



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

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Towards a global strategy to improve musculoskeletal health

You may have already heard about the recent release of this G-MUSC commissioned report and we encourage you to share it widely.

Despite being the world's leading cause of pain, disability and healthcare expenditure, this research has found that the prevention and management of musculoskeletal health, including conditions such as low back pain, fractures, arthritis, and osteoporosis, is globally under-prioritised.

The report proposes a blueprint for actions that health systems need to take in all countries to address this gap.

The blueprint was developed with almost 700 stakeholders from 72 countries, representing 116 organisations involved in musculoskeletal health through a project led out of Curtin University and University of Sydney, Australia by Professor Andrew Briggs and a team of international researchers* with funding from the Bone and Joint Foundation.

Mapping the current global landscape for the prevention and management of musculoskeletal health, identified current gaps, and trends in national health policies and gaining consensus from stakeholders including those with lived experience of musculoskeletal conditions, enabled the development of a blueprint to prioritise musculoskeletal health in eight key areas.

Professor Tony Woolf, Chair of the Bone and Joint Foundation which funded the research, said more than 1.5 billion people live with a musculoskeletal condition, which is 84 per cent more than in 1990, and despite many 'calls to action' and an ever-increasing ageing population, health systems continued to under-prioritise these conditions and their

rehabilitation requirements.

“One of the limiting factors to reform efforts is that no global-level strategic response to the burden of disability has been developed – until now, Professor Briggs, Project Lead said.

“This novel data-driven initiative will be critical to guiding global-level work in health reform”

Addressing musculoskeletal health requires more than just healthcare reform - it requires inter-ministerial prioritisation and co-operation and collaboration with industry, transport and the built environment.

“Global-level guidance, such as from the World Health Organization, is needed for country-level responses on musculoskeletal health and this blueprint provides that guidance which countries, including low- and middle-income countries, can then adapt to suit local needs and priorities” Professor Lyn March from the University of Sydney and G-MUSC, said.

“The blueprint is practical and can inform what a global strategic response might look like and how countries can respond to musculoskeletal health in order to arrest the increasing global burden of disability and cost.”

The 8 critical areas identified in this framework for health systems reform, included community education; leadership and governance; health financing models; service delivery models that support integrated and person-centred care; equitable access to medicines and technologies; building capacity in the health workforce to deliver the right care at the right time; population health surveillance; and research and innovation.

“The work will now be considered by global agencies such as WHO and shared widely across countries, organisations and disciplines so that musculoskeletal health is integrated with other health reform initiatives in lifecourse and ageing, rehabilitation, non-communicable disease, and injury and trauma” said Professor Karsten E. Dreinhöfer, Charité-Universitätsmedizin Berlin, Medical Park Berlin Humboldtmühle and G-MUSC.

Professor Deborah Kopansky-Giles, Canadian Memorial Chiropractic College, the University of Toronto and G-MUSC remarked on the inclusive approach to seeking input for the blueprint. “The design of the international Delphi project that led to this blueprint was very inclusive, enabling MSK stakeholders from low- and medium-income countries as well as high income countries to provide their perspectives. Input was solicited from patients, health advocates, clinicians, teachers, policy makers and researchers to ensure that as many perspectives were captured to better inform the blueprint.

"There was very high level of agreement on prioritized elements across all stakeholders and bodes well for a collaborative approach to future policy development around MSK health, both nationally and internationally."

Two research papers will be published in Global Health Research and Policy and [BMJ Global Health](#) and the resulting report 'Towards a global strategy to improve musculoskeletal health' has been published on the Global Alliance for Musculoskeletal Health [website](#).

* The Project Team and Steering Group included: Prof Andrew Briggs (project lead), Dr Carmen Huckel Schneider, Prof Helen Slater, Dr Joanne Jordan, Dr Sarika Parambath, Dr James Young, Dr Saurab Sharma, Prof Deborah Kopansky-Giles, Swatee Mishra, Prof Lyn March, Prof Tony Woolf, Prof Kristina Åkesson, Neil Betteridge, Prof Karsten Dreinhöfer, and Dr Manjul Joshipura

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