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Editorial

Challenges and opportunities for the International League of Associations for Rheumatology (ILAR)☆

Retos y oportunidades de la Liga Internacional de Asociaciones para la Reumatología (ILAR)

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Although on a worldwide scale, public policies put strong emphasis on the reduction of the impact of problems such as obesity, cardiovascular disease, osteoporosis and diabetes,[1] musculoskeletal disorders are known to seriously limit the capacity of individuals to bring about the necessary changes in their lifestyle that enable them to achieve this aim.

As a result, there is a reconceptualization of the multimorbidity associated with population aging, which includes the effect of musculoskeletal conditions on public health. This perception requires the incorporation into current policies of the impact of these conditions on the present and future burden of noncommunicable chronic diseases.

The overall impact of musculoskeletal conditions in terms of disability is also great, as they are the cause of 21.3% of the total years lived with disability, surpassed only by mental and behavioral problems.[2] In the 50- to 69-year age range, in which individuals still tend to participate in the labor market, musculoskeletal conditions are the major cause of years lived with disability worldwide, with a prevalence of 33% in developed countries and 27% in developing countries.[2]

Among the above-mentioned conditions, rheumatoid arthritis (RA) alone has been classified as the 42nd highest ranking in terms of years lived with disability, just below malaria and just above iodine deficiency.[3] In Latin America, medical attention for this disease is further complicated as it faces additional challenges[4]:

1. competing for limited public funding that is allocated to combating poverty, the lack of education and a growing number of patients, and
2. contending with demographic and epidemiologic transitions with an insufficient number of rheumatologists, who are concentrated in large cities. The education and training of health professionals are also unmet priority needs.[4]

As a result of these circumstances, RA is not considered a public health priority in the national health systems of the region, in which only 56% of the patients with this condition has had access to full medical health coverage (often excluding biological products).[5]

The drafting of this brief review of the mounting challenges is important because, in the near future, the growth of the population, aging and sedentary lifestyles will translate into a public health crisis in which musculoskeletal conditions, among them RA and osteoarthritis, will become critical components that require, as of now, a coordinated response on the part of multiple systems and actors, both public and private.

Previous efforts to overcome these challenges found in Latin America include the following:

(1) the identification of health care barriers,[6]
(2) the promotion of access to timely diagnosis and treatment, with the development of algorithms based on these realities,[7]
(3) the education of patients and physicians,[8]
(4) the estimation of the economic impact of the disease in the region[9] and,
(5) the creation of guidelines to harmonize and standardize the treatment of RA patients through the development of programs focusing on the establishment of networks and centers of excellence.[10]

Within this scenario, the International League of Associations for Rheumatology (ILAR) lends support to programs that lead to progress in the practice and teaching of rheumatology in developing countries. Its executive committee is made up of presidents and presidents-elect of the Pan-American League of Associations for Rheumatology (PANLAR); the European League Against Rheumatism (EULAR); the African League of Associations for Rheumatology (AFLAR); Asia-Pacific League of Associations for Rheumatology (APLAR, including Australia) and the American College of Rheumatology (ACR), which integrates Canada, the United States and Mexico.

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The collaboration among the leaders of these international organizations has translated into a renewed commitment, especially with developing countries. In this respect, the annual ILAR Grants Program is an exceptional funding initiative that was developed in response to the growing need for global advancement in rheumatology in all these nations.

Since its foundation, ILAR has awarded more than US $550,000 to 41 projects around the world. The countries that have benefited from these grants are, among others, the Philippines, Lebanon, Macedonia, Jamaica, Uruguay, Kenya, India, Burundi, Rwanda, Tanzania, Mexico, Zambia, Argentina, Vietnam, Brazil, South Africa, China, Haiti, Namibia, Botswana, Zimbabwe, Cambodia, Ecuador and Ghana.

Among the notable projects, ILAR has promoted initiatives such as a training program in rheumatology in Haiti; programs for training and education in rheumatic diseases for primary care physicians and residents in rural China; the development of programs of community-based rehabilitation for musculoskeletal diseases in low-income areas of Mexico; improvement in the collaboration among rheumatology services in Cambodia; and a joint effort on the part of APLAR and rheumatologists of the Australian Rheumatology Association with physicians from Cambodia, among many others.

Under a new directorate, designated on 11 June 2015, at the EULAR meeting held in the city of Rome, Italy, 3 new high-priority lines were presented with the aim of promoting progress in education and clinical practice in rheumatology in the developing world:

(1) to draw up guidelines for emerging diseases such as, for example, the recognition and treatment of chikungunya virus. ILAR acknowledges that the infectious agents and environmental events may be prolonged and have adverse effects at the musculoskeletal level,[11] especially in the poorest countries.
(2) to modify consensus documents such as recommendations for the treatment of the major rheumatic diseases, including practical solutions when the available resources are limited. ILAR acknowledges that the current recommendations and guidelines for treatment are not being applied in certain developing countries and, thus, should be modified on the basis of the best practices actually being applied in those countries.
(3) to generate practical solutions to address problems of storage and distribution of medication for rheumatic diseases in developing countries. ILAR realizes that the biological agents necessary for the treatment of rheumatic diseases have a short half-life, require the maintenance of a cold chain, etc. This may pose logistic difficulties involving transport, storage and distribution in poor countries, which must be taken into account.

With these 3 new high-priority lines, ILAR hopes to strengthen its mission by fostering greater recognition of the conditions that make it possible to improve musculoskeletal health in less privileged nations, in the understanding that these are problems that sooner or later will have a greater impact on overall public health in those nations.

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