Global Alliance for Musculoskeletal Health

Promoting musculoskeletal health

Keep people moving

May 2025

Response to the Zero draft: Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being

On behalf of the international musculoskeletal community, we respond to the Zero Draft of the Zero draft: Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being. We bring together the views of those with lived and learnt experience of musculoskeletal health and evidence for interventions to improve musculoskeletal health and musculoskeletal pain health outcomes.

We welcome the ongoing commitment to the challenge of NCDs and mental health and efforts by Member States to achieve the ambitious targets of SDG 3.4. However, we express concern about the narrow scope of current efforts and performance targets that omit recognition of, and response to, the impact of musculoskeletal health conditions, including musculoskeletal pain, which are a leading cause of disability in all countries. Current targets around NCD prevention and control appropriately address the burden of premature mortality from cancer, cardiovascular disease, chronic lung disease and diabetes. Yet, a sole focus on reducing premature mortality ignores the changing global burden of disease from premature mortality to a far greater attribution from years lived with disability, driven largely by musculoskeletal health conditions and musculoskeletal pain. This burden will increase with the ageing of populations. The ambition for NCD prevention and control should also be to improve healthy life years, consistent with the vision of the UN Decade of Healthy Ageing and reflected in the global and regional strategies for healthy ageing.

We recommend the explicit recognition in the Declaration of musculoskeletal health and the importance of pain free mobility and function across the life-course as part of an integrated approach to prevention and control of NCDs and to support healthy ageing. This is a unique opportunity to highlight the importance of responding to the burden of musculoskeletal health conditions to improve health and wellbeing (including mental health), related to both musculoskeletal health conditions and other NCDs. Explicitly including musculoskeletal wellbeing and musculoskeletal pain as part of an integrated approach to the prevention and control of NCDs will:

- Offer a more responsive approach to epidemiologic evidence of the current global burden of disease profile.
- Improve population health and wellbeing across the lifecourse, reducing the morbidity burden and better support healthy ageing. This is particularly relevant in low- and middle-income where the musculoskeletal disease burden is accelerating more rapidly, and countries with higher proportions of older people, such as Japan.

- Offer greater return on investment through improving outcomes for other NCDs, where musculoskeletal impairments are commonly co-morbid.
- Support the implementation of existing WHO technical and normative products in healthy ageing and rehabilitation.

We give the evidence to support this and make specific comments on the Zero Draft.

The Importance of Musculoskeletal Health Conditions ∗

- Musculoskeletal health means pain free mobility and function. It is essential for healthy, active lives and independence throughout the lifecourse. Musculoskeletal health is recognised by the WHO healthy ageing model as a key component of intrinsic capacity, essential for healthy ageing.
- Musculoskeletal disorders such as arthritis, back pain, neck pain, and injuries are common in all countries and cultures – they affect all people, all places, all ages.
- Major cause of disability worldwide. Low back pain is the greatest cause of disability globally.
- Commonest cause of chronic pain.
- The disability due to musculoskeletal conditions is increasing and this will continue as people survive other health threats and live longer but not healthily.
- They are a major burden on health and social care.
- They are a major cause of workloss and loss of economic independence.
- The burden is increasing with the ageing of the population, whereas the extending of working lives is increasing the physical demands on individuals and the need for musculoskeletal health.
- There are effective ways of promoting musculoskeletal health though modifying risk factors which are common to other NCDs.
- There are effective ways of preventing, treating, rehabilitating and managing pain to avoid disability.

∗ Briggs AM, Woolf AD, Dreinhöfer K, Homb N, Hoy DG, Kopansky-Giles D, Åkesson K, March L. Reducing the global burden of musculoskeletal conditions. Bull World Health Organ. 2018 May 1;96(5):366-368. doi: 10.2471/BLT.17.204891. Epub 2018 Apr 12. PMID: 29875522; PMCID: PMC5985424.

Comments on Zero Draft

Equity and integration: transforming lives and livelihoods though leadership and action on noncommunicable diseases and the promotion of mental health and well-being

Point 1
We welcome the reaffirmation of commitment to reducing premature mortality but express concern of no commitment to increasing healthy life expectancy through acting on morbidity. There are common risk factors between musculoskeletal conditions and the other NCDs. Therefore, integrating musculoskeletal health impairment and pain with other NCDs will not only improve population health, but offer countries greater health return on investment.

Point 2
We strongly support the "Transforming our world: the 2030 Agenda for Sustainable Development" resolution and commitment to 'leave no one behind'. To achieve this, a commitment to acting on morbidity is needed. Many people who live with disabilities, particularly musculoskeletal in origin, are left behind, are rendered vulnerable and face inequities in health and social position.

Point 5
We recommend that the list of major NCDs includes musculoskeletal conditions and musculoskeletal pain and also refers to the burden of disability attributed to NCDs. We are concerned that premature mortality is specified at 70 yrs as life expectancy has increased significantly beyond this in many countries.

Point 6
We recommend that a similar statement concerning musculoskeletal health conditions is included. There is strong evidence of a bi-directional relationship between mental health conditions and musculoskeletal pain, and this evidence applies across the life course. While there is interaction between mental wellbeing and neurological conditions, the size and burden of this interaction is far greater for the musculoskeletal pain conditions.

Point 8
We agree with these estimates. Equally alarming is 1 in 5 younger people and 1 in 4 adults live with a chronic musculoskeletal pain condition.

Point 9
We recommend that the impact of musculoskeletal conditions on economic growth and security is recognised as they are the leading cause of long-term poor health preventing people from fulfilling their potential, resulting in early retirement from the workforce and reduced net accumulated wealth.

Point 10
We recommend that the impact of NCDs on healthy ageing is explicitly recognised.

Point 15
We recommend that the importance of rehabilitation should be stated as a key part of a functioning health system.

Point 19
We recommend that rehabilitation is added to "*preventing, screening, diagnosing, treating, and caring for people with noncommunicable diseases".* There are evidence-based interventions for rehabilitation https://iris.who.int/bitstream/handle/10665/380288/9789240105102-eng.pdf?sequence=1 . There are also evidence-based interventions for prevention, screening, diagnosing, treating and rehabilitating people with musculoskeletal health conditions.

Point 23
We agree that addressing multimorbidity is key to control of NCDs in an efficient way. We note that musculoskeletal pain is one of the most commonly co-existing conditions with other NCDs.

Create health-promoting environments through action across government

We welcome these recommendations as they will benefit musculoskeletal health.

Strengthen primary healthcare

Point 30
We recommend musculoskeletal heath conditions and musculoskeletal pain be included as part of essential services.

Point 36
We recommend adding the availability and provision of and access to pain management.

Point 38
We recommend that this considers the need for many people with NCDs to have access to long-term treatments that control their health condition

Increase sustainable financing

We welcome these recommendations as they will benefit musculoskeletal health.

Strengthen governance

We welcome these recommendations as they will benefit musculoskeletal health.

Strengthen data and surveillance to monitor progress and hold ourselves accountable

Point 49
We recommend that this includes healthy life expectancy and measures of functional ability and intrinsic capacity in view of the changing burden to long-term disabling conditions and ageing populations.

Thank you for considering these observations and comments.

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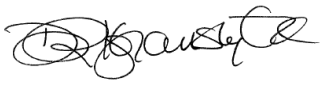

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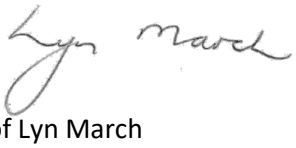

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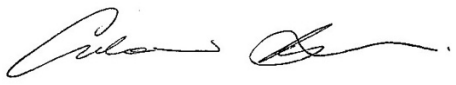

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