

Genga EK

*Department of Clinical
Medicine and Therapeutics,
College of Health Sciences,
University of Nairobi /
Kenyatta National Hospital.
Email: eugenekalman@
gmail.com*

Rheumatology registries are essential tools for understanding the burden and impact of musculoskeletal and autoimmune diseases in Africa and improving the diagnosis, treatment, and management of these conditions. A call for action is needed to establish and maintain these registries on the continent. The need for rheumatology registries in Africa is urgent and requires immediate action. Rheumatology registries are databases that collect and store information about patients with rheumatologic conditions, such as rheumatoid arthritis, lupus, and osteoarthritis. These registries can provide valuable data on the epidemiology, burden, and outcomes of these conditions in the African population. However, currently, there are very few rheumatology registries in Africa, and there is a pressing need to establish more of them. Examples are a few, such as the Biologic registries in South Africa and Tunisia¹. One primary reason for the need for African rheumatology registries is the lack of data on the continent's epidemiology and burden of musculoskeletal and autoimmune diseases. With accurate data, it is easier to understand these conditions' scope and impact and develop effective strategies for addressing them. Rheumatology registries can fill this gap by providing data on the incidence, prevalence, and outcomes of musculoskeletal and autoimmune diseases in different populations. This information can inform public health policies and guide the allocation of resources for research and care. The paucity of epidemiological data is partly driven by the low number of practicing rheumatologists in Africa². Establishing more rheumatology registries in Africa, there is a call for action to the government, healthcare organizations, academic institutions, patient organizations, and the international community to invest in developing and maintaining these registries. This includes funding for the development of registries, training for healthcare professionals on how to use them, and resources for data management and analysis¹. A survey conducted in the year 2020 revealed that

about 150 rheumatologists are serving approximately 1 billion people in sub-Saharan Africa, which is below the ideal ratio of one specialist to 150,000 populace³. Secondly, registries can help to improve the diagnosis and treatment of these conditions by providing healthcare professionals with access to accurate and up-to-date information on patient demographics, disease characteristics, and treatment responses. The outcome will be more accurate diagnoses, better treatment decisions, and improved outcomes for patients. In addition, registries can also be used to monitor the safety and effectiveness of treatments, which can be crucial for ensuring that patients receive safe and effective care. Registries aid in identifying any potential side effects or adverse reactions to medicines, which will improve patient care and safety in the future.

An example is the SABIO registry that evaluated the rate of tuberculosis (TB), the effectiveness of the latent TB infection (LTBI) program, risk factors, and outcomes in South African patients using biologics for rheumatic diseases⁴. Furthermore, registries can monitor the quality of care for patients with musculoskeletal and autoimmune diseases. Data will help to identify areas where improvements are needed and to develop strategies to improve the overall quality of care. Another critical aspect of rheumatology registries is that they can provide valuable data for international comparisons and collaborations. Africa is a diverse continent with different cultures, languages, and health systems, and it is essential to understand each country's specific challenges and opportunities. Achieving these targets will require to accomplish a call for action to the government, healthcare organizations, and the international community to invest in developing and maintaining rheumatology registries in Africa. This includes funding for the creation of these registries, as well as resources for data collection and analysis.

Moreover, collaboration and partnerships between stakeholders, including academic institutions, healthcare providers, patient organizations, and the private sector, can play a crucial role in developing African rheumatology registries. Lastly, we can use the data collected in these registries to support research and the development of new treatment options. The data can help to improve the understanding of these conditions and to identify new targets for therapy better suited for the African continent.

In conclusion, the need for rheumatology registries in Africa is urgent. It is essential to invest in the development and maintenance of these registries to address the high burden of musculoskeletal and autoimmune diseases on the continent. A call for action is needed to establish and maintain these registries on the continent to improve the understanding of the epidemiology, improve the diagnosis and treatment, ensure safe and effective care, monitor the quality of care, and support research and new treatment options. Moreover, collaboration and partnerships between stakeholders, including academic institutions, healthcare providers, patient organizations, and the private sector, can play a crucial role in developing African rheumatology registries.

References

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