Making musculoskeletal health a priority

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Musculoskeletal conditions - the unmet need

- Musculoskeletal disorders are common in all countries and cultures
- Major cause of disability worldwide (second worldwide, first in developed countries)
- They are a major burden on health and social care
- There are effective ways of preventing and controlling musculoskeletal conditions but these are not being implemented with equity
- BUT there is a lack of policies and priorities for musculoskeletal conditions and investment in prevention, treatment, education and research

There is enormous unmet need and avoidable disability
Musculoskeletal health - gaining priority

How do we ensure that musculoskeletal health is among the leading major health concerns in the minds and actions of opinion formers and policy makers throughout the world?

Bone and Joint Decade 2010 – 2020 Strategic Action Plan
The Bone and Joint Decade is a global alliance of professional, scientific and patient organisations working together to make musculoskeletal health a public health priority.

- Promoting musculoskeletal health and musculoskeletal science worldwide.
- To reduce the burden and cost of musculoskeletal conditions to individuals, carers and society.

“Keep people moving”
The Global Alliance for Musculoskeletal Health
Bone and Joint Decade
“Keep people moving”

• Professional, scientific and patient organisations brought together in 1998 in Lund and agreed to launch the Bone and Joint Decade 2000 – 2010. Remandated in 2010

• Endorsed by the UN, the WHO, the World Bank, the Vatican and health ministries in over 60 countries

• Steered by an International Co-ordinating Council and delivered by National Action Networks in all continents
What makes us unique

- We are the only organisation that brings together all stakeholders across the globe, considering all musculoskeletal conditions and providing access to high-level policy makers.

- We are an umbrella, linking networks of national organisations across the globe, which include those for health care professionals and patients, providing a unified voice and a global reach.

- We focus on health policy and evidence with a mandate to develop strategies and set the agenda, aimed at improving quality of life by implementing effective prevention and treatment.
The challenges to gaining greater priority:

- Non-communicable diseases recognised as a major health problem but focus is on high mortality not high morbidity conditions.
- Urgency of improving lifestyle recognised but benefits to musculoskeletal health not appreciated.
- Need for lifelong economic independence recognised but threat from common disabling musculoskeletal conditions not seen.
- Aging of population globally recognised but focus on minds not mobility.
The Global Alliance for Musculoskeletal Health
Bone and Joint Decade
“Keep people moving”

Our Strategy

• We are focusing resources on gaining recognition of the importance of musculoskeletal conditions globally, regionally and nationally through core programmes.

• These programmes are being steered by the International Coordinating Council, and delivered in partnership by National Action Networks, supporting organisations and individuals working together, with the support of the Bone and Joint Decade.
Our Key audiences:

- **Our target audiences**
  - WHO
  - UN
  - Regional policy makers, such as EU
  - National policy makers
  - Non-specialist health care professionals

- **Our mobilising audiences**
  - Professional, scientific and patient organisations relevant to musculoskeletal health advocating for change

- **Our enabling audiences**
  - Sponsors
  - Partners

- **Our supporting audience**
  - Public
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Working with the World Health Organisation

Identifying opportunities for collaboration
## Overview of the Strategic Action Plan 2010-2020

<table>
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<th>Purpose</th>
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<td>Vision</td>
<td>The BJD works to reduce the burden and cost of musculoskeletal disorders to individuals, carers and society</td>
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<td>Mission</td>
<td>Credibility, Partnership, Inclusivity, Unity, Global, Strategic, Evidence-based</td>
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### Global Objective

To raise the recognition of the importance of musculoskeletal conditions at the global, regional and national levels

### Direction

Advance Musculoskeletal Health and Science focusing on:

- Arthritis (Inflammatory, OA)
- Bone Health & Osteoporosis
- Pediatric MSDs
- Spinal Disorders & LBP
- Trauma & Injury

Underpinned by Research

### Actions

- Advocacy
- Partnership
- Surveillance
- Public and patient education
- Prevention and control
- Research
- Knowledge management
- Organisation fit for purpose

"Keep people moving"
Core programmes to gain recognition of the importance of musculoskeletal conditions

- Partnership
- Public and patient education
- Advocacy
- Standards of care
- Surveillance
- Professional education
- Research
Opportunities for collaboration

The Global Alliance for Musculoskeletal Health
Bone and Joint Decade
“Keep people moving”
Aim – To measure, monitor and raise awareness of the suffering and cost to society associated with musculoskeletal conditions.
Impact of Musculoskeletal Conditions
Musculoskeletal conditions are the second greatest cause of disability worldwide and impact throughout adulthood.

Percentage of years lived with disability (YLDs) in 2010 for Cause and Age a) Males & b) Females
Musculoskeletal conditions are the greatest cause of disability.

- Mental 22.89% of YLDs
- MSK 21.13% of YLDs
NAN Action Point

- National data on burden of musculoskeletal conditions
- National information on services provided
• Musculoskeletal Health in Europe Report

• Recommended core indicators of the impact musculoskeletal conditions

• Country Fact Sheets

• www.eumusc.net
Gaining recognition of the importance of musculoskeletal conditions

- Partnership
- Public and patient education
- Advocacy
- Professional education
- Research
- Surveillance
- Standards of care

**Aim** - Strategies for prevention and control at a national level and their implementation
What can be done to reduce the burden?

Stages of Prevention

Primary prevention
- avoid or remove the cause of a health problem before it arises

Secondary prevention
- detect a health problem at early stage, facilitating cure, or reducing/preventing spread, or reducing/preventing long-term effects

Tertiary prevention
- reduce the impact of an already established disease

Prevention Treatment Rehabilitation

The whole population → At Risk → Those with condition → MORBIDITY
Setting standards for primary, secondary and tertiary prevention and providing the evidence base for health policy

In Europe
- A common policy to prevent and control musculoskeletal conditions in Europe (funded by EU)
- Patient-related standards of care and healthcare quality indicators for providers being developed by EUMUSC.NET (funded by EU and EULAR)

In developing countries
- Cost-effective health interventions for musculoskeletal conditions in the Disease Control Priorities in Developing Countries Report (initiative of World Bank, WHO and NIH).
• World Report on Disability launched 9 June 2011 at United Nations
• provides global guidance on implementing the United Nations
  Convention on the Rights of persons with Disabilities
• gives a picture of the situation of people with disabilities, their needs
  and unmet needs, and the barriers they face to participating fully in
  their societies
• highlights good practice examples
• makes recommendations for the way forward
• BJD invited to be a partner with WHO

• BJD working with World Health Organization Disability and Rehabilitation team to provide evidence on the disability related to musculoskeletal conditions and what can be done to reduce this

• Focusing on osteoarthritis, spinal pain, rheumatoid arthritis and fragility fractures
Disability related to musculoskeletal conditions: implications for policy and practice

- WHO Disability and Rehabilitation team and the Bone and Joint Decade are working together to provide evidence on
  - disability related to musculoskeletal conditions
  - what can be done to reduce this
- This will inform policy and practice, in particular supporting the development of WHO guidelines on health-related rehabilitation.
- This will be done through systematic reviews
- This is being done in parallel to systematic reviews commissioned by the WHO addressing disability related to the four major NCDs with high mortality (cardiovascular diseases, cancers, diabetes and chronic lung diseases).
- The results for musculoskeletal conditions can then be used alongside the evidence for these major NCDs to develop comprehensive policies.
Disability related to musculoskeletal conditions: implications for policy and practice

Working Groups will consider:
- magnitude and scope of disability
- most effective rehabilitation measures
An Ageing Population

WHO World Report on Ageing and Health

• In response to the rapid ageing of populations WHO is putting in place a number of related initiatives.
  – *World Report on Ageing and Health* to summarise what is currently known
  – *Global Strategy and Action Plan on Ageing and Health* to guide the response of Member States.

• Importance of musculoskeletal health recognised and BJD invited to prepare background paper on *Musculoskeletal Disorders* drafted by a small team that will be constituted as a “Knowledge and Action Node” of the WHO Knowledge and Action Network on Ageing and Health. This node will subsequently become a driver of future work in this area.
WHO World Report on Ageing and Health
Background paper on ageing and musculoskeletal health (1)

• Importance of musculoskeletal health
  – Major disorders affecting musculoskeletal health (osteoarthritis, inflammatory joint diseases, back & neck pain, regional pain disorders, osteoporosis, falls and fragility fractures, consequences of injury), considering incidence, prevalence, impact, determinants and epidemiologic trends

• Effective interventions for primary, secondary and tertiary prevention

• Strategies for the implementation of evidence-based interventions considered separately for low, middle and high income countries.

• Current status of how evidence is being implemented and health need being met, with case studies which identify barriers and facilitators
WHO World Report on Ageing and Health
Background paper on ageing and musculoskeletal health (2)

• Assess what aspects of the health systems act positively or as a barrier to improving musculoskeletal health across the life course and specifically for older individuals. This section may look at the different factors that impact on aspects such as access to services, coverage of services and affordability of services and can consider all health system building blocks such as policies, technologies, information systems etc.)

• Recommendations for priorities in research and strategies to be implemented
WHO World Report on Ageing and Health

Background paper on ageing and musculoskeletal health (3)

Project group

- **Editorial Group** - overall responsibility
  - Anthony Woolf (UK) (Lead Author)
  - Lyn March (Australia)
- **Core Writing Group** - develop framework and draft content
- **Expert Group** – support Core Writing Group with content and evidence
- **Review Group** – provide oversight to ensure comprehensive and of appropriate quality; provide current status of how evidence is being implemented and health need being met in different geographic and economic settings, with case studies, which identify barriers and facilitators; advise on impact of health systems; advise on the evidence and policy gaps and priorities. An opportunity for involvement by organisations.
European Innovation Partnership on Active Healthy Ageing

• BJD a partner and a member of Action Group with a focus on ‘Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people’

• Working with CPME, which represents all doctors in the EU, to survey peoples and clinicians understanding of frailty and functional decline
The Low Back Pain Study
Horizon 2020 Grant Application

• PHC1-2014 Understanding health, ageing and disease: determinants, risk factors and pathways
• Understanding the nature of back pain and factors that influence recurrence and chronicity, including biological factors
• To improve diagnostic, therapeutic and preventive strategies
• Bone and Joint decade will be responsible for dissemination
Musculoskeletal Conditions and Work

Musculoskeletal conditions have an enormous impact on work causing:

• Work disability
  – ceasing to work before retirement age

• Absenteeism
  – missing part or whole days from work (e.g. number of days/hours off work)

• Presenteeism
  – an individual remains in work but with difficulty or reduced efficiency/productivity.
Musculoskeletal Health in the Workplace
A BONE AND JOINT DECADE INITIATIVE

Musculoskeletal conditions have an enormous impact on work, causing work disability (ceasing to work before retirement age), absenteeism (missing part or whole days from work) and presenteeism (in work but with reduced efficiency/productivity).

Initiative:

• How to keep people physically healthy in the workplace
• How to prevent musculoskeletal problems impacting on work
• How to enable people with musculoskeletal conditions stay in the workplace
Musculoskeletal Health in the Workplace
A BONE AND JOINT DECADE INITIATIVE

1. Maintain physical capacity

2. Prevent MSDs and workloss associated with them
   - identification and modification of risk factors for MSDs in the workplace - ergonomic and psychological interventions
   - balancing work capacity of the employee with the workload of the working environment - work organisation and management attitudes

3. Preventing workloss due to musculoskeletal disorders (work-related) or conditions (not work-related).
   - access to early interventions
   - ways to reintegrate people into the workplace
National Action Point

- National standards of care for major musculoskeletal problems and conditions – OA, RA, back pain, osteoporosis, trauma care, occupational disorders (adopt and adapt existing recommendations)
- National health care quality indicators
- National audits of provision of care according to expected standards
- Ability to compare within and between countries

National Alliance for Promoting Musculoskeletal Health
Gaining recognition of the importance of musculoskeletal conditions

Aim – To develop sustainable networks at global, regional and national levels who can advocate for priority
Physicians, health professionals, patients organisations

Scientists

Orthopaedics

and others.

Bringing the “mobilising audience” together
National Action Networks

National Alliances for Musculoskeletal Health

“Keep people moving”
Developing National Alliances (NANs)

- A reason for working together: the “Call for Action”
- “How-To” Guide for developing and maintaining national networks
- “Advocacy Toolkit” to help working together to achieve goal
BJD Annual World Network Conferences

1999 Zurich, Switzerland
2000 Muscat, Sultanate of Oman
2001 New York, USA (cancelled)
2002 Rio de Janeiro, Brazil
2003 Berlin, Germany
2004 Beijing, China
2005 Ottawa, Canada
2006 Durban, South Africa
2007 Gold Coast, Australia
2008 Pune, India
2009 Washington DC, USA
2010 Lund, Sweden
2011 Beirut, Lebanon
2012 Ho Chi Minh City, Viet Nam
2013 Rio de Janeiro, Brazil
NAN Action Point

- National action networks working as alliances of all stakeholders interested in promoting musculoskeletal health
- Strategic action plans
- Advocacy training
- Share ideas and experiences with other countries

National Alliance for Promoting Musculoskeletal Health
Gaining recognition of the importance of musculoskeletal conditions

**Aim** - To empower people to gain priority for their own care by raising public awareness and developing patient advocacy organisations.
Take control of your joint pain so you can live life to its fullest
NAN Action Point

• Public and patient education programmes
  – Meetings
  – Leaflets
  – Media activities
• Work with other initiatives and stakeholders where promoting musculoskeletal health has a relevance
  – Physical fitness
  – Nutrition
  – Large employers

National Alliance for Promoting Musculoskeletal Health
Gaining recognition of the importance of musculoskeletal conditions

Partnership  
Public and patient education  
Advocacy  
Standards of care  
Professional education  
Surveillance  
Research

**Aim** - raise awareness of public and policy makers

*Keep people moving*
Advocacy
raising awareness of public and policy makers

- **Target**
  - Policy makers (WHO, national Ministries of Health)
  - Other relevant stakeholders e.g. employers
  - Public

- **Message**
  - Growing burden of MSC
  - Effectiveness of modern day prevention and treatment
  - Need for equitable access to prevention, treatment and rehabilitation
  - “Call for Action”
Working with the World Health Organisation

Identifying opportunities for collaboration

Working with the “target audience”
Our current collaboration with WHO:

**Noncommunicable diseases**
- WHO Strategy for Noncommunicable Diseases

**Musculoskeletal trauma**
- WHO Decade of Action for Road Safety
- Core participant WHO Global Alliance for the Care of the Injured

**Disability**
- WHO Partners working in Disability and Rehabilitation
- WHO Global Disability Action Plan 2014 - 2021

**Global Burden of disease**

- Revision of WHO ICD10
- World Report on Ageing and Health
The Call for Action

We call for explicit plans by governments, health policy makers at regional level and the WHO to deal with the large and growing burden of musculoskeletal conditions on individuals and society.

Being launched at:

BJD World Summit
12-13 October 2014
London

bjd@cornwall.nhs.uk
What do we want?
Call for Action

- We call for explicit plans by governments, health policy makers at regional level and the WHO to deal with the large and growing burden of musculoskeletal conditions on individuals and society that consider
  - Promotion of a lifestyle that will **optimise musculoskeletal health** at all ages
  - Preventing musculoskeletal disorders and injuries
  - **Identify** and treat those who are at highest risk
  - Accessible, timely, safe, appropriate **treatment to control symptoms** and prevent unnecessary disability
  - Accessible and appropriate **rehabilitation to reduce any disability**, including self management
  - **Equity** for all sectors of society
  - Enabling people to be **economically independent**
  - **Research and education** to advance knowledge and care
Advocacy Toolkit
The steps for successful advocacy

Keep people moving
NAN Action Point

• Gain endorsement of the importance of musculoskeletal conditions

• Identify their priorities and look for synergies
  – Healthy active aging is a priority in Europe

• Get involved in national implementation of WHO activities

• Work with policy makers

• Influence national and international opinions
  – Remember that all countries have a vote in UN / WHO

• Advocacy training

• Mentorship programmes for future leaders

National Alliance for Promoting Musculoskeletal Health
Gaining recognition of the importance of musculoskeletal conditions

Partnership

Public and patient education

Advocacy

Standards of care

Surveillance

Professional education

Research

**Aim** - develop an appropriately skilled workforce
Raising standards of care through medical education and training

Establishing Standards for Undergraduate Education

- China, Australia, Canada, Croatia . . .

Global core recommendations for a musculoskeletal undergraduate curriculum
The Patient Partner programme

A medical education programme where people with a musculoskeletal condition have been specially trained to demonstrate how to take a history, how to perform a joint examination and a screening assessment to medical students, primary care physicians and healthcare professionals involved in managing people with arthritis and other musculoskeletal conditions.

Patient Partners understand what it is like to live with a musculoskeletal condition and relate their own experience to everything they teach.
Programme format

- Patient Partners role-play a mock consultation covering:
  - Principles of history taking
  - Principles of joint examination
  - Screening assessment
  - Detailed joint examination with history taking

- Use typical clinical presentations of different musculoskeletal problems as a framework for teaching history taking and clinical examination. Will cover 2-3 different clinical scenarios in each session.
The Patient Partner Training Manual

- Background information for PP trainers
- Anatomy and relevant medical terms
- Scripts for role-play consultation
Modules that consider clinical problems related to regions

Each module includes:

• Introduction
• Description of the anatomy
• Glossary
• Causes of problems
• Giving a history
• Developing a script
• Examination script
• Look, feel, move, stress, listen, special tests
The Patient Partner programme
Past and Future

Originally developed by Peter Lipsky, University of Texas and Valerie Branch, a person with rheumatoid arthritis (RA), in the 1970’s

Adopted by Searle, launched as Patient Partners globally in the 1990s and run in 22 countries worldwide at its peak in the early 2000’s

Pfizer supported its revision by Bone and Joint Decade Educational Working Group in 2004 but not implemented

Ownership transferred from Pfizer to Bone and Joint Decade in 2013

Grant from Pfizer UK in 2014 to update and make web-based version which will be available under licence to BJD networks
Improving the Prevention and Management of Musculoskeletal Conditions in developing countries by workforce development

- To enable first line health professionals working in the community, to be able to manage common musculoskeletal problems and recognise those which need more specialist management

- Delivered to community health workers who will first see a person with a musculoskeletal condition

- Delivered by physician trainers and patient trainers working together who have been trained using a standardised programme to ensure quality, consistency and sustainability

UWEZEO Musculoskeletal Health Training Project
Piloted in Kenya
A sustainable training programme

A. International and national experts including rheumatologists, patients and researchers

B. Mid level physician and patient teams

C. Community health providers who are the first point of contact for anyone seeking care
NAN Action Point

• Implementation of core musculoskeletal undergraduate curriculum in all medical schools

• Review balance of the workforce and their competencies in identifying and managing musculoskeletal conditions

National Alliance for Promoting Musculoskeletal Health
Aim – advance the understanding of musculoskeletal conditions and improve prevention and treatment through research.
Research - Investing for the Future

Promoting musculoskeletal science

- musculoskeletal research should be national research priority
- research funding should reflect burden of disease or clinical needs
NAN Action Point

• Increase priority and funding for research in musculoskeletal science
• Encourage development of groups working together in musculoskeletal science
• Courses in musculoskeletal science – basic and clinical
• Young investigator programmes

National Alliance for Promoting Musculoskeletal Health
Bone and Joint Decade – The Next Ten Years 2010 – 2020

“Keep people moving”

2010 -2020: Operating Model

Target Audience:
WHO / UN / Regional policy makers / National policy makers / Non-specialist clinicians

Activities enabled by Global BJD
Relationship management / lobbying filter: collective voices that help BJD deliver its mission and vision through its unique position
Synthesis of themes and messages across the networks & programmes

Governance & Direction: International Coordinating Council

Supporting organisations:
National, regional and international patient, scientific & professional organisations.

Secretariat & Advisory Groups
• Communication
• Funding
• Marketing
• Contact management
• WHO Geneva Office

WHO Collaborating Centre University of Lund for Evidence-Based Health Care in Musculoskeletal Disorders

Value is added at each stage

National Action Networks
(& regional councils)
• Lobbying
• Dissemination
• Contribution to programmes
• Relationship management

Governance & Direction: International Coordinating Council

Advocacy
Partnership
Surveillance
Public & patient education
Prevention & control
Research
Fit for purpose organisation
Knowledge management

The Public

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WHO
BJD International Coordinating Council

Secretariat

International organisations
  e.g. WHO, UN

Experts

Other stakeholders

National organisations

NAN

Regional Councils

Regional policy making organisations

International / regional organisations

BJD Foundation
  Conduit for funding of BJD and related activities

Advisory Groups:
  Business Advisory Committee and others

BJD 2010-2020: organisational model

Conduit for funding of BJD and related activities

Advisory Groups:
  Business Advisory Committee and others

Secretariat

Regional policy making organisations

International / regional organisations

NAN

Regional Councils

National organisations

NAN

NAN

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

Concept from ICC Meeting 11-10-14

- The global alliance of all stakeholders and individuals working together at national, regional and/or international levels to improve musculoskeletal health
- Coordinated through an ICC, nominated by members, recommendations made by a Nominating Committee and voted by the membership through a General Assembly
- Members of the ICC represent the mission of the Alliance, not the organisation they come from
- Members have to make a donation. Organisations should recognise their size in the level of support given.
- Need to identify what members get
Organisation fit for purpose

- Board
- Networks
- Ambassadors
- Newsletter
- Website
The Global Alliance for Musculoskeletal Health
Bone and Joint Decade

Together we can successfully gain priority for musculoskeletal conditions.

“Keep people moving”