletal conditions are made available and promoted. Encouraging the collection of high-quality relevant data is a priority, highlighting the use of the G-MUSC Tool for collecting data on MSK conditions

Education - supporting the development of a healthcare workforce to provide access to effective MSK care. Potential to work on a musculoskeletal arm for the WHO Global Competencies Framework for Universal Health Coverage

Rehabilitation - reducing the Global Burden of Disability by integrating MSK-specific rehabilitation strategies and supporting the WHO Rehabilitation 2030 Program and ensuring representatives on the World Rehabilitation Alliance (WRA)

Paediatric - taking a life course approach to optimising musculoskeletal health in adulthood by bringing together a virtual global community to work together to improve the lives of children through raising awareness amongst health care planners and policy makers that more needs to be done

If you are interested in assisting G-MUSC on these task force areas, please get in touch at gmsc.office@gmail.com





We would very much like to showcase the important work that is happening around the world for G-MUSC and with our collaborating organizations. If you would like to contribute an article, news item or event notice for our newsletter please email us at: gmusic.office@gmail.com

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