

# GUIDING FRAMEWORKS AND STRATEGIES

The growing burden of musculoskeletal disease was recognised by the World Health Organisation with their endorsement of the Bone and Joint Decade 2000 – 2010 and their inclusion of musculoskeletal conditions as part of the Global Burden of Disease Study 2000 [39]. Following on from the international recognition of this problem, the Australian government has recommended several strategies to address the burgeoning issue of arthritis as a chronic condition. These strategies are outlined below.

## National Health Priority Areas (NHPA)

In 2002, all Australian health ministers designated arthritis and musculoskeletal conditions as Australia's seventh National Health Priority Area. The NHPAs were an initiative to bring a national focus to health policy for those conditions that have a significant impact on the health of Australians. They were, in part, Australia's response to the World Health Organisation's "Health for All by 2000".

<http://www.aihw.gov.au/nhpa/index.cfm>

## The National Chronic Disease Strategy (NCDS)

In November 2005, the Australian Health Ministers' Conference (AHMC) endorsed a national strategic policy approach to manage and improve chronic disease prevention and care in the Australian population. This strategy provided an overarching framework for the national direction, which is aimed at improving chronic disease prevention and care. It is a nationally agreed agenda to encourage coordinated action in response to the growing impact of chronic disease on the health of Australians and on the Australian health care system.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds-strat>

## National Service Improvement Framework (NSIF)

To assist a national approach to several chronic diseases, five supporting national service improvement

frameworks have been developed for asthma, cancer, diabetes, heart, stroke and vascular disease and OA, rheumatoid arthritis and osteoporosis. These frameworks provide flexible opportunities to improve prevention and care strategies for specific chronic conditions.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pq-ncds-arthritis>

## National Arthritis and Musculoskeletal Conditions Advisory Group (NAMSCAG)

The NAMSCAG, in 2005, commenced development of a National Action Plan (NAP) to reduce the burden of disease and disability associated with OA, rheumatoid arthritis and osteoporosis, and to improve health-related quality of life. The NAP was to provide a blueprint for national initiatives to improve the health-related quality of life for people living with OA, rheumatoid arthritis and osteoporosis, reduce the cost and prevalence of these conditions, and to reduce the impact on individuals, their carers' and communities. The NAP was developed to complement both the NCDS and NSIF. Draft indicators were developed in 2006 in conjunction with the AIHW and various experts to improve the national data quality and range [40].

<http://www.aihw.gov.au/publications/phe/amca05/amca05-c01.pdf>

## Chronic Disease Indicators Database

This database was initiated in 2005-06 by the Department of Health and Ageing to provide nation-wide surveillance of chronic diseases and their associated determinants. It is an essential element of a national surveillance system around those chronic diseases which represent the most significant national burden, and to provide evidence for preventative interventions which are effective.

<http://www.aihw.gov.au/cdi/index.cfm>