

10 YEARS

Momentum

Looking back at a Decade of
Action in Musculoskeletal Health,
and moving forward

The Bone & Joint Decade



Report 2000-2010

Unified voices can
make a difference



Table of Contents

Chairman's Letter	3	Global Forum	12
		BJD World Network Conference	
		International Patient Advocacy Seminar	
		Internet Platform	
A Global Voice	4	Musculoskeletal Science	14
Influencing Musculoskeletal Health		eLectures and Symposia	
Target Conditions		Global Action Week	
The Reality		BJD Research Award and Scholarship	
Who We Are	6	Promoting Policy Change	16
What We Aim to Achieve		United Nations	
An Evolving Strategy		World Health Organization	
Key Milestones		International Collaboration	
Our Origins	8	National Action Networks	22
The Organisation Today		Achievements throughout the last ten years	
International Steering Committee			
BJD Ambassadors			
Linking the World	10		
The BJD Global Network			
Participating Organisations and Partners			
National Action Networks			

Dear Bone & Joint Decade Family

Ten years have passed relatively quickly. The Bone and Joint Decade 2000-2010, initiated in Lund, Sweden in 1998 is, too soon, coming to its final year. A lot has been accomplished but much remains to be done. In a number of countries Musculoskeletal Conditions (MSC) has gained public and political priority. Non-communicable diseases are slowly moving up on the agenda in regional and global organisations such as the US NIH, EU, UN, WHO but Bone and Joint disorders still lacks attention. The 2010 annual report tries to capture and exemplify some of the national and global achievements throughout the full decade.

From the start it was decided to organise an annual Global Network Meeting, each year in a different part of the world to exchange information and learn from each other, to understand disparities, and most importantly to enhance and support local network activity. In 2010 we are back in Lund to report on progress made during the Decade.

Your personal involvement and devotion to our mission of improving musculoskeletal health, and your generosity with your time, have been of immeasurable value. This, and the friendship we have created in the Bone and Joint Decade Family, are unique.

I would like to mention some steps which have been instrumental in the successes of the Decade. The creation of the National Action Networks – bringing the doctors, the academics, the patients and the policy makers together at the same table to agree and act on priorities – was done from the start and for the first time through the Bone and Joint Decade. This solid partnership will also be the key to future progress in national, regional and global musculoskeletal forums. It is by working together that we create a tide that lifts all boats.

Raising social awareness by publishing national and global data on the enormous Burden of MSC Disease and repeatedly explaining that quality of life it is not only adding years to life, but life to years, has been central to the BJD focus.

The BJD branding of the term Musculoskeletal Science has led to numerous MSC university coalitions, departments being formed often also including epidemiology and basic researchers, inflammatory conditions, matrix and bone biology, genetics, bioinformatics etc in their programmes. This gives enormous hope for further progress in research, as well as prevention and multidisciplinary treatment.

The BJD also focused the start on engaging the Directors of major global organizations to raise awareness about the burden of MSC, in particular the epidemic of injury and disability caused by road traffic accidents. This concerted effort has led to major significantly funded UN programs and declarations with significant budgets, all initiated by BJD. Recently a global program for improving trauma care was initiated by the WHO, again based on our initiative.

Bone and Joint Conditions are not going to disappear. In part of the world where our populations are growing older the 'age quake' is increasing the burden of MSC disease exponentially; meanwhile in developing countries, arthritis, spinal disorders, osteoporosis and childhood MSC conditions and particularly trauma injuries which all lead to major disability and invalidity create significant costs to health care systems and further choke efforts for a developing economy to rise out of poverty.

The task is not yet complete. The decision at the network meeting in 2009 Moving Forward Together 2010-2020 with adopted bylaws and a newly elected International Coordinating Council (ICC, see page 9), supporting national networks and governmental priorities is important for ongoing coordinated action and progress.

On behalf of the whole BJD Family I thank you for your support over the years. I wish you all good for the future and hope that a brisk breeze blows for the BJD armada.

Professor Lars Lidgren,
Chairman,
International Steering Committee
The Bone and Joint Decade



A Global Voice

The Bone and Joint Decade was established to draw global attention to and ultimately improve the quality of life of the millions of people who are affected by musculoskeletal conditions worldwide. However, no single organisation alone can tackle the issues that are a daily reality for individuals affected by musculoskeletal conditions. Concerted efforts must be the key. The Bone and Joint Decade is a global, multidisciplinary and collaborative campaign which develops and implements health initiatives on all continents. It acts as an umbrella organisation under which these initiatives are designed in partnership with patient advocacy groups, non-profit and scientific organisations, industry, researchers, universities and governments. The Bone and Joint Decade also works in association with global and regional stakeholders.

Influencing Musculoskeletal Health

The Bone and Joint Decade mission focuses on musculoskeletal conditions, the most costly of all disease categories. Musculoskeletal conditions affect one in four adults and account for one-fourth of the total cost of illness worldwide. They are the most common causes of severe long-term pain and physical disability. In the United States, for example, more than 1 in 4 people has a musculoskeletal condition requiring medical attention and annual direct and indirect costs for bone and joint health are a staggering 849 billion dollars. Faced with a sharp increase in the number of people over the age of 50 by the year 2020 -- referred to as an 'age quake' -- the financial burden which musculoskeletal conditions exerts upon healthcare systems globally will increase exponentially.

While there are many types of musculoskeletal disability, the following five conditions are the most notorious and insidious causes of severe long-term pain and disability. These conditions affect the ability of people to work and to lead productive and enjoyable lives, and increases dependency on healthcare and social support. The Bone and Joint Decade aims to focus research and social programmes on these problems, and to promote positive actions that encourage prevention, combat suffering and improve the efficiency of the healthcare system.

Target Conditions

- Joint Diseases
- Osteoporosis
- Back Pain and Spine Conditions
- Childhood Musculoskeletal Conditions and Trauma
- Road Traffic Trauma



The Reality

Joint Diseases

- Joint diseases such as osteoarthritis, rheumatoid arthritis and more than 100 other forms of inflammatory conditions affect several hundred million people worldwide. This figure is set for a sharp increase due to the predicted doubling in the number of people over age 50 by the year 2020.
- Joint diseases are the leading cause of disability in the United States and account for half of all chronic conditions in persons age 65 and over.
- Osteoarthritis affects over 135 million people worldwide. It is the fourth most frequent cause of health problems in women worldwide and the eighth in men.
- Rheumatoid arthritis affects over 20 million people worldwide.

Osteoporosis

- Worldwide osteoporosis, in which the bones with insufficient mineral become fragile and fracture easily, affects one in two women over age 50 (more than breast cancer) and one in four men over age 50 (more than prostate cancer).
- Osteoporosis-related fractures have almost doubled in the last decade. One in every three women over age 50 will suffer a fracture caused by osteoporosis.
- In the USA, more than 1.5 million fractures each year are caused by osteoporosis. Today, 10 million Americans already have osteoporosis and 18 million more have low bone mineral mass, placing them at increased risk for fracture. The rate of osteoporosis-related fractures and the costs of caring for these fractures are expected to rise by almost 50% to more than three million fractures costing \$25.3 billion by 2025.
- A hip fracture is considered the most preventable cause of seniors' loss of independence -- up to 50% of people suffering a hip fracture are never able to walk independently again.
- The frequency of hip fractures from osteoporosis will double in Asia and Latin America in the coming decades.

Back Pain and Spine Disorders

- Up to 80% of people will suffer from back pain during their lives, while 50% of the working population will experience incapacitating back pain at least once a year.
- Back pain is one of the most common reasons for workplace sickleave, and back pain is the second most frequent reason for visits to the doctor's office, outnumbered only by the 'common cold'.
- Approximately 200,000 people in the US live with a disability related to spinal cord injury.
- Spinal cord injuries cost the US an estimated \$9.7 billion each year. Pressure sores alone, a common complication, cost an estimated \$1.2 billion.

Childhood Musculoskeletal Conditions and Trauma

- There are nearly 300,000 children in the US with juvenile arthritis or rheumatic disease.
- Almost 30% of girls and 40% of boys will sustain an injury to their bones or joints before age 16. Sports, play, and traffic incidents are the most common causes.
- In the US, over 775,000 children under age 15 are treated in hospital emergency departments for sports injuries each year.
- A single knee injury early in life can increase the risk for osteoarthritis in adulthood five-fold and a hip injury could more than triple the risk.

Road Traffic Trauma

- Every 30 seconds, someone dies from a traffic accident on the world's roads.
- Every year, 23 to 34 million people worldwide are injured in road traffic accidents.
- 25% of health expenditures of developing countries will be spent on road trauma-related care by the year 2010.
- Road traffic accidents are the leading cause of death and disability for people under age 45.
- Approximately 75% of road deaths are men, partly attributable to preventable causes such as high-risk behaviours (i.e. speeding, drink driving, and lack of safety measures while operating a motorcycle).



Who We Are

The Bone and Joint Decade is a unique initiative which brings together patient and professional organisations from different musculoskeletal disciplines, government and industry in partnerships to facilitate programmes on the national and global level. These partnerships enhance the ability of all organisations to fulfill their goals and help countries to launch programmes that will improve the delivery of musculoskeletal health care and, ultimately, the quality of life (QOL) for people affected by these conditions.

What We Aim To Achieve

The Bone and Joint Decade is dedicated to reversing the impact of musculoskeletal conditions and improving the quality of life of people affected worldwide. To achieve these goals and accomplish this mission, four specific objectives have been identified:

1. Raise awareness of the suffering and cost to society associated with musculoskeletal conditions
2. Empower people to participate in their own care
3. Promote cost-effective prevention and treatment
4. Advance understanding of musculoskeletal conditions and improve prevention and treatment through research

Milestones in the Bone and Joint Decade 2000-2010

1998 Inaugural Consensus Meeting held in Lund, Sweden to establish goals and objectives for the Bone and Joint Decade
1999 Kofi Annan, Secretary General of the United Nations, declares the UN's official endorsement of the Bone & Joint Decade 2000-2010
2000 The Bone and Joint Decade is formally launched at the headquarters of the World Health Organization in Geneva, Switzerland
2000 First Bone and Joint Decade World Network Conference takes place in Oman, assembling BJD Networks from around the globe.
2002 Second Bone and Joint Decade World Network Conference takes place in Rio de Janeiro, Brazil
2003 The official Post Office of the Vatican issues a special edition aerogramme with the Bone and Joint Decade logo which is sent around the world.
2003 Global Technical report published with the WHO: The Burden of Musculoskeletal Conditions at the Start of the New Millennium, World Health Organization (WHO)
2003 Third Bone and Joint Decade World Network Conference takes place in Berlin, Germany, hosted by the German Health Minister
2003 Experts across Europe collaborate on the Indicators for Musculoskeletal Conditions Project funded by the EU. Their report entitled Musculoskeletal Problems and Functional Limitation is published
2003 US Surgeon General publishes its first-ever Report on Bone Health and Osteoporosis
2004 Global Road Safety, spearheaded by the BJD, is declared by WHO as the theme for World Health Day
2004 UN General Assembly meets to promote Global Road Safety. The General Assembly endorses the World Report on Road Traffic Injury Prevention, and call for a UN Road Safety Charter
2004 1st UN Stakeholders Forum on Global Road Safety is held at UN
2004 Fourth Bone and Joint Decade World Network Conference takes place in Beijing, China
2005 European Action Towards Better Musculoskeletal Health, supported by the European Commission, is published
2005 Fifth BJD World Network Conference takes place in Canada
2006 United Nations Endorses Global Road Safety Week
2006 First BJD International Award and Scholarship to Support Cartilage Research in Osteoarthritis awarded
2006 BJD International Steering Committee member awarded the prestigious International Osteoporosis Foundation President's Award

2006 UN Agrees Treaty to Improve Rights of People with Disabilities.
2006 Major chronic diseases, including musculoskeletal disorders, gain research Boost in Swedish National Research Programme
2006 French Minister of Health signs legislation to provide reimbursement for osteoporosis drugs to prevent fragility fractures
2006 UK BJD Network teams with Department of Health to Advise Health Services Overhaul for new Musculoskeletal Services Framework
2006 World Network Conference and International Patient Advocacy Seminar held in Durban, South Africa.
2007 1st United Nations Global Road Safety Week held in April
2007 2nd Global Road Safety Stakeholders' Forum held by the UN Global Road Safety Steering Committee
2007 WHO launches European Strategy for the Prevention and Control of Noncommunicable Diseases
2007 Middle East and North Africa Consensus on Osteoporosis Guidelines signed
2007 Seventh BJD World Network Conference and Patient Advocacy Seminar is held on the Gold Coast in Queensland, Australia
2007 Two BJD ISC Members Awarded for Outstanding Achievement by American College of Rheumatology
2008 BJD designated as a World Health Organization Collaborating Centre for Evidence-Based Health Care in Musculoskeletal Disorders
2008 Findings of the BJD Task Force on Neck Pain and Its Associated Disorders publishes global recommendations
2008 EU Task Force on Chronic Disease publishes European report with Musculoskeletal chapter written by BJD experts
2008 Eighth BJD World Network Conference and Patient Advocacy Seminar is held in Pune, India
2009 Osteoporotic Fracture Line launched to meet the increasing global need for knowledge about fragility fractures
2009 Ninth BJD World Network Conference and Patient Advocacy Seminar is held in Washington DC, USA
2009 WHO and BJD jointly organise Global Trauma Forum in Rio de Janeiro
2010 UN declares Decade of Action on Road Safety - an initiative started by the BJD in the beginning of this decade
2010 Tenth World Network Conference held in Lund; new ICC inaugurated

Targeted Action

The BJD Outreach Strategy calls for: (1) endorsement of the Bone and Joint Decade by patient and professional organisations throughout the world; (2) alliance amongst these national groups by forming National Action Networks (NANs) to identify and steer national priorities in musculoskeletal health; (3) building awareness of the need for collaborative action; (4) expansion of communication about the Bone and Joint Decade through media and medical journals; and (5) achievement of endorsement and support of additional governments.

The BJD Research Promotion Strategy includes: (1) identifying the global burden of musculoskeletal conditions; (2) projecting how the frequency of musculoskeletal disease will escalate in the future; (3) developing multidisciplinary research agendas; and (4) promoting evidence of best clinical practices.

The BJD Partnership Strategy calls for: (1) facilitating communication amongst musculoskeletal organisations to develop a process for working together on common goals; (2) developing joint ventures with industry to support the Bone and Joint Decade mission, outreach, and strategies; and (3) developing government relationships to promote initiatives and legislations which reflect the Decade's mission.

Joint Efforts

The main principle behind the Bone and Joint Decade is that collaboration is critical in order to achieve goals. The Bone and Joint Decade is a global initiative with distinctive national strategies and actions. They involve:

1. **Multidisciplinary teamwork (rheumatology, orthopaedics, traumatology, etc.)**
2. **Collaboration between patients and health-care professionals**
3. **Alliances amongst governments, NGOs and industry**

Healthcare Professionals

Government

Industry

Patients

Our Mission Continues

Over the last two years the Bone and Joint Decade International Steering Committee (ISC) has held several working sessions to discuss changes in the musculoskeletal landscape since the start of the Decade, and consequential issues that are crucial to the success of our mission. We are nearing the end of our initial ten-year programme, yet our mission has become increasingly valid. Our vision remains strong. While so many around the world continue to be affected by musculoskeletal disorders, so much can still be done to influence positive changes in the prevention and treatment of musculoskeletal conditions, and to engage stakeholders as advocates and champions of musculoskeletal health worldwide. As a result of these strategic sessions, consensus was reached on a strategy that will focus the BJD's objectives for the years following 2010.

The Strategic Plan mapping The Way Forward has been developed into an action plan based on the strength of the BJD -- bringing together all stakeholders at a national, regional and global level to work in collaboration in a sustainable global forum for musculoskeletal health.

The strategy for a Musculoskeletal Forum is a far-reaching and flexible plan that will lay the foundation for continuation of the Bone and Joint Decade programmes, with a special focus on those developed within individual regions and countries. The new Forum is designed to evolve according to organisational, environmental, economic and political policies as our mission evolves with the times.

For more information, please see www.bjdonline.org under About the Organisation'.



Our Origins

The initiative originated with healthcare professionals and patient advocates from several countries who believe that the growing impact of bone and joint disease on societies worldwide, healthcare systems, and individuals must be addressed on the international level, with a focus on regional issues.

The Bone and Joint Decade was launched in January 2000 by Prof Lars Lidgren, Chairman, in Geneva, Switzerland at a World Health Organisation (WHO) conference, "The Burden of Musculoskeletal Conditions at the Start of the New Milenium (http://whqlibdoc.who.int/trs/WHO_TRS_919.pdf). Assembled by Prof Anthony Woolf, Prof Kristina Akesson and Prof Mieke Hazes, BJD ISC members, a hundred of leading musculoskeletal epidemiologists and researchers from around the globe gathered to begin the process of determining the prevalence and severity of these conditions.

The Organisation Today

An International Steering Committee of 15 experts from various geographic regions and disciplines guides the international Bone and Joint Decade. This diverse committee includes leading rheumatologists, orthopaedic surgeons, patient advocates, rehabilitation and trauma experts from all continents.

The headquarters of the Bone and Joint Decade and its European-based charitable foundation are in Lund, Sweden, under the leadership of the Chairman, Professor Lars Lidgren, MD, PhD, Chairman of the Department of Orthopaedics, University Hospital, Lund. In addition to the International Steering Committee, the structure also includes Karsten Dreinhöfer, MD, Director of Development (Germany), Amye Leong, MBA, Spokesperson and Director of Strategic Relations (USA), Sara Martin, Communications Manager (Belgium), Martin Zedig, IT Coordinator (Sweden), and Agneta Jönsson, Secretary (Sweden).



International Steering Committee To 2010

Lars Lidgren, MD, PhD, Hon. FRSC,
Honorary Member of the AAOS
Professor and Chairman
Department of Orthopaedics
University Hospital, Lund, Sweden

Peter Brooks, MBBS, FRACP, FAFRM, FAFPHM, FRCP (Edin)
Professor and Executive Dean (Health Sciences)
University of Queensland
Brisbane, Australia

KM Chan, MD, Professor
Department of Orthopaedics & Traumatology
Chinese University of Hong Kong
Hong Kong SAR, China

Liana Euler-Ziegler, MD, Professor
Department of Rheumatology
University Hospital of Nice
Nice, France

Edward D. Harris Jr., MD
George DeForest Barnett Professor of Medicine, Emeritus
Stanford University School of Medicine
Stanford, California, USA

J. Mieke Hazes, MD, PhD, Professor
Department of Rheumatology
Erasmus Medical Centre Rotterdam
Rotterdam, The Netherlands

Wahid Al-Kharusi, MD, FRCS
Ambassador, Ministry of Foreign Affairs
Muscat, Sultanate of Oman

Shoichi Kokubun, MD, Professor
Research Center for Spine & Spinal Cord Disorders,
NHO Nishitaga Hospital
Sendai, Japan

Kenneth Koval, MD
Dartmouth Hitchcock Medical Center
Lebanon, New Hampshire, USA

Armin U Kuder, Esq
Trustee Emeritus,
Arthritis Foundation USA
Washington, DC, USA

Ghassan Maalouf, MD, Professor
St George Hospital,
Balamand University
Beirut, Lebanon

Marcos E Musafir, MD
Department of Orthopaedics
Federal University of Rio de Janeiro
Rio de Janeiro, Brazil
and the Violence and Injury Prevention Dept,
WHO, Geneva, Switzerland

Nicolas E Walsh, MD, Professor
Department of Rehabilitation Medicine,
The University of Texas
Health Science Center at San Antonio
San Antonio, Texas, USA

Anthony D Woolf, BSc, FRCP, Professor
Duke of Cornwall Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom

Kristina Åkesson, MD, PhD Professor
Department of Orthopaedic Surgery
Malmö University Hospital
Malmö, Sweden



International Coordinating Council From 2010

Anthony D Woolf, Professor
Duke of Cornwall Rheumatology Unit
Royal Cornwall Hospital
Truro, United Kingdom

Kristina Åkesson, Professor
Department of Orthopaedic Surgery
Skåne University Hospital
Malmö, Sweden

Peter Brooks, Professor
Dept of Rheumatology
University of Melbourne
Australia

Karsten Dreinhöfer, Professor
Director, Dept of Musculoskeletal Prevention,
Rehabilitation & Health Service Research
Center for Sport Science and Sport Medicine
Head, Department for Orthopaedics and
Traumatology,
Medical Park Berlin Humboldtstraße,
Germany

Sherine E. Gabriel, Professor
Dept of Epidemiology
William J. and Charles H. Mayo Endowed
Professor
The Mayo Clinic, USA

J. Mieke Hazes, Professor
Dept of Rheumatology
Erasmus University Medical Center
Rotterdam, The Netherlands

Deborah Kopansky-Giles, Professor
Canadian Memorial Chiropractic College
Graduate Education and Research
Department of Family and Community

Medicine
St. Michael's Hospital,
Toronto, Canada

Debra R. Lappin, Esq
President, Council for American Medical
Innovation
Adjunct Professor
University of Colorado Health Sciences Center
Denver, Colorado, USA

Ghassan Maalouf, Professor
Bellevue Medical Center
And Lebanese American University
Beirut, Lebanon

Girish Mody, Professor
Dept of Rheumatology
Fellow of the University of Kwa Zulu-Natal
Durban, South Africa

Dr Marcos E Musafir
Dept of Orthopaedics & Traumatology
Federal University of Rio de Janeiro
Rio de Janeiro, Brazil

Lillian Mwaniki, Esq
Executive Secretary
Association for Arthritis and Rheumatic Dis-
eases of Kenya
Nairobi, Kenya

Mitsuo Ochi, Professor
Chair, Dept of Orthopaedic Surgery
Director, Hiroshima University Hospital
Executive Director, Hiroshima University Medi-
cal Affairs
Japan

Jack Skrolsvik
General Secretary
The Norwegian Rheumatism Association
Oslo, Norway

Josef Smolen, Professor
Chair, 2nd Department of Medicine
Center of Rheumatic Diseases,
Hietzing Hospital, Vienna
Chair, Division of Rheumatology
Medical University of Vienna, Austria

Vo Van Thanh, Associate Professor
Head of Spinal Surgery Dept A,
Hospital for Trauma-Orthopedics,
HCMC, Viet Nam

James P Waddell, Professor
Dept Orthopaedic Surgery, University of
Toronto, Canada

Nicolas E Walsh, Professor
Department of Rehabilitation Medicine,
The University of Texas
Health Science Center at San Antonio
San Antonio, Texas, USA

Stuart L.
Weinstein, Professor
Ignacio V. Ponseti Chair
Dept of
Orthopaedic Surgery
The University of Iowa
USA

Linking the World

The Bone & Joint Decade Global Network

Within its first year, the Bone and Joint Decade gained international recognition by endorsements and support from the United Nations (UN), the World Health Organization (WHO), the World Bank, and the Vatican. As of September 2009, a total of 97 countries have become involved in the Bone and Joint Decade and 63 have gained the support of their Health Ministers for Bone and Joint Decade activities and research initiatives.

As of June 2010, core groups of musculoskeletal-related organisations in 62 nations have developed chartered National Action Networks which work together on common issues to advance the Bone and Joint Decade mission in their country. These organisations include principal musculoskeletal health professional and patient advocacy groups. For information and links to National Action Networks' own websites, visit www.bjdonline.org

Bone and Joint Decade Ambassadors

The BJD Ambassador programme honours outstanding service and achievement by leaders in the musculoskeletal community. Comprising both health-care professionals and patient advocates, BJD Ambassadors promote the mission of the Decade, assist network development, facilitate strategic contacts and work with the ISC to achieve the goals of the organisation. Between 2000 and 2008, the following outstanding members have been awarded the title of BJD Ambassador:

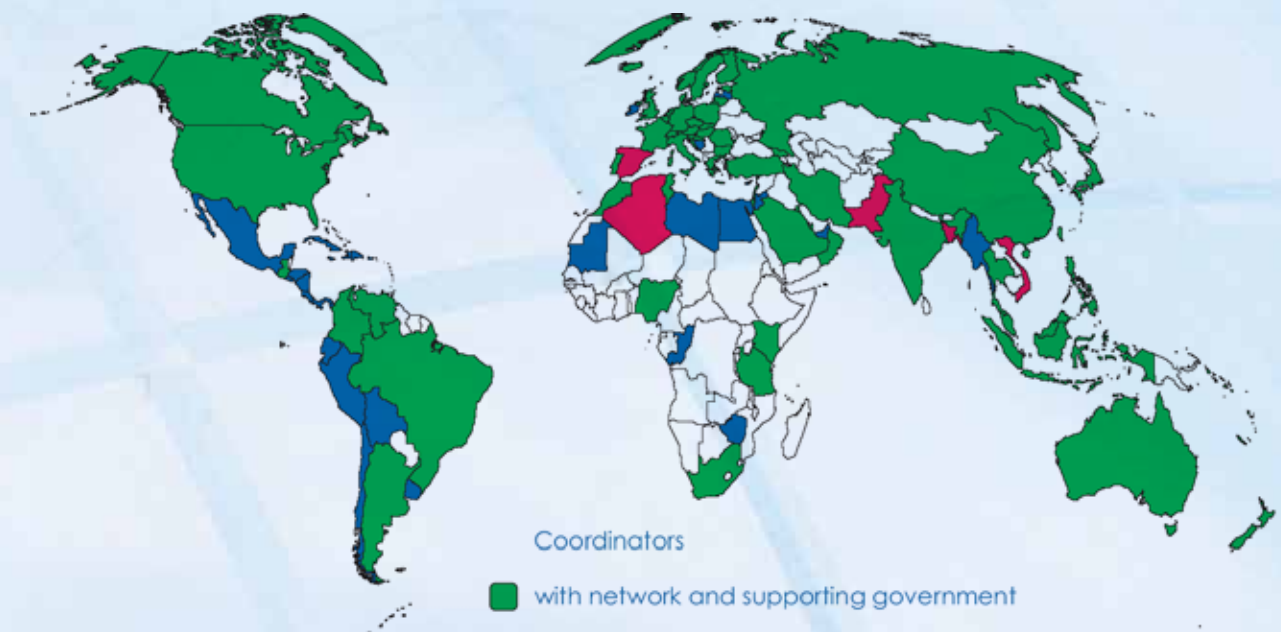
Dr D Luis Muscolo	Argentina	Mr PC Nahar †	India	Prof Alf Nachemson †	Sweden
Prof John Hart	Australia	Prof TK Shanmugasundaram †	India	Prof Björn Rydevik	Sweden
Mr Benjamin Horgan	Australia	Dr. K M Mahendranath	India	Prof Frank Wollheim	Sweden
Dr Margaret Smith	Australia	Dr Arvind Chopra	India	Prof Dieter Grob	Switzerland
Prof Rainer Kotz	Austria	Prof Giorgio Brunelli, MD	Italy	Prof Norbert Gschwend	Switzerland
Dr Cyril Toma	Austria	Prof Hiroshi Yamamoto, MD	Japan	Prof Dr Med Maurice E Müller †	Switzerland
Prof Eduardo de Rose, MD, PhD	Brazil	Prof Shoichi Kokubun, MD, PhD	Japan	Dr Thamrongrat Keokarn	Thailand
Dr Marcos Musafir	Brazil	Mr. Shinji Kazama	Japan	Mrs Mary Anderson	USA
Mr Tom Fullan	Canada	Mrs Randa Assi Berri	Lebanon	Dr Edward Benzol, MD	USA
Mr Denis Morrice	Canada	Dr Thami Benzakour	Morocco	Prof Bruce D Browner	USA
Prof James Waddell	Canada	Dr Chris Bossley	New Zealand	Dr Joseph Croft, MD	USA
Prof Marco Pecina	Croatia	Prof Johannes Jacobus Rasker	The Nether-	Prof Victor H Frankel	USA
Prof Heikki Isomäki	Finland	lands		Dr Bevra H Hahn, MD	USA
Prof Pär Slätis	Finland	Prof Dr Sj van der Linden	The Nether-	Dr Scott Haldeman, MD,DC,PhD	USA
Prof David R Marsh	Great Britain	lands		Mr Toby King	USA
Prof PN Soucacos	Greece	Prof Alexander Krasnov, MD,PhD	Russia	Dr Shaun Ruddy, MD	USA
Prof Edith MC Lau	Hong Kong	Prof Vladimir Ivanovich Shevtsov	Russia	Dr Lawrence Shulman, MD	USA
SAR		Prof Radko Komadina	Slovenia	Prof Peter Walker, PhD	USA
Dr Pal Géher, MD, PhD	Hungary	Prof Girish Mody	South Africa	Dr Michael Weinblatt, MD	USA
Dr Miklós Szendrői, MD, PhD	Hungary	Dr Jos van Niekirk	South Africa	Prof Stuart Weinstein	USA
Prof Dinesh Mohan	India	Ms Ntomifuthi Pearl Seboya	South Africa		

Participating Organisations

More than 750 international and national professional and patient advocacy organisations have endorsed the Bone and Joint Decade and are actively collaborating, both globally and within their national borders. Musculoskeletal-related professional societies, patient education and advocacy groups, and industry are all represented in these ranks. For information and links to each of these organisations, visit www.bjdonline.org.

Corporate Partners

The Bone and Joint Decade benefits from support from a range of partners, large and small. The following corporations have given unrestricted support to The Bone and Joint Decade programmes that have a lasting impact on musculoskeletal health. The Bone and Joint Decade wishes to thank these partners for believing in our goals and helping us to achieve them.



As of June 2010, 62 countries have Bone and Joint Decade National Action Networks in place, including:

Algeria	Colombia	Hong Kong SAR	Morocco	Russia	Thailand
Argentina	Côte d'Ivoire	Hungary	Netherlands	Saudi Arabia	Tunisia
Australia	Croatia	India	New Zealand	Singapore	Turkey
Austria	Czech Republic	Iran	Nigeria	Slovak Republic	United Kingdom
Bangladesh	Denmark	Israel	Norway	Slovenia	United States
Belgium	Estonia	Italy	Oman	South Africa	Venezuela
Brazil	Finland	Japan	Pakistan	South Korea	Vietnam
Bulgaria	France	Kenya	Philippines	Spain	
Canada	Georgia	Kuwait	Poland	Sweden	
China	Germany	Lebanon	Portugal	Switzerland	
Chinese Taipei	Greece	Malaysia	Romania	Tanzania	

As of June 2010, the Bone and Joint Decade has received declared support from 63 governments worldwide. These countries include:

Argentina	Croatia	Hungary	Lithuania	Portugal	Tanzania
Australia	Czech Republic	Iceland	Malaysia	Qatar	Thailand
Austria	Denmark	India	Mexico	Romania	Tunisia
Belgium	Estonia	Indonesia	Morocco	Russia	Turkey
Brazil	Finland	Iran	Netherlands	Saudi Arabia	United Kingdom
Bulgaria	France	Israel	New Zealand	Slovakia	United States
Canada	Georgia	Italy	Nigeria	Slovenia	Vatican City
China	Germany	Japan	Norway	South Africa	Venezuela
Chinese Taipei	Greece	Kenya	Oman	South Korea	
Colombia	Guatemala	Kuwait	Philippines	Sweden	
Côte d'Ivoire	Hong Kong SAR	Lebanon	Poland	Switzerland	



A Global Forum

World Network Conference & International Patient Advocacy Seminar

Each year the Bone and Joint Decade brings together its global network of National Coordinators and Patient Advocates in a different region of the world for a multidisciplinary conference. Attending nations share their experiences of projects and initiatives in their countries over the previous year and participate in workshops to devise strategies which will advance their goals in the coming year. In conjunction with the National Coordinators' meeting, the BJD International Patient Advocacy Seminar is a unique and important segment of the multi-faceted event. Previous World Conference hosts include:

- 2000 Muscat, Sultanate of Oman
- 2001 New York City, USA (cancelled)
- 2002 Rio de Janeiro, Brazil
- 2003 Berlin, Germany
- 2004 Beijing, China
- 2005 Ottawa, Canada
- 2006 Durban, South Africa
- 2007 The Gold Coast, Australia
- 2008 Pune, India



2009 Washington DC

In 2009 the BJD annual forum brought together 200 Patient Advocacy Leaders and National Action Network Coordinators from around the globe for a unique, multifaceted programme. Delegates of the four-day advocacy and strategic planning session, came together to highlight the enormous burden posed by musculoskeletal disorders and develop an ambitious yet achievable roadmap for the future of bone and joint health policy around the world.

The focus this year was on Advocacy and Advancing the Bone & Joint Health Policy Agenda. Issues supporting this theme included the global burden of disease by disease area, and regional needs, with dynamic break-out sessions to build synergy and strategies from all perspectives. Highlights were:

- Advocacy Day on Capitol Hill - Our two-day Patient Advocacy Seminar became a true advocacy and lobbying experience, when BJD Delegates were welcomed on Capitol Hill by Former Assistant Surgeon General Susan Blumenthal, MD, and Senators John Barrasso and Chuck Grassley for discussions about health care policy reform. US delegates were then given the opportunity to speak to Congress Members from their own States, and international delegates were able to visit their country Ambassadors to the US to discuss musculoskeletal issues relevant in their region.
- One-day intensive focus on the Burden of Musculoskeletal Disease by disease area, led by internationally renowned experts in the field. This was then followed by strategic planning sessions to focus goals and devise strategies for our efforts in each priority area over the coming years.
- Second-day strategic planning through Regional Discussions to devise a global plan for musculoskeletal health according to region. Break-out groups crafted strategies and pinpointed priorities for the next decade. All presentations, photos and video coverage from the conference are available on www.bjdonline.org

2010 Lund, Sweden

The Bone and Joint Decade 2010 World Conference will prove how cooperation brings progress in Musculoskeletal Diseases. International participants will together shape the future of the next phase in Bone and Joint Health: Moving Together to Improve Musculoskeletal Health.

The meeting will bring together top international opinion leaders in bone and joint health, the World Health Organization, the National Institute of Health, Ministries, with leading societies, journals, and the Bone and Joint Decade's 70-country strong network. Together they will identify what remain the challenges that prevent optimal musculoskeletal health and that limit advances in musculoskeletal science. An action plan will be launched to tackle these which will be implemented through a sustainable global forum for musculoskeletal health. The international conference will be held in Lund, Sweden, where the Bone and Joint Decade was initiated a decade ago.



Raising Awareness



The Bone and Joint Decade Online www.bjdonline.org

The BJD website is a musculoskeletal portal made up of several satellite sites with www.bjdonline.org as its umbrella site. Updated weekly, each society sub-portal is a community of its own, but also contributes to and shares material from the greater BJD network. Content includes news features, BJD exclusive webcasts and monthly eLectures, video coverage from conferences and downloadable PowerPoint presentations, BJD Faculty Recommended Reading, a thesis library, confer-

ence highlights, evidence-based medicine resources, and more. Societies who collaborate in this network to produce shared educational web content include the British Society for Rheumatology, British Orthopaedic Association, Nordic Orthopaedic Federation, International Society of Orthopaedic Surgery and Traumatology, International League Against Rheumatism, the Swedish Orthopaedic Federation, and the Swedish Rheumatology Federation. To log on, please visit <http://www.bjdonline.org>

BJD Patient Advocacy Leaders Empowering People

Halfway through the Decade, a very unique group called the BJD Patient Advocate Leaders (PALs) was launched by patients and advocates involved with the BJD. This diverse and dynamic assembly had existed before, in a casual manner, but with the help of the BJD they became organised, built a network and found a name.

Today, within the BJD Network, the BJD Pals group is working side by side with medical professionals to shape the healthcare landscape. Through the sheer energy of their passion to contribute to and make positive changes, they contribute on every level of policy issues within the organisation.

Stakeholders in the future, they are knowledgeable individuals with musculoskeletal conditions who aim to share their expertise with other patients around the world working in the realm of bone and joint disorders. We invite you to visit the BJD Pals website at www.bjdpals.org

BJD Video

The Bone and Joint Decade Video was recently produced: this eight-minute video clip about the Decade explains in a nutshell the organisation's mission and how the global network works together to accomplish these goals. The video clip is viewable at www.bjdonline.org under 'About BJD'.



Outreach and Education

Musculoskeletal Science

BJD eLecture Series

With access to key opinion leaders in musculoskeletal science around the world, the BJD is privileged to be able to call upon its scientific members to share their knowledge across the network. Each season the BJD produces a new online lecture within the topic area of musculoskeletal science, which is then made freely accessible to all. Below is a listing of eLectures from 2008, but see www.bjdonline.org for the full catalogue.

The Do's and Don'ts in Total Knee Arthroplasty

by Leo A. Whiteside, MD, Executive Director of the Missouri Bone & Joint Research Foundation. Dr. Leo A. Whiteside, an internationally known orthopaedic surgeon, inventor and educator from St. Louis, Missouri, is recognized as one of the world's foremost authorities on osteo-integration technology in total knee and hip arthroplasty. In the past decade he has dedicated much of his research effort to ligament balancing techniques in knee arthroplasty and has developed protocols for the procedures. In this overview eLecture, presented at the Swedish Orthopaedic Federation annual meeting 2008, Dr Whiteside presents the most important rules at play in total knee arthroplasty.

Clinical Outcome Assessment in Trials and Cohort Studies.

By Professor Anthony Woolf (Cornwall, UK) at the WHO collaborating Centre for Evidence Based Healthcare in Musculoskeletal Disorders (Lund University Sweden). This lecture presents an overview of pain scales, disease progression scales, indices of activities etc. Prof Woolf clears up the confusion of which health assessment tool is best suited to which situation, and concludes with a clear and easy-to-follow recommendation chart of suggested instruments.

The Importance of Road Safety: Knowledge Sharing

By Dr Wahid Al-Kharusi, from Muscat, Oman. Member of the BJD International Steering Committee. Dr Al-Kharusi working with the Global Road Safety Commission, discusses

the experience gained over the last 30 years in western countries of how to reduce road traffic injuries and protect vulnerable road users, and the value of transferring that knowledge to developing countries which are on the brink of rapid growth.

The Importance of the Vertebral Fracture

By Prof Ghassan Maalouf, from Saint Georges Hospital, Faculty of Medicine at Balamand University in Beirut, Lebanon, discussing the frequently overlooked issue of osteoporosis and the vertebral fracture.

Strategies for Prevention of Rheumatoid Arthritis

By Prof J. Mieke Hazes, Rheumatology Dept, Erasmus Medical Centre, Rotterdam, the Netherlands. With early intervention and proper treatment, newly diagnosed RA can be managed and remission can be achieved, therefore delaying the more disabling and feared complications of the disease. In this eLecture, Prof Hazes gives a comprehensive overview of the latest thinking on prevention of joint damage in RA.

Principles of Health Care Economics by Prof Anthony Woolf (Cornwall, UK). In this eLecture Prof Woolf discusses why it is important to collect information on the cost of healthcare and how we can use this data to guide health priorities and improve cost-effectiveness. Prof Woolf explores the economical impact of illness on individuals and society and explains the most reliable methods of evaluation.

International Meetings and Presentations

Dedicated symposia and events related to Bone and Joint Decade activities are frequently organised in conjunction with international and national meetings. Recent events include:

- American Academy of Orthopaedic Surgeons Annual Meeting
- American College of Rheumatology Annual Scientific Meeting
- British Orthopaedic Association Annual Congress
- British Society for Rheumatology Annual Congress
- European League Against Rheumatism (EULAR) Annual Meeting
- European Federation of National Associations of Orthopaedics and Traumatology (EFORT)
- FIMS World Congress of Sports Medicine
- Brazilian Orthopedic and Trauma Association Annual Meeting
- International Society of Physical and Rehabilitation Medicine World Congress
- International Society for Fracture Repair World Conference
- OMERACT
- Congress of the Annual Asian Federation of Sports Medicine, Royal College of Surgeons of Thailand
- SICOT Annual Conference
- Swedish Orthopaedic Association Annual Congress
- South African Orthopaedic Association Annual Congress

BJD Global Action Week

The Bone and Joint Decade Action Week held yearly in October represents a week of global activities aimed at concentrating international attention to the needs and issues of people affected by musculoskeletal disorders. Specific days that are recognised internationally include:

- World Arthritis Day: 12 October
- World Spine Day: 16 October
- World Trauma Day: 17 October
- World Osteoporosis Day: 20 October

National Action Networks and Participating Organisations are encouraged to conduct local events to raise the level of awareness, education and action about musculoskeletal conditions. By conducting a focused activity under the auspices of the Decade, these local organisations join hundreds of similar organisations around the world during a concentrated week of a united effort. Please visit www.bjdonline.org for details Action Week activities in various countries.

BJD Infoletter

A text-based newsletter, the BJD Infoletter is distributed bimonthly via e-mail to more than 7000 members worldwide, providing updates on the latest Bone and Joint Decade achievements, developments, Network activities from around the world, and shared musculoskeletal news. Text contributions are always welcome and if you do not already receive the BJD Infoletter, we invite you to contact the BJD Secretariat at bjd@med.lu.se to join our mailing list.



BJD International Video Award

The Bone and Joint Decade International Video Award was set up to recognise the most innovative and creative video presentations produced in member countries aimed at delivering messages to the public about musculoskeletal health. Each year BJD National Action Networks are invited to submit videos that have been produced by the Network or by the national health department or other charity for public service and information. The themes of the videos are any topic which falls into the realm of the BJD target areas and strategy. The goal of this programme is to encourage National Action Networks and individuals to develop public information campaigns which promote the Decade's goals through innovative visual messages.

In 2008 two videos tied for first place: one was produced by the Australian BJD Network, entitled 'Strong Bones'. This entertainment programme for young people uses a superhero character to teach children the importance of good nutrition and exercise on their bone health; the second was produced by the Swedish BJD Network, entitled 'Straighten Up' Sweden -- a simple to follow stretching and exercise programme for a healthy back. Please see www.bjdonline.org to view the winning videos.



Promoting Policy Change through International Collaboration



BJD and the World Health Organization

The Burden of Musculoskeletal Conditions

The Bone and Joint Decade and the World Health Organization are engaged in on-going statistical work to monitor the burden of musculoskeletal disease around the world and therefore develop recommendations to guide the framework of the WHO Burden of Disease project.

Early on in the Decade, the WHO and the BJD began this collaboration to produce the technical report, "The Burden of Musculoskeletal Conditions at the Start of the New Millennium." This 218-page book statistically substantiates the burden of musculoskeletal conditions around the world and goes on to recommend how the burden can be monitored within the framework of the WHO Burden of Disease project. The report was launched in October 2003 at the University of Lund, in Sweden by the BJD and the WHO. Key representatives from both groups attended the launch and an expert panel presented key findings and the implications of the report. The publication of this weighted report represents a significant opportunity to raise awareness on a global level of the impact of musculoskeletal conditions and as a reference document is invaluable for future musculoskeletal work. The report can be found at http://whqlibdoc.who.int/trs/WHO_TRS_919.pdf.

WHO European Strategy for Noncommunicable Diseases

WHO recognises the importance of preventing musculoskeletal conditions across Europe which, along with the other noncommunicable diseases, account for over three quarters of the burden of disease in Europe. The impact of arthritis and other musculoskeletal conditions on quality of life and the costs of health and social care were highlighted as well as the concerns about the increasing burden due to the ageing of the population and changes in risk factors such as obesity and lack of physical activity. The WHO European Strategy for Noncommunicable Diseases, which was adopted at the 56th Session of the WHO Regional Committee for Europe in Copenhagen in September 2006, recommends an integrated action on the risk factors for these conditions, such as obesity, smoking, excess alcohol and lack of physical activity as well as strengthening health systems for improved prevention and control with a vision of a Europe free of preventable noncommunicable diseases, premature death and avoidable disability. The Bone and Joint Decade provided the WHO with evidence of the burden of musculoskeletal conditions as well as strategies for their prevention and management. The BJD is now working with the WHO Regional Office for Europe towards accomplishing the goal and objectives of the strategy, which will achieve better musculoskeletal health for people across Europe. Professor Anthony D Woolf, UK, member, BJD International Steering Committee has been directly involved with this work.

WHO-ILAR-BJD Summit on the Burden of Disease in the Developing World

In 2005 the Bone and Joint Decade came together with the WHO and the International League Against Rheumatism (ILAR) for a summit, entitled "The Burden of Musculoskeletal Conditions in Developing Countries". The aim of the conference was to review data on the burden of disease in these regions, identify deficiencies and to examine methods for filling gaps in relevant information. Strategies for the prevention and control of musculoskeletal conditions in developing countries and barriers and facilitators to their implementation were the key focus. This is an extension of the existing work of ILAR and the Community Oriented Program for Control of Rheumatic Diseases (COPCORD) initiative, of the Bone and Joint Decade and of the Bone and Joint Monitor Project.

Disease Control Priorities in Developing Countries

The Cost-Effectiveness of Interventions for Musculoskeletal Conditions

A project of the World Bank and the WHO with contributions from scholars, practitioners, and public health specialists in developing and developed countries, DCP2 is an ongoing effort to assess disease control priorities and produce evidence-based analysis and resource materials to inform health policymaking in developing countries. This chapter on musculoskeletal conditions is an excerpt from the second publication of the Disease Control Priorities Project (DCP2), written by more than 350 specialists in diverse fields, including Prof Anthony Woolf, and Prof Peter Brooks, BJD ISC members. DCP2 has produced three volumes providing technical resources that can assist developing countries in improving their health systems and ultimately, the health of their people. To download the chapter, please go to www.bjdonline.org. For more information on DCP2, please see <http://www.dcp2.org/main/Home.html>

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

In 2007 the Department of Orthopaedics at Lund University was designated as a World Health Organization Collaborating Centre for Evidence-Based Health Care in Musculoskeletal Disorders. Prof Lars Lidgren, Chairman of the Bone & Joint Decade will preside as Director of the WHO Collaborating Centre, along with Prof Kristina Åkesson, Bone & Joint Decade ISC member. This boost for musculoskeletal science follows on from the WHO's recognition of the Bone and Joint Decade and the vast burden of musculoskeletal disease as the leading global cause of morbidity and disability, and giving rise to enormous health care expenditure and loss of work productivity. Now, as a WHO Collaborating Centre, the Department of Orthopaedics in Lund together with the international network will focus on identifying barriers and facilitators to the successful implementation of musculoskeletal health strategies; identifying the costs associated with musculoskeletal disorders and developing models for cost effectiveness; and continuing ongoing activities relating to aetiology, prevention and treatment of musculoskeletal disorders.

WHO Collaborating Centres are institutions such as research institutes or parts of universities, which are designated by the WHO Director-General to carry out activities which support the WHO's various global health programmes. The WHO believes that research in the field of health is best advanced by assisting, coordinating and making use of the activities of existing institutions, rather than founding new research bodies. To read about the Collaborating Centre for Evidence-Based Health Care in Musculoskeletal Disorders in Lund, please go to http://www.who.int/whocc/Detail.aspx?cc_ref=SWE-60&cc_city=lund&cc_code=swe&

BJD in the Violence and Injury Prevention Department, WHO

Dr Marcos Musafir, member of the BJD ISC, from Brazil has taken up a position at the WHO in Geneva. Dr Musafir is part of the Violence and Injury Prevention Department (VIP) coordinated by Dr Etienne Krug and Dr Charles Mock. He is working with the WHO/BJD Trauma Care Project; creating trauma care guidelines, increase attention to trauma and musculoskeletal care, empowering NANS to build musculoskeletal and trauma care as one official health priority.

WHO-BJD-EFORT Partnership for Improved Trauma Care

Representatives from the World Health Organization (WHO) and the Bone and Joint Decade (BJD) have joined forces with project leaders with the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) to help improve trauma and emergency care worldwide.

WHO Global Forum For Trauma Care

For the first time in the 61-year history of WHO, a Global Forum For Trauma Care was held in Rio de Janeiro in October 2009. The Forum emphasised goal-setting, creating tools and strategies for trauma surgeons and the health-decision makers about the social, human, economic and scientific importance of Trauma Care. Representatives from trauma organisations and governments around the world were all in attendance.



The Bone and Joint Decade Monitor Project

The Monitor Project, launched in January 2000, is an ongoing venture coordinated by Prof Anthony Woolf, BJD ISC member, to bring together investigators from around the world to identify and collect data on the burden of musculoskeletal conditions and develop strategies for their prevention and treatment. It issues evidence-based documents on the incidence, prevalence, and severity of musculoskeletal conditions; risk factors; improved prevention and treatment; access to care and education; indicators of health and economic impact; and information on how to empower patients to make healthcare decisions. The outcomes have been the WHO Technical Report, the European Bone and Joint Health Strategies Project, and the Indicators for Musculoskeletal Conditions Project



Promoting Policy Change through International Collaboration



BJD and the United Nations

Road Traffic Injury Prevention Project

Since its conception, the Bone and Joint Decade has worked tirelessly with several international organisations to bring prevention of road traffic injuries into the political spotlight. Recently the World Report on Road Traffic Injury Prevention was released detailing a five-year strategy for road traffic injury prevention to ensure that the awareness campaign maintains its momentum. Over the course of the Decade, the BJD and its partners have attended several UN General Assembly Meetings and Stakeholders' Forums to promote Global Road Safety awareness and solutions for preventing road trauma. As a result of the concerted efforts, the General Assembly has endorsed the World Report on Road Traffic Injury Prevention, and called for a voluntary UN Road Safety Charter for governments, NGOs, civil society, multilaterals and the private sector. For background information on the BJD's involvement, please see <http://www.musconline.org/default.aspx?contId=1369>

World Health Day 2004

On April 7, 2004 all the world's attention focused on road traffic injuries. The theme for the UN 2004 World Health Day was set as "Road Safety Is No Accident." On April 7, 2004 groups around the world launched programmes promoting road traffic injury prevention. On this day in Paris French President Jacques Chirac, and U.S. Secretaries of Transportation and Health, Tommy Thompson and Norman Mineta, participated in events in Washington, D.C. Around the world, hundreds of schools, communities, and businesses held events and fairs to promote road safety. In addition the World Report on Road Traffic Injury Prevention was released as part of the World Health Day activities detailing a five-year strategy for road traffic injury prevention to ensure that the awareness campaign maintains its momentum.

UN General Assembly Meeting

On April 14, 2004, the United Nations held a General Assembly Meeting to promote Global Road Safety awareness and solutions. This meeting represented the culmination of four years of effort by members of the BJD International Steering Committee, to bring this topic to the UN. The heads of WHO, UNICEF, UNDP and the World Bank were in attendance to hear Secretary General Kofi Annan speak about the growing crisis of road traffic injuries, particularly in developing countries. As a result the General Assembly endorsed the World Report on Road Traffic Injury Prevention, and called for a voluntary UN Road Safety Charter for governments, NGOs, civil society, multilaterals and the private sector. Further focus is on developing plans in individual countries for greater road safety.

First UN Global Road Safety Stakeholders' Forum

The Stakeholders' Forum on Global Road Safety aimed to mobilise action for road safety and included key players who presented possible global road safety solutions. Speakers focused on issues such as sustainable development, how to make an impact with the World Report, and steps in the development of a Global Road Safety Charter. Ambassador Fuad Mubarak Al-Hinai of Oman, with assistance from the Global Road Safety Steering Committee, helped to organise the two meetings.

Decade of Action for Road Safety

As a direct result of work by the BJD-initiated UN Global Road Safety Steering Committee, in 2010 the United Nations voted to declare 2011-2020 as the global Decade of Action for Road Safety. The Assembly calls upon Member States to develop action plans and strategies on road safety, and to continue raising road safety awareness at the international and national levels by organizing advocacy events and scaling up existing efforts. Based on work by the Road Safety Collaboration, the goal of the coming Decade of Action is to initiate a long-term global strategy which makes clear the magnitude the public health burden and helps countries to develop multi-sectoral and multi-disciplinary strategies which unite public and private sectors. Public health will need to work closely with national transportation and law enforcement ministries in every country to address the tremendous health and economic burdens from the high rate of traffic injuries and fatalities. Public health also has an important contribution to make in focusing efforts on prevention as well as treatment of injuries.

Global Road Safety Week

The First Global Road Safety Week took place in April 2007. The Week, which focused on young road users, was long-awaited and proved to be an historic opportunity to raise the issue of road traffic injuries to a higher level. During the Week, hundreds of initiatives – local, national, regional and global – were organised around the world, by governments, non-governmental organizations, United Nations and other international agencies, private sector companies, foundations and others working for safer roads. It is hoped that the events of the Week will have served as launching points for new and effective road safety initiatives in the years ahead. For more information please see <http://www.musconline.org/default.aspx?contId=241> and http://www.who.int/road_safety/en/ 1st United Nations Global Road Safety Week.



Second UN Global Road Safety Stakeholders' Forum

In April 2007, the BJD members of the UN the Global Road Safety Steering Committee took part in a very important meeting for the global road safety campaign. The objectives of the Stakeholders' Forum as stated by the UN were to raise awareness of road traffic injuries; strengthen demand for road safety; build political will; support ongoing sustainable and collaborative efforts to implement the recommendations of the World Report on Road Traffic Injury Prevention; and contribute to identifying and mobilizing resources. For more information, please see http://www.who.int/road_safety/week/activities/global/en/index.html

First World Ministerial Conference on Global Road Safety

The first World Ministerial Conference on Global Road Safety, "Time for Action", was held on 19-20 November 2009 in Moscow, hosted by the Russian Federation and in accordance with the UN GA resolution 62/244 "Improving Global Road Safety". The meeting convened Ministers of Transport, Health, Foreign Affairs and Education along with representatives from UN agencies, nongovernmental organisations and the private sector. The aim of the Conference was to enhance international co-operation in the field of road safety and give an impulse to the practical steps towards reducing the accident rate on the national level. Following the outcome of the Conference a declaration asking the UN General Assembly to announce 2010-2020 as the Decade of actions for road safety was signed. The Bone and Joint Decade was represented by Dr Wahid Al-Kharusi from Oman, ISC member and leader of the BJD Road Traffic Injury Prevention Project. For more information please see <http://www.1300000.net/>



Advancing Musculoskeletal Science

Promoting prevention & treatment

BJD Global Minimum Standards of Care

Chronic Pain & Hip Fractures

Based on the outcome of collaboration over the last year, working parties from the BJD International Steering Committee have formulated the Bone and Joint Decade Global Minimum Standards of Care for Musculoskeletal Health in two crucial areas: the first is Chronic Pain, focusing on evidence-based recommendations to improve treatment. The second is Hip Fractures, specifically, determination of risk factors for osteoporosis-related fractures, strategies for prevention, and the appropriate care pathways. These recommendations were adopted globally by delegates at the BJD World Network Conference in 2007 and have been put forth for international response through publication in leading scientific journals.

Professor Peter Brooks, Australia, and Professor Nicholas Walsh, USA, have led the development of the Chronic Pain Recommendations. Professor Kristina Åkesson, Sweden and Dr Kenneth Koval, USA have led the Hip Fracture work. All are members of the BJD International Steering Committee.

Orthopaedic Surgeons Initiative

Improving Knowledge of Osteoporosis Diagnosis & Treatment

Orthopaedic departments now have access to the tool they need to rise to the challenge of recognising osteoporosis patients when they first present, and directing them to an appropriate care-pathway. Produced by the International Osteoporosis Foundation (IOF), the Bone and Joint Decade (BJD) and the International Society for Fracture Repair (ISFR), this new osteoporosis education kit was developed to help orthopaedic surgeons to better diagnose and treat the 'brittle bone' disease which causes one in three women and one in five men over the age of 50 to suffer a fracture of the hip, wrist, or vertebra.

A multiparty initiative of these three key players in the worldwide fight against osteoporosis, the Orthopaedic Surgeons Initiative aims to raise osteoporosis awareness amongst orthopaedists and provide clear clinical pathways for fragility fracture patients after the first fracture occurs, in an effort to avoid further fractures. The new educational package, freely available on the Bone and Joint Decade website www.bjdonline.org, includes four cutting-edge lectures on osteoporosis, geared specifically for orthopaedic surgeons, plus a summary lecture to wrap-up all of the information presented.



Fragility Fracture Network

A network to improve fragility fracture management

In recent years experts in orthopaedics and in osteoporosis have recognised the urgent need to improve the overall management of patients with fragility and osteoporosis-related fractures. To this end, the Fragility Fracture Network (FFN), an international organisation, was launched by the BJD in 2009. FFN, a non-profit scientific body, is dedicated to improving osteoporosis management by creating a line of care from the moment the fracture occurs, until the fracture is healed and the patient is rehabilitated. This also includes secondary prevention of osteoporotic fractures working in collaboration with other related organisations. Osteoporosis, in which the bones become fragile and fracture easily, is known as a silent killer because many of the 30 million people effected worldwide do not know they have it, and if left untreated, can be fatal. Osteoporosis affects one in every three women and one in every five men, over the age of 50 in countries throughout the world. The focus group for this initiative began with orthopaedic surgeons but other professionals are involved in the care pathway, e.g. radiologists, rehabilitation therapists, and so on. Headquartered in Switzerland, the FFN hopes that through this initiative fracture management can be improved by increasing the competence among those persons taking care of fragility fracture patients either in hospital or in primary and extended care with the ultimate goal of preventing further fractures. Please see www.ff-network.org

BJD Research Award and Scholarship

The Bone and Joint Decade Award and Scholarship for Research in Osteoarthritis addresses the growing interest in OA within the scientific community and the burden of the disease on the aging population. Fueling this interest is clear recognition that the Decade aims to support and advance research in musculoskeletal science. The BJD Award of 25,000 euro is awarded every second year and is intended to honour researchers or scientists working on experimental or clinical cartilage research in osteoarthritis and will support documented quality research and ongoing relevant projects. In addition, three BJD Scholarships, each of 2500 euro are awarded to support ongoing research, educational activities, or research-related travel for young investigators within the same field. For more information about the BJD Award and Scholarship and to download an application form, please visit www.bjdonline.org

Recommendations for Undergraduate Medical Curriculum

The Bone and Joint Decade Task Force on Education developed Recommendations for Core Competencies which all doctors should have at the point of graduation from any medical school. The recommendations emphasise training in basic knowledge of the diagnosis and treatment of musculoskeletal conditions and the acquisition of essential clinical skills for diagnosis and treatment and included are proposals for who should teach the facts about musculoskeletal disease, in what settings, and at what stages of the curriculum in graduate health professional schools. The recommendations (Woolf AD, Walsh NE, Åkesson K. Global Core Recommendations for a Musculoskeletal Undergraduate Curriculum. *Annals of Rheumatic Disease*. 2004; 63: 517-524.) are available at: <http://www.bjdonline.org/default.aspx?contid=1130>

Guidelines by the BJD Task Force on Neck Pain

A ground breaking report by the BJD Task Force on Neck Pain A project begun in 2000 at the start of the Decade, the findings of the BJD Task Force on Neck Pain and Its Associated Disorders, is set to make a significant impact on the manner in which neck pain is perceived, treated and studied around the world. The multidisciplinary, international Task Force led by Prof Scott Haldeman from the University of California in Irvine and in Los Angeles, involved more than 50 researchers based in 9 countries and represented 14 different clinical and scientific disciplines in 8 universities. The group assembled the best international research data on neck pain and related disorders – specifically more than 31,000 research citations with subsequent analysis of over 1,000 studies – making this monumental document one of the most extensive reports on the subject of neck pain ever developed, and offering the most current expert perspective on the evidence related to the treatment of neck pain. For more information please see www.bjdonline.org

European Bone and Joint Health Strategies Project

This project, supported by the European Community and completed in 2004, was a collaboration between the Bone and Joint Decade, the European League Against Rheumatism (EULAR), European Federation of National Associations for Orthopaedics and Traumatology (EFORT), the International Osteoporosis Federation (IOF), and experts from the fields of rheumatology, orthopaedics, public health, and health promotion from all EU member countries. The goal of the project was to shape EU policies pertaining to musculoskeletal conditions and to develop health strategies from prevention to rehabilitation that can be employed at national, regional, and local levels to reduce the burden of bone and joint conditions. The resulting document, European Action Towards Better Musculoskeletal Health (editors: AD Woolf, K Åkesson, J Compston, KG Thorngren, R Van Riel) was published in 2005 and can be found at <http://www.boneandjointdecade.org/Default.aspx?contid=534>



National Action Networks

Spotlight on Country-Specific Goals and Activities

The strength of the Bone and Joint Decade is its Global Network. Within country borders the individual National Action Networks are extremely active in assessing their local burden of disease and needs, developing national goals, and creating activities which impact public awareness of musculoskeletal conditions in their countries. Projects, goals and focus vary from region-to-region. The following are just a few examples of National Action Network activity over the last years.



Australia

Improving Access to Effective Prevention and Treatment

Our most significant achievement, in 2004 Australian Government listed Arthritis and Musculoskeletal Health as a National Health Priority, leading to free-of-charge screening for osteoporosis for people over the age of 70. Through the work of the Australian Orthopaedic Association, the Royal Australian College of Surgeons and the BJD, helmets for all cyclists and motor bike riders has become legislation in all Australian states. Australian Government funding was acquired to develop a new Musculoskeletal Core Curriculum for under graduate medical students

Building Patient Empowerment

A mentoring program was introduced to facilitate the introduction of Youth Camps globally for children with musculoskeletal conditions. To date delegates from India, South Africa and the Netherlands have attended such camps in Australia. India was the first country to commence such a program in 2008 with other countries to follow the program.

Outreach and Raising Awareness

Public seminars have been attended by thousands of Australians across the country reporting on Musculoskeletal Research and providing information on the latest treatment options across all areas of health care. The guidebook The Arthritis Health Services Guide has been produced and hosted on the BJD Australia website to give information on a wide variety of services available to people through all stages of arthritis. The Australian NAN has partnered the Australian Rheumatology Association to co host a Public Walk which coincided with International Arthritis Day, in October 2007. The aim was to raise awareness of the need for a healthy lifestyle to overcome the burden of musculoskeletal health concerns.

A children's entertainment program produced on DVD with the help of a children's entertainment group, has proved very successful in showing children between the ages of 4 and 10 years simple ways they can look after their bones and joints through the medium of song and dance. Media campaigns have been held throughout the decade promoting Bone and Joint Health – The Business of Every Australian.

The BJD Australia website www.bjd.org.au has continued to be visited and has to date accumulated over 250,000 visits during the last 5 years.

In October 2010, to coincide with the International Week of Trauma, Arthritis, Osteoporosis and Back Pain, public seminars will be carried out in each Australian capital city on musculoskeletal disease and trauma.

Other Activities of the Australian Network

Under the guidance of the Australian National Action Network, local area partnerships were formed to address local issues and these groups have continued to be a focus in each Australian state.

Australian NAN was provided the opportunity to host the 2007 International Network Conference and Patient Advocacy Meeting which was attended by over 200 delegates from 30 countries.

A Surgical Summit was held in Canberra, the nation's capital, to address key issues relating to joint replacement surgery.

The Australian NAN has developed a partnership with the Australian Pain Society to host a Pain Symposium for members of the general public which launches the Pain Society's Annual Conference each year.

In 2009 a Think Tank with all affiliates and the Australian Government was held to discuss the way forward for Australia and the work of the Decade.

In March 2011, to mark the end of the Decade, a forum will be held at Parliament House in Canberra, the National's Capital, to celebrate the work of the Decade.



Ruth Lilian, OAM
Australian National Convenor, BJD
convenor@bjd.org.au
www.bjd.org.au



Brazil

Improving Access to Effective Prevention and Treatment

In 2008 the national "LIFE IS MOVEMENT", a program that stimulated exercises any time and free by professors at the beaches, parks, companies, schools and public areas, for all ages. A great media visibility during 10 months in the whole country.

In 2009 the "Disable People Priorities" – a national campaign to create facilities for the disable as prepared vehicles, streets, roads, parks and beaches all around the country.

In 2010 the "Seat Belt Use" and the "Vulnerable Pedestrian" are the official BJD and Ministries of Health and Transportation official campaigns to reduce RTI urban victims in Hospitals, because of the long lines and waiting list, to be surgically and fast treated in Brazil.

Outreach and Raising Awareness

In 2001 130,000 Crosses in Brasilia: Act for respect of the deaths.

In 2003 Brazil with a new President and the promotion of "Reduction of Musculoskeletal Trauma": the safety home year, with research, and recommendations to reduce fractures and injuries in all spaces.

In 2006 the "Chronic Pain Reduction" project highlighting low back pain, arthritis and joint diseases, specially "The Hip and Knee Parade" that was repeated in 186 cities around the country with a large press coverage.

In 2007 the year of "Trauma Prevention" with several monthly campaigns including radio, newspapers and TV spots, promoting education and information for workers, drivers, motorcyclists, pedestrians and athletes.

Other Activities of the Brazilian Network

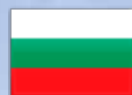
In 2002 the ISC Meeting was held in Rio, promoting a global network and starting the "face to face discussion" with representatives of societies and patients.

Marcos Musafir and Jose Sergio Franco
Rio de Janeiro, Brazil



National Action Networks

Focus on Country-Specific Goals and Activities



Bulgaria

Improving Access to Effective Prevention and Treatment

Over the course of the Decade the Bulgarian National Healthcare Insurance Fund included 13 musculoskeletal clinical pathways for hospital treatment on the reimbursement list.

A national collaborative initiative of governmental institutions and non-governmental organizations "Saving 200 lives on the roads of Bulgaria" was launched in 2003. In 2006 the mandatory wearing of safety seat-belts, driving with lights on over daytime for the winter period and some restrictions for young road users were introduced by the Traffic Police in Bulgaria and penalty fines were significantly increased. As a result there is a reduction in road traffic mortality rates in comparison with previous years.

A number of national scientific meetings were held on osteoporosis and osteoporotic fractures. The achievements are impressive. In 2000 there were only several osteodensitometric devices in Bulgaria. At present there is a dense network of such devices, and the diagnostics and prevention of osteoporosis is widely available to postmenopausal women. The Government launched a National Program for Restriction of Osteoporosis 2006-2010. The antiosteoporotic medicines are partially reimbursed by the National Healthcare Insurance Fund. The Medical University of Sofia included on its schedule a postgraduate course of lectures on osteoporosis and osteoporotic fractures as well as another one in the framework of CME for specialists in orthopaedic and trauma surgery.

Outreach and Raising Awareness

The Bone and Joint Decade was launched in Bulgaria by the National Steering Committee with the active public support of the National Civic Forum "Bugarian woman", Foundation "Women without Osteoporosis" and Mrs. Prof. Eva Sokolova, the spouse of the President of Bulgarian Parliament Mr. Jordan Sokolov, in person. This significant event took place at the National Palace of Culture in Sofia in the presence of the Deputy Minister of Health, the General Director of the National Healthcare Insurance Fund, the Rector of the Sofia Medical University, National Consultant Orthopaedic Surgeon and other official personalities. It was attended by more than 250 representatives of medical, scientific and public organisations, medical experts, patients and students. The Opening Ceremony was preceded by a press-conference organised by the press-center of the Bulgarian Parliament, which was attended by more than 50 journalists of Bulgarian National Television, Bulgarian National Radio, central daily newspapers, medical journals, etc. A special issue of the newspaper "Osteoporosis" dedicated to the Launch of the Decade was handed out to all the attendees.

Supported by the Union of the Bulgarian Journalists, we received the consent of the Bulgarian National Radio, Bulgarian National Television, the central daily newspapers "Trud" and "Standard", and the medical newspaper "Forum Medicus" for press communications concerning the Bone and Joint Decade 2000-2010. This media network was the optimum for covering of the informational space in our country in the efforts to spread the ideas of the BJD. It resulted in multiple publications, articles, interviews, etc. A rubric "News from the Decade" has been regularly published in the Bulgarian Journal of Orthopaedics and Traumatology, circulating infoletters, press releases, etc. The book "Life with Artificial Joint" by P. Matzen and P. Tanchev was published, and turned out to be a very useful reading for the patients with joint problems.

Other Activities of the Bulgarian Network

The Bulgarian Ministry of Health endorsed the Decade very early on in May 1999, and a National Steering Committee was set up.

The Bulgarian NAN was the initiator of international collaboration on regional level. The annual meetings of the Spine Experts Group of South-Eastern Europe (SEGSEE) played a very important part in popularizing of the BJD initiative among the spinal surgeons of the region. So far there were held 7 Meetings were held and special attention was paid to fostering the participation of South-Eastern European spinal surgeons in the activities of the Bone and Joint Decade 2000-2010. An agreement was reached the Spine Experts Group of South-Eastern Europe to join the Bone and Joint Decade 2000-2010, and to declare October 2010 as Spine Month of South-Eastern Europe in each of our countries, which coincides with World Spine Day, October 16. The basic idea is the spine surgeons of this region to raise the awareness of governments, ministries of health, healthcare insurance institutions, scientific societies, communities, etc. about the existing problems in the diagnostics and treatment of spinal disorders. It was agreed to coordinate actions through permanent communications and exchange of ideas. This activity is an excellent example of regional collaboration in the framework of the Bone and Joint Decade 2000-2010 which fosters the developing of spinal surgery in South-Eastern Europe.

Prof. Panayot Tanchev, MD
National Coordinator for Bulgaria
ptanchev@abv.bg



Canada

Improving Access to Effective Prevention and Treatment

The Hip and Knee Replacement Toolkit: A Living Document

A major accomplishment of the past decade in Canada has been the achievement of consensus regarding the National Core Model of Care for Hip and Knee Replacement Surgery and the development of a Toolkit to guide implementation across the country. The development has taken place over four phases, from engagement in Phase I to implementation in Phase IV. With the support of BJD, this work has made a measureable difference in the quality and efficiency of Canadian healthcare.

Phase I: Engaging the National Knowledge Translation Network

In the first phase of the project, leaders from across the country were engaged to shape the change. Orthopaedic surgeons were first engaged; they invited their hospital administrators, not-for-profit and patient organizations, and regional health authorities, who engaged provincial governments. The Network determined that their goal was to develop a sustainable system of accountable, patient-centred health care delivery that would efficiently provide the best quality and timely bone and joint care and prevention to all Canadians. With buy-in from the Federal Government, Provincial Governments, Regional Health Authorities, senior hospital administrators, patient advocacy groups and leading orthopaedic surgeons, this phase set the stage for the work that followed, which would lead to the development of the Toolkit.

Phase II: Consensus on the National Core Model of Care

This phase saw the establishment of a framework/model of best practices to capture and communicate innovative ideas, methodologies and processes while being flexible enough to allow it to be applied in individual jurisdictions. To ensure sustainability, the model was built on the three pillars of Access, Quality and Cost. In April of 2008, consensus was reached on a National Core Model of Care for Hip & Knee Replacement Surgery that would address Pre-Operative, Surgical, and Post-Operative processes and considerations, while ensuring continuous evaluation.

Phase III: Developing the Toolkit

Phase III saw the development of the Toolkit to guide implementation of the Model across the country. More than 400 stakeholders from across the country were engaged in the process of amalgamating best practices, which were then synthesized into a Toolkit and website (www.boneand-jointcanada.com) where specific tools could be shared with clinicians across the country. The Toolkit, which is based on the best available evidence, outlines the model of care and provides practical tips on application of the model.

Phase IV: Implementing the Toolkit

Bone and Joint Canada now finds itself in Phase IV. Having just completed a planning meeting on March 20th in Toronto, Ontario, the Bone and Joint team will implement a national communication strategy to ensure that surgical sites across the country are familiar with the Model and the Toolkit. Select sites will be supported in rolling out their implementation strategies. Using forecast modeling, we will study the health human resource implications of variations on the model. And we will work to ensure consistent data collection that will enable more effective resource planning and outcome comparisons across the country.

Other Activities of the Canadian Network Musculoskeletal Core Curriculum

Dr. Veronica Wadey has headed up the development of a program to shape health professional education relating to Musculoskeletal conditions. Online training will enhance consistency of knowledge amongst health professionals. The randomized controlled trial has been commenced and the project has commenced "Proof of Concept".

National Osteoporosis Strategy

Dr. Earl Bogoch has headed an initiative to improve post-fracture osteoporosis care. With active support from the Ministry of Health and the Ministry of Long Term Care, 19 osteoporosis coordinators in 35 fracture clinics have screened over 15,000 fracture patients for osteoporosis. The plan is to expand the program across the country.



Hazel Wood
Canadian NAN



National Action Networks

Focus on Country-Specific Goals and Activities



China

Improving Access to Effective Prevention and Treatment

In the past 8 years, under the leadership of Chinese Orthopaedic Association, the Chinese Network issued the official Guidelines for Prevention of Venous Thrombosis for Major Orthopaedic Surgery, the Guidelines for Osteoarthritis and Osteoporotic Fracture, which were published in the Chinese Journal of Orthopaedics. Serial promotional activities were carried out for these guidelines, including leading experts summit forum, serial nationwide symposiums for the application of guidelines and collection of typical cases. The collection of typical cases, as one of the featured activities, was greatly helpful for the physicians to strengthen their understanding of the Guidelines. The network also held a national tour lecture contest, the participating doctors introduced their personal experience in the treatment of osteoarthritis and osteoporotic fractures, and the experts interpreted the Guidelines as well.

These serial promotional activities for the Guidelines for musculoskeletal diseases extensively popularized the knowledge of the treatment of osteoarthritis, osteoporotic fractures and raise the awareness of prevention for DVT and pulmonary thrombosis after orthopaedic surgery. All the participants shared their experiences and the experts made highly instructive comments, which will conduce to promote the standardization of the treatment of musculoskeletal diseases in China. The network also launched nationwide Continuing Medical Education Activities, aiming to explain the problems that physicians may encountered during the practical application of these Guidelines. We invited the physicians who submitted typical cases to attend the meetings to present case report and exchange experience with the experts.

The Chinese government recently also increased input in the research in musculoskeletal diseases. A recent message showed the Beijing municipal government would input 200 million RMB each year to organize forces to tackle 10 serious public health problems which included musculoskeletal diseases.

"5.12" Wenchuan Earthquake was the largest earthquake since the foundation of P.R China, which caused serious damage to local area. Ninety six thousand people were hospitalized for medical treatment due to the earthquake, in which orthopedic patients accounted for 2/3. In the eve of the Earthquake Anniversary, COA and Shichuan Branch of Chinese Medical Association hold a Memorial Academic Symposium for the Emergency Orthopaedic Surgery in the earthquake. The key members of COA revisited the Juyuan High School in Duijanyan City, to visit the students who were injured in the earthquake and give guidance on the rehabilitation for their condition.

Building Patient Empowerment Outreach and Raising Awareness

To promote the awareness of osteoporosis and to improve life quality of the elderly people, the Chinese Health Promotion Foundation started "the Silver Belt Project" during 2007-2010, with the slogan of "harmony brings the miracle of life". The content of Silver Belt Project includes conducting national survey of osteoporosis in elderly people and bone health education in community, and establishing a social volunteer system to inspire more participation in charitable activities. The Silver Belt Project popularized the knowledge of osteoporosis and raising the public awareness of osteoporosis and its risk in China.

Prof Qiu Guixing
Chinese Network Coordinator



Croatia

Improving Access to Effective Prevention and Treatment

In 2003, the Medical School University of Zagreb, in addition to the rheumatology, physical medicine, orthopaedics and traumatology classes already present in the curriculum, introduced, in the final year of studies, the Musculo-Skeletal Module, lasting for four weeks in the form of a modern integrated education for the future General Practitioners (included training in basic knowledge of the diagnosis and treatment of musculoskeletal conditions and acquisition of essential clinical skills for diagnosis and treatment). Within the specialist disciplines from this field, there are obligatory two-semester postgraduate studies, after which one can transfer to a doctoral study (Ph.D.). Within the Ph.D. study there are certain courses relating to musculo-skeletal problems.

There are a few prominent research groups in the mentioned field in Croatia, which publish valuable scientific papers in the most influential journals especially in the field of bone and cartilage healing and in this light should be given consideration to the organization of the "1st International Conference on Regenerative Orthopaedics" in Zagreb in July 2010.

Research in the field of rheumatology is also very important: Cardiovascular comorbidity in patients with rheumatoid arthritis and osteoarthritis – multicentric study; Registry for rheumatic patients on biologic drugs; Study on epidemiology of SLE.

Thanks to BJD and our cooperation with them, which is primarily manifested through the participation by our representatives in regular annual BJD meetings, (our activity and cooperation in this area was recognized, and we are proud to have received an award for our e-poster in Ottawa in 2005), great improvement in the prevention and treatment of Musculo-Skeletal Disorders in Croatia has been achieved.

Outreach and Raising Awareness

During the last six years, the Croatian National Action Network has organized, numerous manifestations for the public and medical personnel in order to increase awareness of the Growing Burden of Musculo-Skeletal Disorders on Society. Most of them took place in October. They have been organized in the form of open-air marketing activities all around Croatia and specialized symposia for medical personnel. The Network has been particularly active in the area of prevention and treatment of osteoporosis and rheumatic diseases. During this period five Croatian congresses on osteoporosis with international participation and more than ten symposia with the target problem (osteoporosis, spine, rheumatic diseases, traumatism) were held. A large Mediterranean Rheumatology Congress also took place in Dubrovnik-Cavtat in 2009. Dozens of public discussions, round tables, popular lectures were organized, and numerous radio and TV programmes and newspaper articles produced. We have published a large number of Guidelines for patients on musculo-skeletal condition to enable the patients to take care actively of their own health and to manage their disability more effectively. In 2008, the "Decade" web page was launched. The year 2009 saw the establishment of another citizen association of persons treated with biological drugs called "Remission". In October 2009, the Committee for Health and Social Welfare of the Croatian Parliament held a special theme session under the title "Bone and Joint Diseases as a Social Problem" - an event especially worth mentioning. Within this session, the European Charter of Work for Patients with Musculo-Skeletal Diseases was supported by the Croatian Parliament. The conclusions of the session can be summarized in the following sentences: "Health care in the area of Musculo-Skeletal Disorders should be developed for the purpose of achieving higher levels of prevention, early diagnosis, availability of a larger number of therapeutical procedures and in particular for the purpose of raising public awareness and increasing an understanding of these diseases. Attention should be drawn to education on how to avoid the risk of illness; individuals should be encouraged to care about their own health, and media should be stimulated to participate and give their contribution in this subject matter.

Other Activities of the Croatian Network

In 2004, the Croatian National Committee of Bone and Joint Decade worked for the first time very hard in line with the proclaimed goals and celebrated the Bone and Joint Week from October 5th to October 23rd by organizing numerous professional and scientific meetings, lectures and marketing activities for citizens, but mostly in the capital of Zagreb. However, in the following few years, the Bone and Joint Week became the Bone and Joint Month, considering numerous manifestations for experts and the public. Every year various activities took place from the end of September to the beginning of November in many different cities and districts of Croatia. We were especially active in celebrating the "World Arthritis Day", "World Spine Day", "World Trauma Day" and "World Osteoporosis Day".

Prof Dr Sc. Marko Pecina
Croatian Network Coordinator



National Action Networks



Denmark

Improving Access to Effective Prevention and Treatment

Board members from BJD-DK have participated in various working and task groups in governmental settings which have made significant progress on the following: trampolines law for schools, fall prevention among elderly people, Medical Technology Assessment of Hip Protectors. Musculoskeletal chapters in several medical textbooks. A professorship in musculoskeletal rehabilitation medicine has been established, University of Copenhagen (2008). BJD-DK has performed a clinical study on multimodal treatment of hand surgery in arthritic patients in DK. Annual research grants have been donated based on applications. Honorary members, former minister of law Erling Olsen and professor Ivan Hviid.

Outreach and Raising Awareness

The key activities of the Danish Network have been annual symposiums on various musculoskeletal topics with invited speakers, both local and international speakers. The following annual symposiums have been arranged by BJD-DK: Physical activity in youth, osteoarthritis, hip fractures, osteoporosis, prevention of sports injuries, trampolines injuries, amputation and prosthetic rehabilitation.

The annual symposiums have been followed by a honorary ceremony with the donation of the BJD-DK sculpture prize for a person who has done and had a significant impact on musculoskeletal issues. The following distinguished people have received the honorary sculpture: professor Michael Kjær (Institute of Sports Medicine), professor Bente Langdahl (Spine and Osteoporosis Center), Finn Johansen (Rheumatologist, rehabilitation programs and physical therapy on recipe prescription), professor Bengt Saltin (Musculoskeletal Physiology), professor Finn Boysen-Møller (Biomechanical University Laboratory), Chris McDonald (health coach), René Nielsen (ParaOlympic master in handicap sport, double amputee). The 10 sculptures were created by artist Mogens Hoff.

The annual international high-quality BJD-meetings have had participation of both health professionals and patient participation from BJD-DK, a unique co-operation to pursue.

Other Activities of the Danish Network

The Danish BJD consists of various organisations such as: Danish Osteoarthritis Foundation, Danish Osteoporosis Foundation, Danish Physiotherapists, Danish Nursing Council, Danish Society of Chiropractics, Danish Rheumatology Society, Danish Orthopaedic Society, Polio-Traffic-Accident Society, Muscle Dystrophy Foundation. Few members have left.

The BJD-DK was established as an umbrella organisation for the various members.

The annual general assembly has been attached to The Danish Arthritis Foundations annual international symposium.

J.B. Lauritzen, L. Witte, J. Kuhr,
V. Laumann, P. Hermann, J. Rahbek,
L. Sørensen, M. Davidsen
JLAU0004@bbh.regionh.dk



Finland

Improving Access to Effective Prevention and Treatment Action on communal policies

The communal decision-making plays a vital role in the Finnish health care system. On the in 2005 Finnish Back Association, Osteoporosis Association and Rheumatism Association presented a proclamation to the municipal authorities regarding the access to care for people with MSD. The NAN formulated another statement in 2009 on communal MSD prevention in collaboration with the same associations and the Finnish Osteoarthritis Association. The statement highlighted the BJD guidelines. The main focus was that early MSD prevention should be included in all policies concerning the well-being of all age groups. The statement included up-dated the socio-economical key figures about the burden caused by MSD to the Finnish society.

Outreach and Raising Awareness

"It pays to take care of your load-bearing structures!"

The highlights of the Finnish Bone and Joint Decade 2000–2010

The slogan above enshrines the idea that musculoskeletal disorders (MSD) can and should be prevented. "Load-bearing structures" refer to the bones and muscles of the musculoskeletal system, as well as to the social support network. On the level of the society load-bearing structures include e.g. social security and the health care system. The Finnish Bone and Joint Decade's (BJD) National Action Network (NAN) adopted this slogan in the beginning of the mission and continued to emphasize it throughout the decade.

The Finnish NAN issued surveys on MSD, produced brochures (a series called "Home methods for prevention of MSD"), posters, press releases, web pages (www.tules-vuosikymmen.org), and organized events.

In 2004, a year 2000 nation-wide phone survey was repeated, on knowledge regarding MSD. Musculoskeletal ailments in general showed an increase, whereas knowledge on MSD was still unchanged. There was still room for improvement as the BJD carried on. In order to promote awareness, a regularly appearing, MSD magazine (TULES10+) was published in 2006–2009. It was distributed in the NAN operation network, among associations, health professionals and members of the MSD interest group at the parliament.

Also new happenings were developed. The early spring event "Yellow Ribbon Day" aimed to activate workplaces to deal with MSD with a yellow ribbon exercise programs sending off a new exercise theme every year. The Day was held the first time in March 2004 starting a new MSD-tradition in Finland.

As the high point of the International Action Week activities in October, Finland launched another local theme day, the "MSD Action Day".

The campaigns took place in 50–70 communities every year. Since 2004 the themes of the day varied from MSD prevention by easy-access methods for exercise breaks (taukojuomppa) to balance training to avoid bone fractures. The Action Day reached directly around 10,000 people yearly. In 2008 the Day was covered in more than 40 local newspapers and 10 radios with an estimated media coverage area of 600,000 people.

Other Activities of the Finnish Network

The Finnish government supported the implementation of the BJD early on and Tarja Halonen, the President of the Republic, was the national patroness of the operation. Two distinguished, Finnish Professors, Heikki Isomäki and Pär Slätis, were nominated as the international ambassadors of the BJD.

The Finnish BJD (Tules-vuosikymmen) was steered by Tules-league, a board of organizations specialized in MSD.

Based on life cycle thinking the years 2000–2001 were dedicated to children and youth while working-aged adults were the focus group of the years 2002–2003 following equally with themes for the elderly. The operation included advertising campaigns in magazines and participation on TV programs (Akuutti). The NAN organized congresses and Musculoskeletal Day seminars (Tules-päivät) for health professionals on various themes such as ageing and the treatment of MSD.



Mats Grönblad, Jaana Hirvonen
M.D., Ph.D., Associate Professor, Development Manager
Finnish National Coordinator, The Finnish BJD
Finnish Rheumatism Association



National Action Networks

Focus on Country-Specific Goals and Activities



France

Improving Access to Effective Prevention and Treatment

Improved French Law on Public Health, adopted by the French Parliament, Oct 2003, National "100 Goals" including: Osteoporosis, Rheumatoid Arthritis, Spondylo-arthropathies, Osteo-Arthritis and Low Back Pain. Specific Goals: reduce femoral neck fractures (-10 % by 2008); reduce disabilities related to OA, RA, SA and improve quality of life; reduce severe low back pain (- 20% by 2008); increase physical exercise & good nutrition...

Governmental Programme "Bien Vieillir" ("Healthy Ageing") published by the French Prime Minister on March 12, 2003; BJD as reference for the musculoskeletal aspects of the Governmental Program "Bien Vieillir". Goals: to encourage exercise and good nutrition + awareness raising + social links ; 17 selected pilot Sites : pilot programs & cost effectiveness measures.

Law on Disability (Feb 2005) for the equality of rights and opportunities, social participation and citizenship of disabled people.

National Plan "Quality of Life in Chronic Diseases", launched April 2007, continuation of the Law on Public Health, Key axes: Epidemiology and quality of life; Patient education and prevention; Formation/professionals; Coordination and quality of care; Socio-professional integration.

Arthritis: Support of "expensive innovative treatments", Reimbursement of biotherapies (anti-TNF) for all RA and SA patients for whom these treatments are indicated

Osteoporosis: National implementation of the Action Plan of the "European Union Policy Project - a Call to Osteoporosis Action" launched at the European Parliament 2003; Reimbursement of bone densitometry (under precise conditions); and Reimbursement of anti osteoporotic drugs before the first fracture (under precise conditions); National campaigns on Nutrition (including calcium and vitamin D) and Exercise for Good Health - The first booklet of this national programme being devoted to prevention of osteoporosis

Ultrasonography: Funding for dissemination of ultrasonography in Rheumatology practice.

Guidelines / Standards of Care: Participation in the preparation of the national guidelines for different MSCs, notably with the health authority 'Haute Autorité de Santé (HAS)

Building Patient Empowerment

Patient education is now a legal disposition in France, which is quite innovative.

In the Law HPST ("Hospitals, Patients, Health, Regions") patient education is established as a full component of patient care, to be proposed to every patient.

At the national level, Patients are actively involved in several fields, notably in the French NAN actions, we have increasing links and shared activities between the French Social League AFLAR and the Scientific members of the NAN, notably SFR and SOFCOT (congresses, meetings, specific information).

The concept of "patient citizen" is being promoted, for example, the French Parliament adopted in 2002 the Law "Patients rights and quality of the Health Care System". Under this Law, patients are responsible for decisions regarding their health status (having been provided with extensive medical information leading to informed and free consent) and thus become partners with health professionals. Patients play a role of advisors for establishing guidelines; Patients are involved in the field of research as well, involved as advisors by the national research agencies.

Outreach and Raising Awareness

Publication of several articles in journals and flyers targeted to professionals, to patients and to the general public

Publication and dissemination by the French Social League AFLAR of a booklet highlighting the epidemiology and burden of MSCs

Awareness raising at the annual national congresses of the French NAN member societies:

- SFR
- SOFCOT
- AFLAR
- SOFMER

Prof Lianna Euler-Zeigler
Nice, France



Hungary

Improving Access to Effective Prevention and Treatment

15 years National Health Programme: for better prevention treatment and rehabilitation of musculoskeletal conditions based on the recommendations of BJD was worked out on the request of the Hungarian Minister of Health. The programme has been accepted by all of the professional and patient societies, and the Ministry of Health submitted it now for parliamentary discussion.

The Hungarian NAN played an important role in accepting rheumatology as a compulsory subject in the curriculum of the Medical School of Semmelweis University, Budapest.

Early diagnosis programmes: The ECHO program is an ongoing program initiated by the Hungarian Osteoporosis and Osteoarthrology Society for screening all women over 50 for osteoporosis who have suffered low energy fracture.

Research work: The Hungarian NAN and the Hungarian Professional College of Rheumatology assessed the care and quality of life of more than 3000 rheumatic patients throughout Hungary.

Epidemiology study about the prevalence of rheumatoid arthritis was performed in south-western Hungary.

FAAJ program assessed the treatment and care of knee joint osteoarthritis in 13 general and 20 rheumatology practices.

An assessment of muscle strength, and spinal posture of 2000 Hungarian schoolchildren was carried out. 'Effect of special strengthening exercises of spinal posture in schoolchildren - a controlled trial.'

On the request of the Minister of Health the Hungarian NAN compared the usual care and treatment of acute low back pain in general practices at Budapest, with the care advised by the European Guidelines. It turned out that the routine practice is significantly less effective, but more expensive.

Building Patient Empowerment

Patient education: A number of patient education programs were organised, and a series of patient education books and booklets were published. A special roadshow was organised in all of the regional centres of Hungary in 2002 about the prevention, care and treatment of musculoskeletal diseases with participation of doctors, health professionals, authorities and patients.

Outreach and Raising Awareness

Professional and patient journals: The Hungarian Bone and Joint Decade has its own section in the Hungarian continuous medical education journal for GP-s, circulation 10.000, also in the patients' journal for rheumatic patients and the information bulletin of the Hungarian Society of Rheumatologists.

Television film: The Duna Television Company produced a 20 minutes TV film about the aims and practice of the Decade.

Other Activities of the Hungarian Network

The Hungarian NAN every year took place in the organisation of REHA Hungary, a National Gathering, Exhibition, Cultural and Sport Events for the disabled, professionals and authorities interested in rehabilitation.

Also annually a patient society and education day was organised for osteoporosis patients in the frame of congresses of the Hungarian Osteoporosis and Osteoarthrology Society. The National Television, Radio and press have regularly interviewed the National Co-ordinator and other representatives of the NAN.

Hungary was represented at all BJD conferences from the beginning (2000, Geneva) either by the National Co-ordinator, or his deputy. The NAN celebrated Arthritis Day and Osteoporosis Day in each year, at least with press conferences. Arthritis Day was celebrated three times by a conference with more than 300 professional and patient participants, Osteoporosis Day was organised with several hundred participants, including Hungarian celebrities and notabilities suffering from osteoporosis in the first seven years of the Decade. All these events were visited regularly either by the Presidents of Hungary, the Minister or State Secretary of the Ministry of Health or Ministry of Social Affairs and the President or Vice President of the Hungarian Academy of Sciences.

An International Conference of Orthopaedic Surgery at Budapest was dedicated to the Decade in 2003 with the participation of Prof. Lars Lidgren.

We also celebrated World Health Day in 2004 by a Joint Conference of Rheumatologists, Physiotherapists and Urgency Care Specialists. On this occasion Corporative Membership for Gedeon Richter Pharmaceutical Co. was given.

The National Co-ordinator was invited three times to the Hungarian Academy of Sciences to give a presentation about the developments of the national and international Decade.



National Action Networks

Focus on Country-Specific Goals and Activities



India

Improving Access to Effective Prevention and Treatment

BJD India has supported and funded 21 research proposals from all over India. The prime focus has been to measure the national burden of rheumatic musculoskeletal disorders. To begin with, an in house project was developed in collaboration with COPCORD (Community oriented program for control of rheumatic diseases) India to update and validate the core questionnaires (COPCORD) developed during the maiden India COPCORD in village Bhigwan (Pune). Section on trauma was added to comprehensively meet the BJD objectives. Subsequently, investigators were chosen from all over India and population surveys were completed in 13 sites (see BJD India-COPCORD survey map) to cover a 65,000+ population living in both urban and rural regions. Emboldened by the BJD India-COPCORD collaboration and initiative, Indian Council of Medical Research (Government of India) approved and funded a further 30,000+ population survey in three regions using the COPCORD India Bhigwan model. The summary statistic of this national BJD effort are likely to be ready by end 2010 and will form the basis of draft on proposed national control and prevention program in rheumatic musculoskeletal disorders including injuries.

20 young medical graduates have been the recipient of BJD India research fellowships in association with Unichem pharma, a corporate partner. 3 amongst the latter were medical undergraduate students. A medical graduate was also supported to attend a fellowship program in pediatric rheumatology in Australia.

Outreach and Raising Awareness

BJD India catalyzed the formation of 'Mission Arthritis India' (MAI), a patient support group. Over the years, MAI has successfully increased its membership and spread its wings beyond the state of Maharashtra. Since 2003, MAI has published a quarterly news letter and an annual health magazine with increasing outreach and popularity which is now poised to be printed in over six regional languages. Above all, MAI has been a strong advocate of BJD India and its attempt to empower patients with sufficient knowledge on bone and joints.

Community health education programs have been the main focus during the annual BJD activity week celebration every year. Public rallies and free of cost arthritis evaluation camps were held in several places including the Himalayan mountainous reaches of Leh & Ladakh. The media, both written and visual, was extensively utilized by the BJD members to educate and spread the message.

A highlight of the community activities during 2008 and 2009 was the free of cost distribution of over 700 BJD endorsed crash helmets through road shows and rallies in several towns and cities all over India, often in conjunction with colleges and traffic police and local administration to attract public attention on 'road safety'.

Other Activities of the Indian Network

BJD India has diligently followed the parent organization in spirit and content. It has strived to be a true umbrella organization for all stakeholders. The participation of several national professional organizations is a strong rejoinder. The participating organizations are Indian Orthopedic Association, Indian Rheumatology association, Indian Society of Bone and Mineral Research, Osteoporosis Society of India, All India Association of Physical Medicine & Rehabilitation, Armed Forces Medical Services, Mission Arthritis India, Trauma Society of India, Indian Society of Spine, Bombay Orthopaedic Society and Indian Institute of Sports Medicine. Each organization has nominated a member to form the executive board that has renewed periodically and functioned in a democratic and transparent manner as per the society constitution. The chair has been held successively by orthopedics, rheumatology and now endocrinology. Similarly, the coveted positions of coordinator and national secretary have been rotated to ensure fair representation. During the decade, several CME programs on arthritis, osteoporosis and trauma were conducted in alliance with the constituent organizations at local, regional and national level for the medical fraternity. A regular feature has been a 'BJD plenary session' during the annual meet of the IOA/ IRA/ IAPMR. Special sessions were held in several premier medical institutes to obtain their endorsement of the program, notable were Armed Forces Medical College (Pune), All India Institute of Medical Sciences (New Delhi), St Stephen Hospital (New Delhi), T N Medical College & Sion Hospital (Mumbai), BJ Medical College and Sassoon Hospital (Pune).



PROF LARS LIDGREN AND DR ARVIND CHOPRA WITH THE MEDICAL STUDENTS AT THE LAUNCH OF WORLD BJD MEETING IN PUNE NOV 2008



Celebrating the release of annual MAI magazine during the BJD Activity week.

Dr Arvind Chopra
BJD Indian NAN

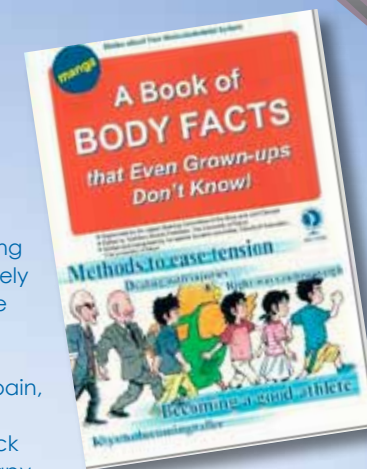


Japan

Improving Access to Effective Prevention and Treatment

Projects on extending active, healthy life

1. A national survey on health condition of Japanese people was conducted by the Ministry of Health, Labor and Welfare in 2002, revealing that low back pain and joint pain were among the most prevailing causes of unhealthy physical conditions. This evidence was reported widely by NAN to emphasize the growing burdens of bone and joint disorders on individuals and the Japanese society as a whole.
2. A national analysis of reasons for nursing care required by invalid persons revealed that 70 percent of nursing care situations were initiated by bone and joint disorders including back pain, joint pain and fracture induced by falling.
3. A multicenter RCT study on the effect of muscle exercise on knee OA and chronic low back pain provided an evidence that muscle exercise is equally or more effective than drug therapy.
4. Reflecting an official government endorsement of Japan BJD (2004) in the national "Health Frontier Strategy" (2005 to 2015) and "10-year Strategy for Preventing Nursing Care" (2005 to 2015), the government declared the importance of maintaining a healthy bone and joint system for more active aging.



Projects for promoting research

1. The Ministry of Health, Labor, Welfare accepted 9 research projects recommended by the Japan BJD Network in 2004-2005.
2. The Japan NAN Research Fund Project kicked off in 2007, annually accepting 7 to 8 research projects submitted by BJD organization members and taskforce sub-committees.

Outreach and Raising Awareness

Projects and activities to raise the awareness of the burdens of bone and joint disorders and promote public education on health care

1. BJD Forum events inviting expert speakers and celebrities were held in seven major cities during an early phase of BJD between 2002 and 2004.
2. BJD Day events have been held yearly by regional members on October 10 in all Japanese prefectures.
3. The Japanese Orthopedic Association coordinated with Japan NAN to hold annual media conferences on related burdens such as joint pain, back pain, sport injury, RA and osteoporosis, which were reported widely on national newspapers.
4. The Japan RA Forum was held in 2001, where the guests included Empress Michiko and Prof. Lidgren.
5. Public was invited to contribute catchphrases for the Japan BJD Campaign, with hopes of receiving the top prize money of twenty thousand US dollars. "Joy of Moving, Happiness Brought by Mobility" was selected.
6. Japan NAN sponsored "Japan Walking Association," giving away 2115 T-shirts bearing the BJD logo and BJD brochures to the participants.
7. Trans-Eurasia, Africa, Australia and Japan BJD Ride Campaigns were held, led by BJD Ambassador Kazama. The total driving distance from 2007 to 2100 amounted to 46,500 km.

Projects on improving the health of bone and joint system of school children

1. A picture book for children entitled "A book of Body Facts that Even Grown-ups Don't Know" was handed out to 50,000 school children. The book received the BJD International Award in 2005.
2. A model project involving a bone-and-joint check-up system for school children began in 2006, spreading throughout Japan.
3. A book on sport medicine, intended for high-school and college students, was published.
4. Japan NAN began sending experts to conferences on sport injuries among the growing age population, answering requests from the attending sport associations.
5. 1,450,000 issues of a brochure entitled "Run, Jump and Being Cheerful" were distributed to 6,336 kindergartens with the aim of improving the health of kindergarten children.



National Action Networks

Focus on Country-Specific Goals and Activities

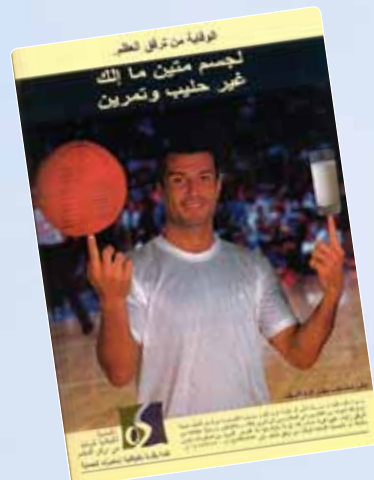


Lebanon

Outreach and Raising Awareness

In order to attract health professionals and the public to the musculoskeletal program and osteoporosis, the Lebanese NAN performed the following activities through the years:

1. We asked the first lady of Lebanon who had a fragility fracture of the wrist to go on television live with a press conference to speak about musculoskeletal diseases especially fragility fractures.
2. We organized a Marathon attended by 2000 people at least, headed by two champions of basketball with a Lebanese Beauty Queen.
3. We put posters all over the country for a famous actress and another poster for one of the basketball champions with a ball in one hand and a glass of milk in the other.
4. We organized a nationwide public schools lectures on fragility fractures attended by the students and their parents.
5. We organized a nationwide public lectures even in very remote areas and also a yearly meeting on musculoskeletal diseases for health professionals in the region attended yearly by at least 200 participants
6. We screened the bone mineral density measurement of at least 2000 people on the "Achilles", with the collaboration of the Red Cross, free of charge.
7. We published many studies locally and internationally on musculoskeletal diseases.
8. Recently we appointed Mrs. Magida El Roumi, the Worldwide know Lebanese Singer, as honorary president of the National Action Network and the Lebanese Osteoporosis Prevention Society.
9. At the same time, I am working with our Syrian counterpart to organize a round table headed by the Syrian first lady, Cheikha Moza from Qatar, Magida El Roumi, the worldwide known Lebanese Singer and Mrs. Randa Berry, BJD ambassador and they might come up with a declaration regarding musculoskeletal diseases.
10. Dr. Yasser Yaghi is working with the Lebanese Minster of Health to create a National Committee for Musculoskeletal diseases and Lebanon is the first country in the Arab world that had a fracture hip registry.
11. We made a great progress in increasing the involvement of the government in delivering the medication to the patient. The patient has to pay only 15% of the prescription.
12. The rate of awareness on musculoskeletal diseases in Lebanon has reached 80% according to IPSOS study done few years ago.



Prof Ghassan Maalouf



New Zealand

Improving Access to Effective Prevention and Treatment

"The Ageing of New Zealand", a project in association with the NZ Orthopaedic Association, demonstrated the problems and increased needs of the "age quake". This influenced NZ Government to announce the Joint Initiative, which increased Government funding by \$NZ70m over four years, to effectively double the number of publicly purchased joint replacements. This is now an ongoing commitment

Every four years the Ministry of health undertake an in depth National Health Survey and early in the Decade musculoskeletal questions were included for the first time.

In 2003 the NZ Country Women's Institute gave the BJD a generous research grant of \$NZ15,000. This was partly used to study the effects of botulinum toxin A (botox), on the upper limbs of children with cerebral palsy. The remainder was used for an MRI study on the effects of exercise on knee articular cartilage.

A group of medical students produced "Assessing the Burden of Arthritis in New Zealand-a feasibility study", and this demonstrated the deficiencies in available information regarding musculoskeletal conditions.

A survey of New Zealand orthopaedic surgeons established that although they thought it was their responsibility to initiate investigations for the patient with a sentinel fragility fracture, in many cases this did not happen. BJD NZ produced a pamphlet which was distributed to all units treating these injuries to increase awareness. A subsequent survey of nine orthopaedic units showed that those with an orthogeriatric rehabilitation service did initiate investigation and treatment. However, like similar BJD Network studies overseas, many patients were not adequately investigated and treated for their underlying osteoporosis.

Following the international lead, efforts have been made to increase the time spent studying musculoskeletal disorders during medical training. A survey has been undertaken by a medical student interviewing recent graduates who are planning a career in general primary medicine. The overwhelming response was that they did not feel adequately prepared for their exposure. We are planning further attempts to increase awareness of the problem.

Two members of the NZ National Action network (Arthritis NZ and Osteoporosis NZ) produced excellent work on the burden of arthritis and osteoporosis, respectively. This information was used as the basis of a broader study by Chris Bossley and Kim Miles on the burden of musculoskeletal conditions in New Zealand. This was published as a booklet entitled "The Crippling Burden", and launched at a Parliamentary Function in 2009. We are using these statistics to try to influence Government to consider musculoskeletal conditions as a key health priority. So far this has not occurred but efforts continue.

As part of New Zealand's 'green' prescription health initiative (GRx), administered by Sport and Recreation NZ (SPARC), a practice nurse or GP issues written instructions to be more physically active as part of health management. 130,000 prescriptions have been issued, about 20% of these for arthritis and back pain.

Other Activities of the NZ Network

New Zealand was honoured to receive the International BJD Award for Special Achievement at the 2007 Annual BJD meeting in Ottawa. National Coordinator Chris Bossley was also honoured in 2009 as an International BJD Ambassador.



Mr Kim Miles and Mr Chris Bossley

National Action Networks

Focus on Country-Specific Goals and Activities



Norway

Outreach and Raising Awareness

The Norwegian BJD National Action Network called Muskel Skjelett Tiåret i Norge (MST) was formally established in March 2003. In 2004 MST arranged a large opening conference in Oslo with financial support from the Norwegian Directorate of Health. The Norwegian Director of Health, Bjørn Inge Larsen gave a keynote address at the conference together with one of the principal founders of BJD, Professor Bjørn Rydevik from Sweden. MST has also received financial support from several pharmaceutical companies and the insurance company Vertikal Helseassistanse.

Several task force groups were established at an early stage within the network on research, communication and economy respectively, gathering many leading researchers and stakeholders in their respective fields.

One of the major achievements from these task force activities is a comprehensive report on the prevalence and costs of musculo-skeletal disorders in Norway. It was published towards the end of 2004 in cooperation with the Norwegian Back Pain Network and received a lot of attention both in the press and among politicians. We have now initiated an update of this report to be published by the end of 2010.

On the initiative of MST, 20 researchers in the field have produced a total of 11 articles to be published in the Journal of the Norwegian Medical Association during 2010. They will cover a broad scope of themes in the musculoskeletal field ranging from back pain, neck pain, cervicogenic headache, shoulder pain, arthrosis, to patient coping etc. MST in cooperation with the Norwegian Directorate of Health, has since 2005 every year arranged one-day conferences in Oslo, each focusing on one of BJD's target conditions. So far we have covered osteoporosis and trauma, rheumatic diseases and back pain and spinal disorders. In 2009 the MST-conference focused on how to improve rehabilitation and patient communication following injuries to the musculoskeletal system. The program consisted of both contributions from many leaders of this field in Norway as well as patients telling their stories. Towards the end of 2010 we will arrange a national conference on the use of physical activity in treatment and prevention of musculoskeletal disorders.

Based on his extensive experience organizing national campaigns, MST's leader from 2008-2009, Leif Agnar Ellevset set up several workshops in order to define the contents and design of a national MST-campaign to promote the use of low-threshold physical activity in the prevention and treatment of musculoskeletal disorders. This process resulted in a detailed prospectus for a national campaign with working title "Get started!".

A key element in the campaign is the development of a website where both patients and health professionals will find relevant information and have user friendly tools at hand to "Get started!". In this way we hope our message will reach a large number of patients by actively campaigning towards the health professionals they already seek for their musculoskeletal disorder. We will work in close cooperation with the Directorate of Health, the major health professions in the field (medicine, physiotherapy and chiropractic) and patient organizations.

We truly believe that MST during these years to some extent has managed to create an increased awareness among patients and health professionals, and the network itself has provided a platform of communication between a wide range of health professions, medical specialties and different patient groups. MST has throughout the years had several meetings with Government representatives and committees in the Parliament. Our main political goal is to address the urgent need for a national strategy plan to meet the major challenges and huge costs musculoskeletal diseases represent to the society. Our efforts in this respect are recently intensified.

Jakob Lothe D.C.
Leader MST



Pakistan

Outreach and Raising Awareness

Under the banner of BJD the Pakistan secretariat established at PSRD Lahore is engaged in organizing better care for musculo-skeletal disorders in the country. The major issue in this part of the world is lack of public awareness and health education especially in the rural areas which comprise 70% of our population. More than 60% of patients suffering from musculo-skeletal disorders including trauma, tend to visit local bone setter, who are widely spread throughout urban and rural areas. Congenital musculo-skeletal disorders are neglected by the parents due to lack of awareness. Progressive musculo-skeletal disorders, like muscular dystrophy and skeletal dysplasias etc. are the cause of permanent disabilities.

Thus, we focused ourselves on public awareness programs, seminars on disability disorder, osteoporosis care, arthritis care, cerebral palsy management were arranged and a large number of general society members, scientists from Punjab University, officials from government departments attended these meetings. For organizing the continuing care and education we focused on family physicians organization like Pakistan Academy of Family Physicians. The surgeons from PSRD conducted workshops and delivered lectures on various aspects of musculo-skeletal disorders.

Improving Access to Effective Prevention and Treatment

In the regular CME meetings of the Pakistan Academy of Family Physicians, we are concentrating on family physicians to improve public awareness and basic musculo-skeletal health care through their efforts as family physicians are serving in all far off corners of Pakistan. We are also engaged in establishing a group of experts at PSRD Orthopaedic Hospital to facilitate the patients & families with muscular dystrophy and to organize the intra-uterine diagnosis and genetic counseling of the families. In this regard we are collaborating with University of Health Sciences, Pakistan.

So far we have registered forty families and in the near future we shall extend the facilities to those families. Pakistan Association of Orthopaedic Surgeon and Pakistan Association of Rheumatologist hold their annual conferences regularly where large numbers of scientific papers are presented regularly. Government of Pakistan has taken special initiatives for special people in order to make special people functional in our society, Ministry of Social Welfare & Special Education has taken various initiatives including issuance of Special Computerized National Identity Card (SCNIC) from NADRA and Disability Certificate from National/Provincial Council for Rehabilitation of Disabled Persons. The SCNIC's and disability certificates provide the following incentives and facilities to the holders:



1. Employment against 2% quota allocated for disabled persons in government and private organizations.
2. 50% discount in traveling fare for national and private airlines and Pakistan Railways.
3. Facility of opening individual bank account for blind persons.
4. Free treatment facility for disabled persons and their family members in all hospitals and dispensaries working under Federal Government.
5. Parking space will be allocated for special person's vehicles in buildings to be constructed henceforth.
6. Provision of wheel chairs, artificial limbs, white sticks and hearing aids absolutely free of cost.
7. Financial assistance form Pakistan Bait-ul-Mal.
8. Duty free import of special cars for special persons.

These steps will surely bring a positive change in the life for people with disabilities.



National Action Networks

Focus on Country-Specific Goals and Activities



Poland

Improving Access to Effective Prevention and Treatment

Our biggest achievement is that our Governmental National Health Programme 2007 – 2015 includes rheumatic conditions on its list of health priorities in Poland.

One specific health policy target is a reduction in disability caused by rheumatic conditions (number per year, per-cent of total number of disabled).

The medical system budget improved by government last year covers costs and increases availability of anti TNF treatment for those in need. Central register of rheumatic patients with "biologic" treatment was founded.

Educational courses and symposia for orthopaedic surgeons have been organised by Department of Orthopaedics, Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Torun.

Medical book published in 2000: "Bone and Joint Decade 2000 – 2010. Epidemiology, the state of prophylactics, diagnostics and treatment of musculoskeletal diseases in Poland and worldwide". Perspectives for the coming 10 years" and "Journal of the American Academy of Orthopaedics Surgeons Poland Edition" is provided free of charge to orthopaedic surgeons in Poland.

Building Patient Empowerment

Intensive development of self-help groups: there are active 25 patient organizations, being joined to REF Federation. Federation performed educational visits under auspices of European League Against Arthritis (EULAR). Representatives of Poland paid visits to Helsinki, Stockholm and Berlin. Annual EULAR conference "Arthritis Patients on the Move" was held in Warsaw in November 2002. "Golden Remedy", bi-annual journal for people with rheumatic diseases have had its 22 issues. Books, booklets and leaflets for arthritis people are continually edited.

Representatives of Poland participated in lobbying action in European Parliament for priority of rheumatic diseases in 7th Framework Programme.

Public media were regularly informed on importance of chronic inflammatory diseases in Poland and Europe.

Regional events, as "white weekends", picnics and art awards were organized nationwide.

Conferences on rheumatic diseases as public health problem were held in four regions.

Economic aspects of rheumatic diseases were analyzed on World Arthritis Day sessions during Annual National Rheumatology Conferences. Three parliamentary sessions were prepared on burden of rheumatic diseases for society.



Outreach and Raising Awareness

Several press conferences organized during the Decade, articles published in countrywide distributed newspapers. The first press conference organized in 2000 in the Ministry of Health.

Other Activities of the Polish Network

Research conducted in Poland in cooperation with international scientists on interleukine 15 allowed to define it as one of the therapeutic targets.

Population based screening on rheumatic complaints and diseases conducted on 4000 sample of adults confirmed earlier estimations: 61% of adults suffer from rheumatic pain and 0,61% have defined Rheumatic Arthritis.

Therefore a project to establish an organizational model of early diagnostic process to prevent late results of inflammation was set up, and two investigations on quality of life were undertaken.

Professor Jacek Kruczynski
Polish Network Coordinator



Russia

Improving Access to Effective Prevention and Treatment

The Russian Ilizarov Scientific Center is one of the most famous and largest clinical institutions in Russia and in the world which mission is the treatment and rehabilitation of the patients with diseases and injuries of the loco-motion system.

The purpose of professional activity of the Center's staff – to improve the quality of life of the people with disorders of locomotive apparatus and to raise public awareness on the most effective techniques of prophylaxis and treatment of the bone and joint diseases – coincides with the aim of Bone and Joint Decade. At Russian Ilizarov Scientific Center we constantly improve the techniques of limb and pelvis fractures repair, injuries and diseases of the large joints, chronic osteomyelitis, severe spine deformities and trauma, bone and muscular tissues loss, etc. We develop new technologies on the restoration of the muscular function, normalization of calcium exchange and prophylaxis of osteoporosis.

Outreach and Raising Awareness

During the years of activity in the framework of BJD close interaction with many newspapers, journals and electronic mass media has been established; constant information partners distributing the news of BJD in Russia has appeared. 583 articles on the problems of prophylaxis and treatment of bone and joint diseases had been published in public popular issues and web-sites only during 2009.

We organized a visit of International news company "Sky News" to Kurgan and they took pictures on surgical treatment of the joint pathologies in Ilizarov Center and the piece on cosmetic orthopaedics was seen by people of Asia, Middle East, Europe and Africa.

The personnel of Ilizarov Center supervise medical aid provided for people living in the rural areas of the country and routinely visit Extreme North areas to consult and select the patients requiring specialized trauma care. Surgeon's work is covered by the regional TV channels on a regular basis. Some stories on the work of the Center's doctors were broadcasted by the Central Russian information channel "Vesti". Totally within 2008-2009 over 30 video materials (film pieces, documentary movies, etc.) had been prepared and shown.

Monthly human campaign "Enjoy the movement" took place in the different regions of Russian Federation and the Center's surgeon arranged free consultation and selection of the patients with the problems of locomotor system for treatment. Regional TV channel showed series of the stories about the campaign.

Since 2009 a new osteoporosis prevention office has been functioning at RISC RTO polyclinics, Kurgan, where any resident of the Russian Federation can have bone density screening. Leaflets on benefits of the motion, healthy lifestyle and healthy food are given out to the interested individuals. Posters on prevention of osteoarthritis of large and small joints, methods of the treatments, benefits of physical exercises and sports activities were made by the Centre's staff. Instructional booklets for potential consumers of the services were placed in all medical and prevention institutions of the Kurganskaya oblast. Four video clips were made for regional broadcasting to show benefits of motion, healthy food, the importance of healthy lifestyle to prevent diseases of joints and bones.

Over the Decade several medical and research conferences have been organized under the auspices of BJD Russia, attracting participants from all over the Russian Federation and the world.

The website of the Centre www.ilizarov.ru has a regularly updated webpage featuring news and events of BJD in the Russian Federation and worldwide

Prof Vladimir Shevtsov
Russian Network Coordinator



National Action Networks



Slovakia

Improving Access to Effective Prevention and Treatment

In the field of osteology, the Society for Osteoporosis and Metabolic Bone Diseases (SOMOK) associating medical specialists mainly in the field of rheumatology, orthopaedics and endocrinology, has become the main vehicle of the Bone and Joint Decade (BJD) campaign. The Society is a regular member of the International Osteoporosis Foundation (IOF). In 2000, the Society organized an international course on osteoporosis under the header of the IOF. In cooperation with its partner, the Czech Society for Metabolic Skeletal Diseases (SMOS), they annually organize joint congresses. In addition to that, SOMOK has also organized regional symposia (Eastern Slovakian Days of Osteoporosis, later the Osteoforum, and Western Slovakian Days of Osteoporosis). Members of the SOMOK have been members on some commissions for the Slovak Ministry of Health (categorisation, catalogue) During the past decade, the Ministry of Health issued the Regulation for the Diagnostics and Treatment of Osteoporosis, and the Regulation for the Diagnostics (2003 and 2006) and Treatment of Glucocorticoid-induced Osteoporosis (2009) Thanks to the SOMOK's activities, the diagnostics and treatment of osteoporosis in the SR have reached a high level. The issue of osteoporosis has been included in the new specialised scopes of rheumatology, endocrinology and orthopaedics. At present, there are about 80 densitometers installed all over Slovakia (mainly HOLOGIC and LUNAR brands), which means that the coverage of population (16 devices/1 million) is above-average even within the EU. The examination is fully covered by public health insurance. All therapeutic modalities are available in the treatment of osteoporosis, including bisphosphonates, strontium ranelate and teriparatide. The largest part of medicinal costs is covered by public health insurance; the surcharge paid by patients is 8 per cent at most. During the past decade, the osteology research focused, in particular, on studying osteoporosis in connective tissues diseases. The issuance of the Dictionary of Osteoporosis was devoted to the Bone and Joint Decade, as well as the monographic volume of the Acta Pistiniana Balneologica scientific journal specialising in inflammatory rheumatic diseases in elderly patients. President of Society, Prof. MUDr. Juraj Payer, CSc. regularly participates in the sessions of the EU Experts Panel held in the European Parliament in Brussels.

Building Patient Empowerment

In 2001, within the framework of supporting patients activities, SOMOK initiated the establishment of the patients organization – the Slovak Union Against Osteoporosis (SUPO), which in 2004, became a regular member of IOF. SUPO's activities focus primarily on providing advice and education, and it also issues publications for its members. Members of local branches of the union organise lectures, their members participate in joint rehabilitation exercises guided by experts, joint excursion trips and also attend cultural events together.



Slovenia

Improving Access to Effective Prevention and Treatment

The support of Slovenian government and Institute for public health was fully achieved. In March 2001 NAN Slovenia was founded with corporative membership of professional societies of Slovenian medical association and Patient oriented societies were invited to participate. NAN Slovenia strategies for arthritis-arthrosis (a), spinal diseases (b), rheumatic diseases (c) and fragility fractures (d) include:

- Public education
- Empowered research of musculoskeletal science
- Upgrading of diagnostic and therapy in prehospital and hospital level
- Preventive medicine measures for youngsters, active population and elderly
- Additional founding for preventive and curative programmes
- Better accessibility to specialists (especially for rheumatologists and orthopaedists)

With the slogan "no more than one year waiting period" the orthopaedic association is running a campaign for additional funds for hip and knee replacement surgery with well-known "Saturday operational programmes". The Society for physiatrics and medical rehabilitation provides "back pain school". With Institute for occupational medicine the employers and employees are taught about physiologic loading of spine during work. Society for rheumatology made biological drugs accessible for patients in Slovenia and they try to increase the number of rheumatologists in general hospitals bigger. The Slovenian osteologic society saturated Slovenia with densitometers; waiting period for DXA measurement is now shorter than 2 weeks.

Outreach and Raising Awareness

Common public was informed about BJD in 2001 by the campaign with help of the most popular Slovene civil society association – the Alpine association of Slovenia with 74.000 members. They put rubber stamps for marking the postcards and alpine booklets into 156 alpine huts. Medical providers are targeted with publishing papers, supplements of Slovene medical journals, every professional meeting in four BJD topics is decorated with BJD logo, both Slovene medical faculties have lectures on musculoskeletal medicine, two textbooks are published (Osteoporotic fractures, Gerontologic trauma), with support of the industry, printed materials are easily achievable.

Prof. Radko Komadina, MD, PhD, Councillor
NAN coordinator BJD
Ambassador BJD



South Africa

The South Africa steering committee participated in various initiatives to raise awareness of the Bone and Joint Decade and enlisted the support of the Medical Administrators Group, the Life Offices Association and the Chiropractic Association of South Africa as member organizations. The initial efforts were rewarded by the endorsement of the Bone and Joint Decade by the National Minister of Health, Dr Manto Tshabalala-Msimang, on behalf of the South African Government in September 2002.

The National Action Network of South Africa was formally launched at the First Annual Symposium in Johannesburg on 11th October 2002 by Mrs C Kotzenburg, the National Director for Chronic Diseases, Disabilities and Geriatrics.

South Africa had the honour of hosting the 2006 World Network Conference in Durban from 1st to 4th November 2006. The conference received the support of the Municipality, and the Provincial and National Departments of Health. The National Deputy Minister of Health, Mrs Nozizwe Madlala Routledge delivered the Keynote address on behalf of the South African government.

The major activities of the National Action Network are:

1. Organisation of Annual Multidisciplinary symposia in different regions of South Africa. The Annual symposia have been held in 5 of the 9 provinces in South Africa with the 2010 event being planned for the 6th, thus ensuring a wide geographic distribution of the educational, awareness and networking campaign.
2. Encourage member organizations to raise awareness of the burden of musculoskeletal conditions
3. Promote education of musculoskeletal conditions among health professionals at meetings of professional societies
4. Organize community education and awareness programs To liaise with the National Department of Health to obtain endorsement for the Decade and support for the mission and goals of the decade.
5. Encourage members to engage in outreach activities within South Africa and other parts of Africa

Key Achievements

1. South Africa, like many other developing countries faces major health challenges related to shortage of funding, inadequate number of health care professionals and improving access to basic health care together with the need to address the challenges resulting from the high prevalence of communicable diseases such as HIV and tuberculosis. Despite these constraints, considerable progress has been made highlighting the burden of non communicable diseases, including the spectrum of musculoskeletal disorders. Thus there is increasing awareness of the burden of musculoskeletal disorders among health administrators and health care funders.
2. Patient advocacy has also progressed to the extent that private health care funders have been successfully challenged in court cases but access in the public sector, though improving, remains a challenge for the future.
3. The improvement in the education of health care professionals has resulted in an increasing recognition of musculoskeletal disorders which are amenable to therapy resulting in their referral to the appropriate level of care.
4. An increasing number of health professionals are also being attracted to pursue a career relating to the management of musculoskeletal disorders
5. Professor Girish M Mody, Chairman of the National Action Network of South Africa, was elected as an Ambassador for the Bone and Joint Decade in 2001 and Ms Ntombifuthi Seboya, a patient delegate from Durban, was also elected as an Ambassador by the ISC in 2009.
6. The participation and contributions by Ms Sandhya Singh, from the Directorate of Chronic Diseases of the National Department of Health, as a member of the Executive committee, has shown the commitment and support of the government towards the attainment of our goals
7. The events of the past decade have provided a platform to further extend the outreach initiatives to the less privileged sectors of the community, lobbying for greater resource allocation for musculoskeletal disorders and the development of databases and registries to analyse and document the rising burden of musculoskeletal disorders. The opportunities for research are many but human resource and financial constraints need to be addressed to make a greater impact on the outcome of musculoskeletal disorders for the benefit of our patients.



Prof Girish M Mody (Chairman)
on behalf of the Executive Committee (Prof M Lukhele, Dr
Maharaj, Prof A A Kalla and Ms S Singh)



National Action Networks

Focus on Country-Specific Goals and Activities



South Korea

Outreach and Raising Awareness

The Korean Network of Bone and Joint Decade has been focusing on increasing the awareness of the disease among Korean society, including patients in the last decade. Because of the poor understanding and the diagnosis of the rheumatic disease, many Korean patients suffered from mistreatment and undertreatment with limited reimbursement by government health care system in Korea. The Korean National Health and Nutritional Survey in 2001 reported that the economic loss from the rheumatic disease is 2.5 times higher than that from the diabetes mellitus. However the low awareness on this disease condition built some barrier to the right treatment for the patients while patients were trying every single available method, including folk remedy and any supplements at high cost. To increase the public awareness on the rheumatic disease, the Korean Network of Bone and Joint Decade designed public education campaign in 2003 and has been promoting it during the 2nd week of October every year until 2009.

The name of this campaign is "Rheumatism 1, 2, 3", designed to make people aware of 3 important facts:

- 1% of the Korean population has rheumatoid arthritis
- 2 years should not be passed without treatment since the discover of any rheumatic disease
- 3 of patients, family and doctors need to work together to win rheumatic disease

The campaign was conducted in 3 segments; public, patients and media.

For the Public

- Signature-seeking campaign in support of the 'WHO Bone & Joint Decade' Festival
- Surveys on various aspects of the arthritis to rheumatologists, patients, and the general public.
- Discussion of government policy: participants include patient communities, government officials (Ministry for Health Welfare and Family Affairs, Health Insurance Review & Assessment Service etc), physicians, private general practitioner, orthopedics and rheumatologists.

For Patients

- National Arthritis Day : over 500 patients and general public participants to perform various activities such as "Experiencing the pain of arthritis patients"
- Patient lecture series : hospital relay to educate patients on the disease symptom, prevention and treatment
- Patients Education Material Production : Video, Guidebook (disease, medicines, insurance)

For the Media

- Press Releases : Major media - TV, newspaper, online etc - featuring on prevalence, symptom, prevention and treatment of rheumatic disease
- Surveys on the Current status of
 - Korean rheumatoid arthritis (RA) patients
 - RA patients' disability classifications
 - RA patient's quality of life and food supplement use
- Education level on RA
- Goodwill Ambassador Activities: Patients education video production, Media interview, Cooperate events.

Improving Access to Treatment and Prevention

The Awareness campaign resulted in 3 major achievements; medical reimbursement policy change by government, increase of the awareness on rheumatic disease and better environment to treat rheumatic disease. Especially the reimbursement guideline change brought tangible benefits to patients by decreasing the self payment portion 50% to 20% in June 2008, for patients with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis whose ages are older than 65 or under age 6. In February 2009, age limitation was discarded for those patients. In July 2009, self payment portion decreased from 20% to 10% for the same patients.

Yeong-Wook Song, MD
BJD NAN Coordinator
ysong@snu.ac.kr



Spain

Changes in musculoskeletal health

We have experienced very important changes in the musculoskeletal pathology in the past decade in Spain, for several fundamental reasons:

- a)** The aging of the population .At present in Spain the population with more of 65 years old represents 23 % of the whole and continues increasing year after year
 - b)** The total population of Spain has increased in the last 8 years in almost 6 millions of persons, existing nowadays 5.650.000 foreigners registered in Spain. The foreign population comes fundamentally from Africa, South America and East of Europe
 - c)** The population proceeding from Africa and South America presents new pathologies that previously had a little incidence in our country. We have had very important increases in infectious and parasitosis pathology , tumoral pathology, and congenital not treated malformations. The programs of family grouping developed by the current government have meant the immigration of an elderly population with serious not treated degenerative osteoarthritis and degenerative pathology of spine
- This changes have supposed a very important increase of osteoporotic fractures , an increasing of prosthesis of hip and knee and a very important increasing of surgery of spine . We have also had a important increasing of osseous tuberculosis and other osseous infections and unknow osseous parasitosis . We have also suffered an increasing of congenital malformations and tumoral pathology
- Another important change is Spain has been an important decrease of the traffic accidents, due to the new laws of traffic, nevertheless there has taken place an very important increase of the sports accidents

Improving Access to Effective Prevention and Treatment

Currently a significant problem in Spain is a lack of specialists in Orthopaedic Surgery . In the past decade has become an important effort of continual medical formation to improve the scientific and technical quality of Spanish specialists and to increase their numbers. This effort has been organized fundamentally for the Spanish Society of Orthopaedic Surgery and Traumatology (SECOT) with special dedication to the resident doctors in their period of formation(training) as specialists , for it has organized a lot of training activities every years. Another important labour of the Secot has been the beginning of series of publications, initiated in 1998 by the Prof Herrera as President of the Publishing Committee. From 1999 to improve the scientific level of Spanish specialists.

In the field of the research, the past decade has supposed an increase of the Departments of Orthopaedic Surgery with investigative activity; this can be verified by the increase of the Projects of research with funding and the number of publication in international medical magazines with impact factor.

Building Patient Empowerment

In Spain the patient's associations has a small incidence and those which exist, in the majority are to patients with neurological pathology or rare diseases. Into of the field of the musculoskeletal pathology only there is an association with important implantation and activity, that the AECO, which groups osteoporotic women and, with that we support an excellent relation.

The activities that we have organized together with the patient's associations have been centred on the field of the Osteoporosis. The majority have had the support of the Spanish Society of Osteoporotic Fractures (SEFRAOS) and of the AECO. The developed topics have been: measures of prevention of the osteoporosis, improving the general conditions of life. Prevention of the falls, prevention of the fractures and measures of general prevention

In the field of prevention of traffic accidents, we have relations with the Headquarter of Traffic of the Ministry of Interior and have collaborated in educational campaigns to prevent accidents.

Prof Antonio Herrera
BJD NAN Coordinator
Spain



National Action Networks



Sweden

Already in 1999 the Swedish Social Minister Lars Engqvist declared the support of the Swedish government for The Bone and Joint Decade 2000-2010 and the network consisting of medical representatives and patient groups 2000 was the Foundation Swedish NAN registered and took an active part in the decade until the The NGO Swedish NAN was established 2004. The Swedish NAN "Rörelseorganens Årtionde", founded in 2004, is an official non-governmental organization (NGO). Five years earlier

The aim of The Swedish NAN is meant to gather everyone who in one way or another is working to improve the situation for those who have or are in a danger zone for illness or injuries in bone and joint by increasing the knowledge of diseases in bone joint or musculoskeletal damages.

The association's activities focus on

- increasing the awareness of the costs of diseases and injuries of musculoskeletal system,
- work for expanded training on the musculoskeletal diseases and injuries, stimulate research on musculoskeletal disorders and traumatology,
- work for improved prevention and treatment of musculoskeletal diseases and injuries, strengthen the patient's position in relation to care. This will be achieved through awareness activities, training, conferences and incentives for research.

Target groups are: healthcare professionals with emphasis on primary care and rehabilitation, policy makers responsible for health and social affairs and education and research, public and patients. The Swedish is innovative in Sweden since a joint forum has been created between actors involved in musculoskeletal disorders and injuries. Disability organizations and the profession are at the core and the joint forum has been open to other organizations, institutions and companies active in the field of musculoskeletal disorders.

Outreach and Raising Awareness

Increasing the awareness of the costs of diseases and injuries of Musculoskeletal System has been a common thread in all the activities that the project carried out against both policy makers and the profession, patients and the public.

Information targeting policy makers responsible for health and social affairs and education and research, These people have continuously got information how to prevent musculoskeletal diseases. Christmas card has been a couple of years sent with the same layout but some small differences in the text. A seminar was held to improve knowledge about health care consumption, sick leave and sickness and activity of people with musculoskeletal disorders.

To Public and profession

We have regularly participated in and organized activities on the 12th of May (Fibromyalgia day) and the 24th of October (International Osteoporosis day). the public as well as the profession are also invited to these activities.

Artros 5+25: A booklet about arthritis and prevention which has been distributed in over 15,000 copies.

Stand tall throughout your Life: On the theme "Stand Tall throughout your life we printed a "Postcard". The card held information useful particularly for patients who frequently visit care, for instance about how important it is to regularly measure your height in order to provide early detection of vertebral fractures / osteoporosis. The card was distributed in 6000 copies.

Straighten Up: An activity in cooperation with the project and the Chiropractic National Association (LKR). Audiences have been mainly children and adolescents.

The website

www.rorg.se has been meant to bring information and share knowledge.

Other Activities of the Swedish Network

Education for profession

For Physiotherapists, occupational therapists, nurses and PE teachers. Example of Theme; Osteoporosis, The importance of physical activities, Chronic pain and Children with rheumatic diseases



Anita Müllern-Aspegren
Reumatikerförbundet
Stockholm, Sweden



United States

The U.S. National Action Network, known as the U.S. Bone and Joint Decade (USBJD), comprises some 100 health-care professional, patient advocacy and public organizations. With a Presidential Proclamation issued in 2002, the USBJD has been endorsed by all 50 U.S. States, and all U.S. medical schools

Global Network Conference 2010

In 2009, the USBJD hosted the annual Bone and Joint Decade Global Network Conference and Patient Advocacy Meeting, in Washington, DC. It was the first time in history such a broad-based gathering of musculoskeletal organizations met in the United States. With a Host Committee of more than 100 Senators, Congressional Leaders, and Ambassadors, the conference brought together musculoskeletal healthcare professionals and patients from 56 countries and their BJD National Action Networks. The primary goals of the conference: to raise awareness and advocate for musculoskeletal health, as well as to develop a roadmap for the future to build on the momentum created by the Bone and Joint Decade.

Burden of Musculoskeletal Diseases in the United States (BMUS)

A joint program of several network member organizations, with charts and graphs, this resource provides data on the prevalence, societal and economic cost of fractures, back pain, arthritis, carpal tunnel, osteoporosis and other musculoskeletal conditions. An important reference to grant applicants, it is also used to promote awareness to the public and to policy makers (www.boneandjointburden.org).

Young Investigators Initiative

Clinical research by young investigators in the musculoskeletal diseases is not keeping pace with the increasing burden of these diseases in the U.S. The USBJD offers workshops and mentoring to provide early-career clinical investigators an opportunity to work with experienced researchers to assist them in securing funding. The purpose is to increase the number of funded clinical investigators in the musculoskeletal sciences. The program gives attendees an opportunity for collaborative interactions with talented clinical musculoskeletal investigators in other organizations which enhances their credibility and visibility.

1st Advances in Rare Bone Diseases

The Rare Bone Disease Patient Network, a coalition of rare bone disease organizations formed under the auspices of the USBJD, provides opportunities to network, collaborate, and share information and resources, expand understanding and encourage additional research. The USBJD in partnership with the Network organized a conference in 2008, 1st Advances in Rare Bone Diseases (www.rarebonedisease.org).

Project 100 – Undergraduate Musculoskeletal Education

The purpose of Project 100 is to have musculoskeletal medicine recognized as an essential discipline by all medical schools, and included in the curriculum Project 100 has led to the Association of American Medical Colleges issuing learning objectives in musculoskeletal medicine, review of the National Board of Medical Examiners' examination and development of a Subject Examination in Musculoskeletal Medicine designed to test knowledge and thus drive course content. The results of a survey to compare instruction in medical schools show that in 2002 less than half provided instruction or a clerkship in musculoskeletal medicine, while now nearly 80% do so.

Public Education Programs

Fit to a T: a public education program on bone health and osteoporosis, developed in response to the U.S. Surgeon General's Report on osteoporosis. To date nearly 300 sessions have taken place across the country, with more than 10,000 patients and members of the public participating. Program partners include USBJD network and non-network organizations whose members offer the program, which is presented at public libraries, corporations as 'Lunch n' Learn' sessions, and at other community venues including hospitals and clinics, churches, clubs, senior centers, health clubs, and government offices. (www.fit2t.org)

PB&J (Protect Your Bones and Joints): a high school education program, presented by healthcare professionals aimed at raising adolescents' knowledge to optimize musculoskeletal health throughout life. (www.pb-j.org)

Straighten Up America: a program to empower the American people toward better spinal health and an improved quality of life. The vision driving Straighten Up America is for a time when every American will take two or three minutes every day to care for their spinal health, just as they care for their dental health.

Experts in Arthritis: a seminar for patients and their families that has drawn some 500 patients who pose questions to a panel of world experts. It has been held twice during the annual scientific meeting of the American College of Rheumatology, and once on Capitol Hill in Washington, DC.

Toby King, Executive Director
United States Bone & Joint Decade



National Action Networks

Focus on Country-Specific Goals and Activities



United Kingdom

The UK appointed the Arthritis and Musculoskeletal Alliance (ARMA) as its National Action Network at the launch of the decade.

Improving Access to Effective Prevention and Treatment

In England the musculoskeletal community came together to support a musculoskeletal service framework document (MSF) which was launched by the Secretary of State for Health in 2006. This identified best practice but did not prioritise the conditions nor create targets to achieve it. There was no ring-fenced funding. It was well received but in the target driven culture of the NHS, MSDs needed to be accorded as a priority area. The long waiting lists for treatment have been dramatically shortened and no more than an 18 week wait for treatment has been achieved by most areas including rheumatology, however orthopaedics remains an outlier. In 2008, the King's Fund reported on the areas of increased spending by Primary Care Trusts between 2004 and 2006 as money flowed into the NHS. All clinical programmes had increased except musculoskeletal services and trauma, which had decreased. Each year ARMA members in all four countries have organised awareness raising events in their localities and in the parliaments. There have been attempts to outreach to the general public but these activities are costly and need to be maintained if they are to be effective. World Arthritis Day has been marked by a range of activities.

In the last two years ARMA has worked with its members to lobby for a National Clinical Director for MSDs, having reviewed the progress of the MSF document and concluded that a central figure to lead the community and raise the profile in the Department of Health was essential. There have been Questions and debates in Parliament and finally we have secured a pledge of support to appoint to this post.

The National Hip Fracture Database (NHFD) has been set up, which aims to record the process and outcome of care of every hip fracture patient and feed back to individual units their performance in comparison with the national average. In 2008, a National Clinical Director for Trauma was appointed.

The focus on the issues around work and health, have been welcome, with the appointment of Professor Dame Carol Black as the National Director for Health and Work. ARMA has launched a Charter for Work for people affected by MSDs. This Charter calls on all stakeholders – policy makers, employers, healthcare providers, employee representatives and the people whose lives are affected by MSDs to take positive steps to: prevent work related MSDs; provide prompt diagnosis and the most effective treatment; Improve the services and support that enable affected people to remain in work.

MSDs still don't have the profile that is necessary but as the fifth largest area of spending in the NHS we are moving in the right direction fuelled by the united voice of the community.

Building Patient Empowerment

Patient and User groups have been a major player in the NHS providing much needed support and information through literature and help-lines. Their activity has continued and grown throughout the decade despite continual issues over achieving funding. There have been many excellent examples of campaigning by user groups. Patient groups play a major role in the committees making decisions over drug treatments by our health appraisal organisations. There have been successes too where the groups have joined together with the health professionals to appeal decisions made.

The interest in patient reported outcome measurements and the inclusion of the patient voice in making policy has been encouraging. The appointment of Neil Betteridge as Department of Health Patient and Public Adviser on Elective Care, was a major step forward.

ARMA has produced 8 Standards of Care covering the various MSDs which have been widely disseminated and used. These are produced by health professionals and users working together to ensure that their issues and ideas are brought to the fore.

Ros Meek
Network Coordinator
ARMA UK



Vietnam

The year of the start of the Bone and Joint Decade also gave birth to the The Vietnam Orthopedic Association (VOA) and The Spine Society of HCM city (SSHV) – the first national associations focused on MSDs in Vietnam. Our goal is to promote the BJD mission in Vietnam and to obtain official recognition and support from the Vietnam Government. We also seek to participate more actively the Vietnam Rheumatology Association.

Improving Access to Effective Prevention and Treatment

Our greatest achievement to date with BJD Vietnam happened this year when Prime Minister Nguyen Tan Dung signed the Mandatory Helmet Law. Now all drivers and passengers on motorbikes from the age of six must wear a helmet properly or face penalty of a fine. The amendment includes several other road safety measures: increased fines for carrying more than one passenger over the age of 14; triple to quadruple the original fine for running red lights; double the original fine for driving the wrong way down a one-way street; and up to a 1.4 million VND, or approximately 75 US dollars, fine for drink driving. WE hope these new tighter measures will go a long way towards eliminating the road trauma problem that plagues our country.



Trauma is an enormous and grave issue in Vietnam with more than 13,000 deaths each year due to traffic accidents. The lacking of the human resources of orthopedic surgeons and the low infrastructure of our hospital are still the main problems in musculoskeletal health in our country.

As in other developing countries our activities during last decade aim to stimulate the continuing education and skill update orthopedic traumatology surgeons.

We organise a continuous post graduate education and training course for young orthopedic surgeons each year.

Other Activities of the Vietnamese Network

to set up the policy for the continuous post graduate training through the Annual Meeting of VOA and SSHV and to support to the BJD Decade 2001-2010. We have organised 5 VOA Annual Meetings and 10 Annual SSHV Meetings combined with the Operative Spine Course since 2005 for the nationwide doctors and surgeons. I also organized the 27 Annual Meeting of the Orthopedic Association of the Association of South East Asian Nations (27 ASEAN OA) in Sai Gon- HCM City, Viet Nam.

Amplify your voice

United, we can advance
musculoskeletal health.
Together, we can make a difference.

You have an important role in the Bone and Joint Decade. Whether you are involved in patient advocacy, a professional association, or work in the healthcare industry or government, the Bone and Joint Decade can help amplify your group's influence through outreach, strategic alliances, and by providing greater access to critical information and resources. We invite you to join us.



The Bone and Joint Decade
bjd@med.lu.se
www.bjdonline.org
+46 46 17 71 61