



Integrating Arthritis Management into Primary Healthcare in West Africa: A Narrative Review

Ernest Nsubuga

Department of Clinical Pharmacy Kampala International University Uganda

Email: ernest.nsubuga@studwc.kiu.ac.ug

ABSTRACT

Arthritis, particularly osteoarthritis (OA) and rheumatoid arthritis (RA), is an emerging public health issue in West Africa, with its rising prevalence significantly impacting individuals' quality of life and productivity. Despite the growing burden, arthritis management remains under-integrated into primary healthcare (PHC) systems in the region, which is primarily due to challenges such as limited healthcare resources, cultural misconceptions, and inadequate healthcare infrastructure. This narrative review examines the current state of arthritis management in West Africa, identifying barriers to effective care and exploring strategies for integration into PHC systems. Key challenges include a shortage of trained healthcare providers, limited access to essential diagnostic tools, and cultural beliefs that delay diagnosis and treatment. However, opportunities for improvement exist through enhanced healthcare worker training, the adoption of multidisciplinary care approaches, community education, and the use of telemedicine to extend care to remote areas. Policy-level changes, increased healthcare funding, and research into local epidemiology and effective interventions are essential to improve the management of arthritis in West Africa.

Keywords: Arthritis management, primary healthcare, West Africa, osteoarthritis, rheumatoid arthritis.

INTRODUCTION

Arthritis, particularly osteoarthritis (OA) and rheumatoid arthritis (RA), is a significant and growing cause of disability worldwide. Its prevalence continues to increase, making it a public health challenge, especially in low-resource settings. Among the various regions affected, West Africa is experiencing a rising burden of arthritis due to factors such as population aging, urbanization, and changing lifestyles [1]. Despite this growing burden, arthritis care remains insufficiently addressed in many West African countries, where healthcare systems are often already overburdened with other pressing health issues. Integrating arthritis management into primary healthcare (PHC) presents a potential solution to this challenge by improving access to timely diagnosis, treatment, and long-term care, thereby reducing the disability associated with arthritis [2].

The integration of arthritis management into PHC is especially important in the context of West Africa, where healthcare infrastructure is often inadequate to meet the increasing demand for non-communicable disease (NCD) management. The vast majority of arthritis cases in the region go undiagnosed and untreated, often due to a lack of awareness, limited healthcare resources, and challenges with the healthcare system's capacity to manage chronic conditions [3]. With primary healthcare being the most accessible form of healthcare in many parts of West Africa, it is essential that this level of care be equipped to manage common chronic conditions like arthritis effectively. However, this transition is fraught with various challenges, including the need for better healthcare infrastructure, trained personnel, public education, and the elimination of cultural barriers that hinder patients from seeking care [4]. This narrative review seeks to explore the complexities of integrating arthritis management into primary healthcare settings in West Africa. By examining existing research, the review highlights the current state of arthritis care in the region, identifies the barriers to effective management, and outlines strategies for improving the integration of arthritis care into primary healthcare services [5]. Moreover, the review aims to provide evidence-based recommendations for policymakers, healthcare providers, and researchers working towards improving the management of arthritis in West Africa. Arthritis, a condition characterized by inflammation of the joints, affects millions of people worldwide. It manifests in various forms, the most common of which are osteoarthritis and rheumatoid arthritis. Osteoarthritis, which primarily affects older adults, is a degenerative joint disease that leads

to pain, stiffness, and loss of joint function. Rheumatoid arthritis, on the other hand, is an autoimmune disorder that causes inflammation and destruction of the joints. Both conditions can lead to severe disability, reduced quality of life, and substantial economic costs due to medical treatment and loss of productivity [6].

In West Africa, the epidemiological transition from infectious diseases to non-communicable diseases (NCDs) has been accompanied by an increase in the prevalence of arthritis. Factors such as population aging, sedentary lifestyles, and increasing rates of obesity and metabolic disorders contribute to the rise in arthritis cases in the region [7]. According to recent studies, osteoarthritis is the most prevalent form of arthritis in West Africa, with rheumatoid arthritis also being a significant concern, particularly among women. Despite the growing burden, the management of arthritis in West Africa remains poorly integrated into the primary healthcare system. This is largely due to challenges such as limited diagnostic and therapeutic resources, lack of specialized healthcare providers, and a general underestimation of the impact of arthritis on public health. Primary healthcare is the first point of contact for individuals seeking medical care in many West African countries [8]. However, the capacity of PHC to manage chronic diseases like arthritis is often compromised by inadequate infrastructure, a shortage of trained healthcare professionals, and a lack of proper diagnostic tools. Furthermore, in many rural areas, access to healthcare facilities is limited, and the cultural stigma surrounding chronic diseases like arthritis may prevent individuals from seeking care until the disease has significantly progressed. As a result, the integration of arthritis management into PHC remains a critical challenge that requires urgent attention from healthcare policymakers and practitioners [9].

The burden of arthritis in West Africa is rising, yet the healthcare systems in the region remain poorly equipped to address the needs of those affected by this condition. Many people living with arthritis in West Africa suffer from delayed diagnosis, inadequate treatment, and poor management of the disease, which often results in permanent disability and reduced quality of life. Despite the fact that primary healthcare is the most accessible form of healthcare for many individuals in West Africa, arthritis management is not adequately integrated into PHC systems [10]. This gap in care poses a significant public health challenge, as arthritis-related disability can have widespread socio-economic consequences. There is a need to explore the factors that hinder the effective integration of arthritis management into PHC in West Africa and to identify strategies that can enhance the capacity of PHC to address this growing health issue. Furthermore, the absence of a comprehensive understanding of the burden of arthritis within the region, combined with the lack of evidence on the most effective integration strategies, highlights the urgency of this issue. Addressing these gaps could lead to improved health outcomes for individuals living with arthritis and alleviate the broader societal burden of the disease [11]. This narrative review aims to assess the current state of arthritis management in West Africa, focusing particularly on osteoarthritis and rheumatoid arthritis. One of the key objectives is to identify the barriers hindering effective arthritis management within primary healthcare systems, such as limited healthcare infrastructure, workforce challenges, cultural perceptions, and inadequate access to care. The study will also examine existing strategies for integrating arthritis care into primary healthcare settings, evaluating their effectiveness in the West African context. Additionally, the review will provide evidence-based recommendations to improve arthritis management and highlight the role of healthcare policymakers, providers, and community leaders in fostering integration of arthritis care into primary healthcare systems. The research will seek to address key questions, including the current state of arthritis management, the primary barriers to care, successful strategies from other regions that could be adapted, cultural perceptions that hinder early diagnosis and treatment, and the potential role of community-based initiatives in improving access to care. This study is highly significant as it provides crucial insights into the under-researched area of arthritis management in West Africa. By identifying challenges and opportunities for improvement, it will contribute to the development of targeted interventions, inform policymakers, and help improve healthcare delivery for individuals living with arthritis in the region.

Prevalence and Impact of Arthritis in West Africa

Arthritis in West Africa, particularly osteoarthritis (OA) and rheumatoid arthritis (RA), is a growing concern, but it remains significantly underdiagnosed and undertreated across the region. This is especially evident in low- and middle-income countries (LMICs), where healthcare infrastructure is limited. Several factors contribute to the rising prevalence of arthritis in West Africa, including an aging population and an increase in risk factors such as obesity, hypertension, and sedentary lifestyles [12]. As the World Health Organization (WHO) has noted, musculoskeletal disorders, including arthritis, rank among the top 10 causes of disability worldwide, and West Africa is no exception. Despite this, the availability of regional epidemiological data on arthritis remains sparse, with most existing studies concentrated on urban populations. This leaves rural communities largely underserved and underserved, further exacerbating health disparities. The socio-economic impact of untreated arthritis is far-reaching, impacting not only individuals but also their families and broader communities. Those affected often experience diminished quality of life due to chronic pain, functional limitations, and mobility issues, which, in turn, leads to decreased productivity [13]. The financial strain on households is another significant concern, as the costs of managing the condition including medical care and medication can be overwhelming. Furthermore, the psychological burden of arthritis, including depression and anxiety, compounds the challenges faced by individuals and their communities.

Barriers to Effective Arthritis Care in Primary Healthcare

Despite its high burden, arthritis care in West Africa faces significant barriers at the primary healthcare level. First, there is a shortage of trained healthcare providers who can accurately diagnose and manage arthritis. This shortage is exacerbated by inadequate continuing medical education and the high turnover rate of health workers [14]. Additionally, the healthcare infrastructure in many parts of West Africa is inadequate, with limited access to essential diagnostic tools such as X-rays, MRIs, or laboratory tests for rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibodies, which are critical for diagnosing RA. Another key barrier is the limited availability of essential medications. Disease-modifying antirheumatic drugs (DMARDs), which are crucial for managing RA, and analgesics for OA, are often not readily available at primary care facilities. The financial cost of medications, combined with poor insurance coverage, places a significant burden on patients, many of whom are already economically disadvantaged. Furthermore, the cultural perception of arthritis as an inevitable part of aging or a disease not requiring medical intervention often delays seeking care and hinders patient adherence to treatment [15].

Integrating Arthritis Management into Primary Healthcare: Opportunities and Strategies

Integrating arthritis care into primary healthcare systems in West Africa offers numerous opportunities for improving patient outcomes. One potential strategy is to expand training for primary healthcare providers in diagnosing and managing arthritis. Through targeted educational programs, healthcare workers can be equipped with the skills to identify early signs of arthritis, manage pain, and initiate early referral to specialists when necessary [16]. The incorporation of multidisciplinary teams into primary healthcare settings can also enhance care delivery. For instance, physiotherapists, occupational therapists, and social workers can work alongside general practitioners (GPs) to provide comprehensive management of arthritis, including rehabilitation and psychosocial support. Additionally, strengthening partnerships with non-governmental organizations (NGOs) and international health organizations can help improve the availability of essential medications, diagnostic tools, and resources for patient education. Telemedicine also offers a promising opportunity to extend arthritis care to remote and underserved areas. With the rise of mobile health (mHealth) technologies, healthcare providers can use teleconsultations to support rural clinics, allowing patients to access expert care without the need for long-distance travel. Furthermore, community-based approaches to arthritis awareness and education, such as outreach programs and local support groups, could improve early detection and treatment adherence [17].

Addressing Cultural and Socio-Economic Challenges

Addressing cultural and socio-economic challenges is crucial in improving the management of arthritis in West Africa. In many communities, arthritis is often misunderstood, with some viewing it as a natural consequence of aging or attributing it to spiritual or supernatural causes. These misconceptions can lead to delayed or inappropriate treatment, exacerbating the condition. It is essential to counter such beliefs through culturally sensitive education that emphasizes the medical nature of arthritis and the importance of proper management. Community health workers play a pivotal role in this process, as they can provide tailored education that resonates with local customs and beliefs, thereby fostering a better understanding of arthritis as a medical condition. On the socio-economic front, poverty and the lack of health insurance significantly hinder access to appropriate care [18]. In West Africa, where many people live below the poverty line, the cost of healthcare can be prohibitive, leaving individuals with arthritis unable to afford necessary treatments. To address this barrier, innovative approaches such as subsidized drug programs and the promotion of low-cost generic medications could provide some relief. Additionally, strengthening health insurance systems and increasing public health funding would ensure that arthritis care becomes more accessible and affordable, ultimately improving the quality of life for those affected.

Recommendations for Policy and System-Level Change

To enhance the integration of arthritis care into primary healthcare in West Africa, several crucial policy and system-level changes are required. First, national and regional health policies must prioritize the inclusion of arthritis management within primary healthcare services. This would involve allocating adequate resources for essential training programs, diagnostic tools, and medications to enable primary healthcare centers to adequately address the needs of arthritis patients [19]. Second, public awareness campaigns should be launched by governments and non-governmental organizations to educate the public about the symptoms of arthritis, the importance of early diagnosis, and the potential for effective treatment if detected early. Third, increased funding is necessary to strengthen primary healthcare infrastructure and workforce development, ensuring that healthcare providers are well-equipped to manage arthritis cases. Additionally, strengthening referral systems within the primary healthcare sector is vital [20]. This will allow primary care providers to refer patients with complex arthritis cases to specialized care without delays. Finally, increased investment in research and data collection on the prevalence, management, and outcomes of arthritis across different regions, particularly in rural and underserved areas, is essential. Such research would generate evidence to guide the development of targeted and effective interventions for arthritis care across West Africa.

CONCLUSION

Integrating arthritis management into primary healthcare in West Africa is essential to addressing the growing burden of arthritis in the region. Despite challenges such as inadequate healthcare resources, cultural barriers, and socio-economic disparities, there are numerous opportunities to enhance care. Strengthening primary healthcare systems, improving healthcare worker training, and ensuring better access to medications and diagnostic tools are key strategies for more effective and equitable arthritis care. Furthermore, policy changes that prioritize arthritis care, along with public awareness campaigns, can help reduce stigma and increase early diagnosis and treatment. Increased investment in healthcare infrastructure, particularly in rural and underserved areas, is crucial to reaching those most affected by arthritis. By making these necessary improvements, West African countries can develop comprehensive arthritis management programs that ensure timely and appropriate care for all. The integration of arthritis care into primary healthcare systems will ultimately improve health outcomes and quality of life for affected individuals across the region.

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