



Early Intervention and the Pursuit of Remission

On the Occasion of the
79th World Health Assembly

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**Global
Remission
Coalition**



Introduction

On May 20, 2026, on the sidelines of the 79th World Health Assembly, global patient advocacy leaders, researchers and health care professionals convened in Geneva, Switzerland for a roundtable conversation on early intervention and the pursuit of remission. The meeting, organized by the Global Remission Coalition (GRC) and the Global Alliance for Musculoskeletal Health (G-MUSC), explored the concept of early intervention, how it makes a positive difference for patients in the pursuit of remission, and how policymakers around the globe should be promoting policies which enable this to happen more widely. Participants shared replicable best practices for reducing barriers to timely diagnosis and treatment for people living with chronic inflammatory conditions, identified key policy and health system barriers to patients achieving timely support, and highlighted the perspectives of people with lived experience on the importance of early intervention and optimal, holistic care.



Speaker Spotlight

To open the roundtable and inform the discussion, three clinicians and experts shared their perspectives on the relationship between early intervention and the pursuit of remission for people living with chronic conditions.



Prof. Deborah Kopansky-Giles (G-MUSC) spoke to the importance of early intervention through the lens of rheumatic and musculoskeletal health. Her presentation centered on the inter-related nature of musculoskeletal conditions and non-communicable diseases such as diabetes and depression, noting that understanding these connections strengthens care provision. She emphasized the importance of addressing modifiable life factors, and of intervening before or very early on in the emergence of clinical symptoms to ensure the possibility of achieving remission.

Prof. Anthony Woolf (GRC Medical Advisory Council Chair) provided framing remarks for the roundtable conversation, outlining the global burden of rheumatic and musculoskeletal conditions, defining remission for the group – “it means that disease activity is as good as gone,” and illustrating the links between primary prevention, secondary prevention and early intervention with the aim of suppression. Taken together, this pathway ensures that remission is achievable for some patients, and that function can be maintained or restored.

Prof. Loreto Carmona (Instituto de Salud Musculo-esquelética) closed the presentation section of the agenda by showcasing solutions for increasing early intervention rates. She opened with a stark reminder that for rheumatoid arthritis patients, delaying disease-modifying therapy beyond 3-months dramatically increases the likelihood of lifelong disability. With that in mind, Spain, along with several other countries, has invested in Early Arthritis Clinics, allowing patients to leverage protocolized primary care referral pathways to bypass standard waitlists and benefit from guaranteed specialist evaluation within two weeks of suspected onset.

Discussion

Neil Betteridge, Chair of the Global Remission Coalition, opened the floor for discussion following opening presentations by remission experts. The conversation focused on identifying care elements important to achieving remission, and models for delivering effective, holistic, care that prioritize early intervention and the pursuit of remission.

Defining Remission

While, in clinical practice, remission is often associated with the suppression of disease activity and/or biomarkers, participants stressed that remission should also account for pain, fatigue, function, psychosocial wellbeing, independence and overall quality of life.

It was noted that remission does not necessarily mean that treatment ends, but rather that disease activity and symptoms are controlled to the greatest extent possible. Some participants emphasized that recovery should not always be defined as the total elimination of symptoms, but rather as achieving the best possible quality of life and resilience while living with a chronic condition. However, other participants – particularly those representing people living with cancer or chronic skin conditions – noted that pushing for patient resilience should be approached with discretion, to avoid demoralizing patients or making them feel like their pain is not worth addressing.





Strengthening Primary Care Capacity

Participants agreed that across chronic inflammatory conditions such as IBD, psoriasis, atopic dermatitis and arthritis, strengthening primary care systems is essential to achieving increased timely diagnosis rates, earlier intervention and the possibility of remission.

In many regions, inaccessible or under-resourced primary care systems result in patients only being treated once conditions have reached advanced stages. Equipping frontline health care providers with appropriate training, tools, referral pathways and technologies was seen as central to improving outcomes across musculoskeletal and chronic inflammatory conditions more broadly.


“You can’t intervene early if you’re not finding patients.”

– Patient group leader

Adopting a Multidisciplinary Care Team Model

The role of multidisciplinary and community-based care models was another major area of discussion.

Examples were shared of successful partnerships between rheumatologists, general practitioners, physiotherapists, chiropractors, universities and municipal health systems to improve screening and diagnosis. Participants discussed how self-referral programs and first-contact practitioner models, particularly in back pain management, have demonstrated increased early intervention rates and reduced strain on health care systems.

A photograph of a woman with long brown hair, wearing a white long-sleeved shirt, speaking into a black microphone. She is holding a clear glass in her left hand. The background is slightly blurred, showing other people in a conference setting. The image is partially overlaid by a large, colorful geometric graphic consisting of orange, yellow, and green triangles.

"For example, now that I am in remission, I don't require specialist care. Oversight by my primary care provider is sufficient."

– Patient group leader

Patient-Centered Care for People Living with Chronic Inflammatory Conditions

While reducing wait-times remains important, participants cautioned that health care systems must also measure long-term outcomes, symptom management and patient experiences across the entire care journey.

For example, for patients with rare chronic skin conditions, awareness and guidelines are particularly scarce, making patient-physician conversations and shared-decision-making important. And, conversations with patients often reveal that pain management requires further prioritization and attention: in the words of one roundtable participant, “doctors address the disease, but not the pain...we cannot have productive shared-decision-making until doctors understand pain.” Suggestions for building people-centered health systems included bringing affected communities directly into the program development process. An example was shared wherein an indigenous community helped to co-design a program to deliver non-pharmacological approaches to the management of musculoskeletal conditions. The program delivered an over 80% reduction in opioid prescriptions and a 65% reduction in imaging requests.





Conclusions

Brian Kennedy, Executive Director of the Global Alliance for Patient Access, which provides the secretariat to the GRC, closed the meeting, remarking that he noted broad alignment in the room that early intervention offers a significant opportunity to improve patients' ability to achieve remission, reduce disability and enhance quality of life. He underlined the sentiment shared by many participants that achieving meaningful progress on early intervention for people living with chronic inflammatory conditions will require coordinated efforts across policy, health systems, care providers, patient organizations and communities. Key priorities for the path forward included improving public and professional awareness, strengthening primary care, supporting equitable and culturally responsive care models, expanding patient support networks and ensuring that patient-centered outcomes and priorities remain central to definitions of remission and successful care.



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The Global Remission Coalition extends its appreciation to all participating patient advocacy leaders, clinicians, and partners for their contributions to the discussions.

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