STATEMENT

IOF RESPONSE TO A RECENT REPORT QUESTIONING THE INTEGRITY OF MUSCULOSKELETAL HEALTH ORGANIZATIONS

Nyon, Switzerland (July 27, 2015)

The International Osteoporosis Foundation (IOF) today issues a statement in response to a recent article, which inaccurately portrayed the relationship that musculoskeletal health organizations hold with corporate supporters. It disputes the accusation that their calcium and vitamin D recommendations are driven by commercial interest, when in fact all recommendations are evidence-based. Some of the points raised by the authors are addressed below.

1. The authors question the role of calcium and vitamin D for osteoporosis prevention and fracture reduction and point to some studies (their own) that show calcium supplementation are ineffective and may cause harm. They also imply that the recommendations of leading musculoskeletal health organizations on supplementation are inaccurate. They list a large series of scientific societies from all parts of the world.

First and foremost is should be highlighted that IOF, as well as other international and national non-governmental organizations (NGOs) working in the musculoskeletal field always advocate for calcium needs to be met through dietary sources. It is only if people cannot get enough through their diets that supplements (preferably combined with vitamin D) may be beneficial to bring total calcium intake to the recommended level. The importance of bone-healthy diets is in fact reflected in the upcoming 2015 World Osteoporosis Day campaign, which will focus on nutrition through the life-course.

IOF does acknowledge that there is debate about how much vitamin D and calcium is adequate and the research is ongoing. However, Vitamin D has been shown to play a role in reducing falls and fractures, especially hip fractures, in seniors and others at high risk of deficiency. Consequently IOF does not advocate that vitamin D supplements be indiscriminately prescribed for the population at large, but only for the purpose of falls and fracture prevention in adults aged over 60 years and in those at high risk who are unable to meet their vitamin D needs through exposure to sunlight. Furthermore, IOF does not recommend population screening for vitamin D deficiency.

2. The authors claim that calcium and vitamin D are highly profitable treatments that are widely recommended for osteoporosis despite increasing evidence contradicting the practice.

IOF would like to highlight that this so called evidence comes predominately from the authors own research as indicated by the references cited. So one may question the potential biases that may exist in their conclusions, especially when these views are not supported by the wider bone, muscle and joint community. It must also be mentioned that it was almost impossible to access the full reference list as the numbering was incorrectly formatted in the body text of the published article released on July 21.

3. The transparency and ethical accountability of global musculoskeletal health organizations was called into question in the article. IOF is committed to maintaining accountability and transparency in its collaborations with the private sector as outlined in its strict corporate partnership guidelines.
Under no circumstances does corporate support imply IOF’s endorsement of products or services. Like the majority of not-for-profit organizations mentioned by the authors, IOF receives non-restricted support from multiple corporate sponsors. All funding is unrestricted, with the industry partner unable to influence IOF’s decision-making process in any way. Any scientific statements and guidelines or content undergo an independent review process. IOF reports all activities undertaken in collaboration with the private sector and is transparent about the sources of its funds, acknowledging funding on its website, relevant resources, and annual report. In fact, the diversity of support – which extends across various industry sectors and among competing corporations – speaks for the Foundation’s independence and distance from specific corporate interests.

4. The authors undermine the essential role played by health NGO’s by suggesting that their work is influenced by corporate support, which we have quite clearly shown is not the case. However, they fail to provide solutions for how such organizations could exist without it. The sad reality for the vast majority of NGOs is that government funding is simply not available for the important work they do and they could not survive without the funds provided by corporate support. Even the United Nations General Assembly (UNGA) acknowledged the “contribution and important role played by all relevant stakeholders, including...where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control.” Hence advocating for all a whole-of-government and whole-of-society effort.

NGOs such as IOF are recognized as key partners in supporting the work of governments who often also do not have the resources to contend with all the competing disease priorities and struggle to meet their health targets. IOF advocates for a multi-sectoral, multi-stakeholder approach in musculoskeletal disease prevention and management. The private sector has an important role to play in any response to the musculoskeletal disease burden. IOF guided by strict corporate partnership guidelines and due diligence processes, will continue to work with the private sector in pursuit of its mission. A multi-stakeholder approach is the only way to help avoid millions of people being left exposed to painful and often debilitating musculoskeletal disorders.

References