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Global Paradigm Shift in IBD Care: A Roadmap for Strategic Policies and a Framework to Strengthen Early Intervention in Asia-Pacific

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Optimizing IBD care and innovation in the Asia–Pacific region requires healthcare stakeholders and policymakersto translate global consensus into actionable national strategies and local initiatives.

Brian Kennedy, Executive Director of the Global Alliance for Patient Access (GAfPA)

Around 7 million people worldwide live with inflammatory bowel disease (IBD), a lifelong condition including Crohn's disease and ulcerative colitis. With no cure, patients often face delayed diagnosis and suboptimal treatment, leading to poor health outcomes, and significant economic burden. In the Asia-Pacific region, IBD incidence has beenrising steadily over the past 10–15 years, including in low- and middle-income countries. As more people are affected, there is an urgent need to improve access to earlier diagnosis and effective treatment to enhance quality of life and prevent complications.

With more than half of IBD patients not responding adequately to current therapies, GAfPA is advocating for a paradigm shift toward mucosal healing and sustained remission as standard goals of care. This is a timely opportunity to explore how Asia can translate global consensus into meaningful, local policies.

Following the recent IBD Consensus Statement, a landmark call to action for policymakers and healthcare stakeholders, **Brian Kennedy, Executive Director of the Global Alliance for Patient Access (GAfPA)**, shared exclusive insights on how alignment with the statement's core pillars of early intervention, access to innovative treatments, and integrated models of

care, can significantly improve patient outcomes while easing long-term healthcare burdens.

The Consensus Statement underscores the critical importance of global alignment in inflammatory bowel disease (IBD) care, emphasizing standardized approaches to address rising prevalence and access inequities, particularly in Asia. While early intervention, timely diagnosis, and effective treatment are essential for improving outcomes, the access to innovation and advanced therapies is equally vital for cutting-edge care. Multidisciplinary approaches enhance quality of life, while targeted interventions reduce the economic burden on healthcare systems, highlighting the societal benefits of comprehensive IBD management.

- **How does the rise in IBD incidence in the Asia-Pacific region highlight the need for improved access to early diagnosis and effective treatment? How can patients overcome barriers to accessing vital therapies, particularly in LMICs?**

The Asia–Pacific region is undergoing a major epidemiologic shift in inflammatory bowel disease (IBD). Once uncommon, IBD incidence and prevalence are rising sharply due to urbanization, westernized lifestyles, and environmental changes. In Hong Kong, for example, prevalence is projected to reach about 106 per 100,000 by 2032, with incidence increasing ~3.3% annually.

This growing burden underscores the urgent need for early diagnosis and timely access to effective therapy. Delayed diagnosis allows irreversible mucosal injury, fibrosis, and strictures to develop, leading to higher risks of hospitalization, surgery, disability, and poorer quality of life.

However, many low- and middle-income countries (LMICs) in the region face significant barriers to early care, including:

a. Limited public and primary-care awareness of IBD symptoms
b. Fragmented referral systems and too few trained gastroenterologists
c. Inadequate endoscopy and imaging infrastructure
d. High out-of-pocket costs and limited reimbursement for advanced therapies

Overcoming these challenges requires patient empowerment and system-level reform. Public education can reduce stigma, promote earlier self-referral, and build understanding of IBD as a treatable chronic disease. At the same time, strengthening referral pathways, training specialists, expanding diagnostic capacity, and improving reimbursement for biologics are essential to ensure equitable access to care across the Asia–Pacific region.

- **What role do integrated, multidisciplinary care models play in addressing the rising burden of IBD? How can early intervention improve clinical outcomes and quality of life for IBD patients in the long term?**

As IBD becomes an increasingly prevalent chronic disease in the Asia–Pacific region, fragmented care is no longer sustainable. Integrated, multidisciplinary care models uniting gastroenterologists, IBD nurses, surgeons, dietitians, pharmacists, mental-health professionals, radiologists, and pathologists are essential to deliver coordinated, value-based care.

Such models have been shown to reduce hospitalizations, surgeries, and costs, while improving adherence, monitoring, and patient satisfaction. For instance, nurse-led IBD clinics enhance disease tracking and enable early detection of flares. The GAfPA IBD Consensus Statement calls for expanding IBD nurse networks and establishing integrated care “hubs” across APAC.

Early intervention complements this approach by capitalizing on the therapeutic window initiating effective therapy before irreversible bowel damage occurs. Treat-to-target strategies aiming for mucosal healing, not just symptom control, lead to fewer relapses, less steroid exposure, and better long-term outcomes.

Patient organizations can also play an important role, providing high quality information, peer support and advice on self-management strategies.

Together, integrated care and early intervention create a self-reinforcing cycle of better outcomes. Timely escalation of therapy, proactive management of comorbidities, and sustained remission preserves function, productivity, and quality of life.

In APAC, adapting these models in health systems can extend specialist expertise, address workforce and geographic gaps, and strengthen the overall sustainability of healthcare systems.

- **In the APAC region, what are the key goals identified by leading IBD stakeholders to prioritize among patients, clinicians, and policymakers?**

Across the Asia–Pacific region, patients, clinicians, and policymakers are increasingly aligned on shared priorities for improving IBD care reflected in both emerging medical literature and the GAfPA IBD Consensus Statement.

Patients emphasize:

i. Early diagnosis and equitable access to effective therapies that achieve targets such as mucosal healing and endoscopic remission.
ii. Better quality of life, fewer hospitalizations, surgeries, and steroid-related complications.
iii. Support for daily functioning, mental health, fertility and pregnancy counseling, and reduced financial burden.

Clinicians prioritize:

i. Stronger diagnostic and monitoring infrastructure.
ii. Adoption of treat-to-target strategies aiming for mucosal and histologic healing.
iii. Training and deployment of IBD specialists and nurse teams, alongside multidisciplinary care models. Expansion of research capacity, including regional registries and real-world data to guide context-specific practice.

Policymakers focus on:

i. Recognizing IBD as a public health priority.
ii. Integrating essential IBD medicines—particularly biologics and biosimilars—into reimbursement schemes.
iii. Building specialist workforce capacity, diagnostic infrastructure, and data systems.
iv. Ensuring cost-effectiveness, budget sustainability, and equitable access across geographies.

The GAfPA IBD Consensus Statement crystallizes these goals into four actionable themes:

i. Early identification and referral, with treat-to-target, shared decision-making approaches.
ii. Holistic, equitable care addressing both physical and psychological needs.
iii. Integrated multidisciplinary pathways and robust regional registries to generate local evidence.
iv. Global collaboration among scientific, clinical, and patient communities to better understand and manage IBD.

Together, these priorities outline a unified roadmap for advancing IBD care and policy across the Asia–Pacific region.

- **How does the Global Alliance for Patient Access (GAfPA) perceive mucosal healing and sustained remissions to be standards of care?**

GAfPA regards mucosal healing the endoscopic normalization or near-normalization of the gut mucosa and sustained remission as core benchmarks of modern, high-quality IBD care, not optional goals. The GAfPA IBD Consensus Statement explicitly identifies achieving and maintaining mucosal healing as a key therapeutic target guiding treatment escalation and monitoring strategies.

This position reflects robust evidence linking mucosal healing to durable remission, fewer flares, reduced steroid use, lower hospitalization and surgery rates, and slower disease progression. Leading guidelines, including those from ECCO and AGA, now embed these outcomes within treat-to-target frameworks.

By emphasizing sustained remission rather than temporary symptom relief, GAfPA advocates for a proactive, long-term management approach that reduces relapse, prevents complications, and improves both patient outcomes and healthcare efficiency.

- **How do you envision the GAfPA IBD Consensus Statement shaping the future of IBD management and healthcare policies in the Asia-Pacific region?**

The GAfPA IBD Consensus Statement is set to inform IBD management and healthcare policy across the Asia–Pacific region by prioritizing early diagnosis, equitable access to advanced therapies, and holistic, patient-centered care focused on achieving remission or optimal disease control.

By promoting shared decision-making, multidisciplinary care, and targeted education for patients and providers, it encourages a shift from reactive symptom management to proactive, long-term disease control. The statement also calls on policymakers to recognize IBD as a public health priority, invest in research and innovation, and remove geographic, financial, and systemic barriers, thereby improving patient outcomes, quality of life, and the sustainability of healthcare systems across the region.

- **How does the recent IBD Consensus Statement serve as a call to action for policymakers and healthcare stakeholders, and what are its key pillars? How can alignment with the Consensus Statement's emphasis on early intervention, treatment accessibility, and integrated care improve patient outcomes?**

The GAfPA IBD Consensus Statement is a call to action for policymakers and healthcare stakeholders to shorten time to diagnosis and treatment, expand access to advanced therapies, and embed holistic, patient-centered care across the Asia–Pacific region.

It outlines four key pillars:

a. Reduce diagnostic and treatment delays through greater awareness, education, and access to specialized care.
b. Promote shared decision-making to personalize therapy and focus on long-term remission rather than short-term symptom relief.
c. Treat beyond inflammation by integrating multidisciplinary care that addresses both physical and psychological health.
d. Foster global collaboration to advance research, innovation, and policy recognition of IBD as a public health priority.

Alignment with these priorities enables earlier disease control, fewer complications, improved mental health and quality of life, and reduced healthcare and societal costs. Ultimately, governments and payers must embed IBD within national health agendas and ensure equitable, timely access to high-quality care aimed at sustained remission.

- **To wrap it up, what can healthcare stakeholders and policymakers do to ensure optimal IBD care and innovation in the Asia-Pacific region, and what role can national policies play in translating the global consensus?**

To ensure optimal IBD care and innovation in the Asia–Pacific region, healthcare stakeholders and policymakers must translate global consensus into concrete national action.

First, ministries of health and payers should integrate IBD into their national noncommunicable disease (NCD) strategies, ensuring it is visible in budgets, planning, and monitoring frameworks.

Second, sustained investment in workforce and infrastructure is vital—training IBD-focused gastroenterologists and nurse specialists, expanding endoscopy and imaging capacity (including rural access), and establishing multidisciplinary clinics or hub-and-spoke networks.

Third, embedding treat-to-target protocols and objective monitoring in national guidelines will standardize high-quality care. Policymakers should incentivize outcomes reporting and track key metrics such as mucosal healing, steroid-free remission, and hospitalization rates.

Fourth, patient engagement must be central. Governments should involve patient groups in policy discussions, fund awareness programs to reduce diagnostic delay, and support education on adherence, mental health, and sustained remission.

Ultimately, national policy is the mechanism through which consensus becomes reality. Without aligned reimbursement, workforce planning, and infrastructure investment, even the best clinical guidance cannot scale. GAfPA calls for continued alignment, evidence sharing, and policy collaboration to reduce access barriers and ensure that IBD patients across the region receive timely, equitable, and high-quality care.