Achieving Remission in Inflammatory Bowel Disease

A Latin American Perspective

SANTIAGO, CHILE | SEPTEMBER 2026

Introduction

In September 2026, patient advocates, physician experts and regional stakeholders convened in Santiago, Chile, for an advocacy meeting on remission in inflammatory bowel disease, or IBD. The discussion was hosted by the Global Remission Coalition, Latin American Patients Academy and Pan-American Crohn's and Colitis Organization.

Consistent with the GRC's mission, the roundtable explored remission from the patient perspective. Stakeholders examined how the outcomes that matter most to patients can complement existing clinical definitions of remission and inform advocacy, research and policy across the region. The gathering drew advocates from six countries: Argentina, Brazil, Chile, Colombia, Costa Rica and Uruguay.

Dr. Eva Maria Ruiz de Castilla, executive director of LAPA and a representative of the GRC, opened the meeting. She acknowledged the significance of this event: This was the second Latin America-wide discussion on the topic and the first to focus specifically on remission in IBD. Ruiz de Castilla framed patients' participation in remission as a matter of health justice that pays off economically. Patients in remission are more socially and economically active, which eases the long-term burden on health systems. She also drew attention to the inequalities in how quickly medical innovation reaches Latin America. Dr. Fabián Juliao, president of PANCCO, reinforced the patient-centered focus of the meeting and emphasized the importance of IBD patients achieving holistic wellness.

A Growing Burden and Unequal Access

Physician experts characterized IBD as a rapidly growing health concern across Latin America. Clinicians once considered it rare, but it now ranks as a pressing public health priority. Registry data from Chile and Brazil point to rising prevalence, particularly among women, with projections that IBD will affect as much as 1% of the population by 2030.

For most patients, the path to remission remains fragmented. Diagnostic delays average three years in some regions. In Brazil, 60% of survey respondents waited up to a year for a diagnosis, and nearly 43% visited emergency departments more than five times before receiving one. Few formal training programs for IBD specialists exist, leaving patients with too few clinicians to see. At the same time, lack of general awareness leaves primary care practitioners, triage nurses and health care administrators without the proper tools to recognize symptoms and make necessary referrals. Persistent stigma around gastrointestinal symptoms also delays care.

Participants noted that these barriers are especially consequential in lower-resource settings, where limited access to diagnosis and treatment can place clinical remission out of reach.

Overcoming Access Barriers

Access constraints shape how far patients can pursue remission even where advanced therapies are authorized for use. In Chile, the Ley Ricarte Soto guarantees free access to certain high-cost biologics regardless of whether a patient uses the public or private system, but it covers only one family of therapies and excludes newer options such as JAK inhibitors. Advocates criticized the framework's slow update cycles and limited coverage of newer drug classes.

Administrative rules compound the problem. Physicians described a "loop of appeals" that begins with step-therapy requirements, moves through disputes with insurance auditors and ends in delayed approvals and spaced-out dosing. In some cases these coverage gaps push public-system patients toward colectomies because they cannot afford alternative medications.

Participants also pointed to what local leadership can accomplish. Despite high poverty and rurality, Chile's Araucanía Region, based in Temuco, certified the country's first specialized public IBD hospital and secured local funding to purchase newer, non-covered therapies. Advocates urged patient groups to map successes like this one and replicate them in other regions and countries.

Beyond Biological Remission

Participants underscored that the absence of an active flare does not mean the absence of burden. Preliminary findings from the Brazilian Crohn's and Colitis Association showed that among patients who self-reported being in remission, 54% said they constantly worried about their next flare and 78% felt their lives remained heavily affected. High rates of urgency, fatigue, insomnia, joint pain and anxiety persisted even during clinical remission.

Physician experts echoed this "invisible burden," noting that patients frequently experience fatigue, anxiety and social isolation even when clinical biomarkers appear normal. A "perfect" endoscopy, they observed, does not by itself restore a patient's ability to work or sustain relationships. Together, these findings reinforced the case for multidisciplinary care that addresses the psychological and social dimensions of IBD alongside its physical symptoms.

A Shift Toward Patient-Centered Remission

A central theme of the meeting was the shift from a narrow clinical view of remission that focuses only on managing visible symptoms toward a more integral framework grounded in shared decision-making, patient empowerment and sound public policy.

Physician experts described a comprehensive vision of clinical remission that extends well beyond controlling symptoms such as diarrhea, abdominal pain or bleeding. Dr. Paulina Núñez emphasized that the ultimate goal is to restore the patient's ability to sleep, study, travel and work without fear.

This framing closely aligns with the GRC's goal not to replace clinical definitions of remission but to expand them so that discussions of remission reflect the priorities most important to patients.

Pathways Forward

Advocates from across the region agreed that progress depends on unified, data-driven advocacy, public-private collaboration and public education to dismantle the taboos surrounding IBD.

Several priorities emerged. Public awareness efforts, such as Costa Rica's "Escucha tu Panza" or "Listen to Your Gut" campaign, can help patients recognize symptoms early and raise them with a clinician. Educating primary care providers can accelerate referrals and reduce diagnostic delays. Strengthening patient registries and real-world evidence, including by integrating IBD into existing rare-disease frameworks, can clarify the true disease burden and support funding decisions. Regional patient education can also close persistent information gaps, while telemedicine can extend specialist care to rural areas. Advocates also emphasized the value of uniting smaller organizations under shared regional frameworks and concentrating limited resources on a few high-priority objectives.

Conclusion

The meeting reaffirmed the Global Remission Coalition's commitment to keeping patient perspectives at the center of conversations about remission. Participants broadly supported building upon existing clinical definitions of remission by incorporating the outcomes that most affect patients' lives, such as mental health, quality of life and the ability to participate fully in work and family.

The GRC will continue to advance this work in partnership with patient advocates, clinicians and policymakers across the region.

Global Remission Coalition

globalremission.org

x.com/globalremission

facebook.com/globalremission

Global Remission Coalition

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

The discussion was supported by MSD.